Please indicate the extent to which you agree or disagree with the following statements. Please use the scale below:
0 = Strongly Disagree  1 = Disagree  2 = Neither agree or Disagree  3 = Agree  4 = Strongly Agree

Since the breakout of the COVID-19 pandemic:
COVID-19 Specific Distress (Emotional and Physical Reactions):
1. I feel anxious about getting COVID-19 (or if positive: I am anxious about becoming ill).
2. I worry about possibly infecting others.
3. I am concerned about a family member or close friend getting or dying from COVID-19.
4. I worry about the possibility of dying from COVID-19.
5. I fear how the COVID-19 pandemic will impact my cancer care or recovery.
6. I am concerned that cancer puts me at greater risk for being infected or dying from COVID-19.
7. I feel I have no control over how COVID-19 will impact my life.
8. I have experienced feelings of sadness or depression.
9. I feel negative and/or anxious about the future.
10. I have experienced changes in my sleep.
11. I have experienced changes in my eating.
12. I have experienced difficulty concentrating.
13. I have experienced feelings of social isolation or loneliness.

Contains questions 1 – 13 from Section II of original survey

Reference:

Scoring:
Available upon request. Ongoing psychometric analyses.