**COVID-19: IMPACT OF THE PANDEMIC AND HRQOL IN CANCER PATIENTS AND SURVIVORS**

I. **COVID-19 EXPERIENCES**

Please answer the questions below to the best of your knowledge. If the item is not applicable, please select N/A. If you do not know the answer, please select D/K.

1. To your knowledge, have you been exposed to someone with COVID-19? Yes No D/K
2. Have you been tested for COVID-19? Yes No D/K
   a. How many days ago were you tested? __ Days
   b. If tested, was your result positive: Yes No D/K
   c. If positive, are you currently experiencing COVID-19 symptoms? Yes No D/K
3. If you tested positive for COVID-19, were you hospitalized? Yes No N/A
   a. If you were hospitalized, how many nights were you in the hospital? ___ Nights N/A
4. Did a family member or a member of your household test positive for COVID-19? Yes No D/K
   a. If yes, how many? N/A
5. Did a family member or a member of your household die of COVID-19? Yes No
   a. If yes, did they have COVID-19 symptoms (e.g., fever, cough)? Yes No
6. Were any friends, co-workers or neighbors diagnosed with COVID-19? Yes No
   a. If yes, how many? N/A
7. Did a friend, co-worker or neighbor die of COVID-19? Yes No
   a. If yes, how many? N/A
8. If you practiced social isolation/stay at home/quarantine, for how many days did it last (total number of days up to today if still practicing isolation)? ___ N/A
9. Do you have any of the following risk factors or experienced symptoms associated with COVID-19:
   a. ≥ 60 years of age Yes No
   b. Comorbidities such as diabetes, hypertension, kidney disease, and/or respiratory illnesses (e.g., COPD, asthma) Yes No
   c. International travel or travel to COVID-19 hotspots Yes No
   d. Exposure to someone who tested positive to COVID-19 Yes No
   e. Visiting/working in a nursing home or hospital Yes No
   f. Fever Yes No
   g. Dry cough Yes No
   h. Shortness of breath Yes No
10. Did you lose your job or primary source of income due to COVID-19? Yes No N/A
11. Did your spouse or partner lose their job or primary source of income? Yes No N/A
12. If employed, are you currently: ___ working from home ___ commuting to work N/A
13. Due to COVID-19, my household income has: __ Decreased __ Increased __ Not changed
   a. If your income decreased, what was the reason (check as many as apply):
      __ Lost job __ Spouse/Partner lost job __ Assisting family __ Inability to work at home __ Other
   b. If your income increased, what was the reason (check as many as apply):
      __ Started a new job __ Spouse/Partner started new job __ My work became busier __ Other
14. How often are you spending time outside your home?
   __ No time __ once a week __ every 2-3 days __ normal routine
15. Are you accomplishing more or less (e.g., activities, tasks, hobbies, interests)? More Less Same
16. Due to COVID-19, did you decide not to:
   a. Attend a scheduled in-person **general medical appointment** not cancelled due to COVID-19? Yes No
   b. Attend a scheduled in-person **cancer appointment or treatment** not cancelled due to COVID-19? Yes No
   c. Seek **emergency care** in an urgent care facility or emergency room? Yes No
17. Did you participate in a Telehealth **medical appointment** (e.g., Zoom, Facetime) since COVID-19 pandemic? Yes No
   If yes, how many? __ __ __
   If yes, how many were for **cancer care**? __ __ __ How many were for other **medical care**? __ __ __
18. If you had a Telehealth appointment for **cancer care**, how satisfied are you with your experience?
   __ Very dissatisfied __ Somewhat dissatisfied __ Neutral __ Somewhat Satisfied __ Very Satisfied
19. If you had a Telehealth appointment for **general care**, how satisfied are you with your experience?
   __ Very dissatisfied __ Somewhat dissatisfied __ Neutral __ Somewhat Satisfied __ Very Satisfied
II. COVID-19 PSYCHOSOCIAL AND PRACTICAL EXPERIENCES

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.

Health Care Disruptions and Concerns (Concerns About Medical Care):
14. My general medical care has been disrupted or delayed.
15. My cancer care or follow-up has been disrupted or delayed.
16. My healthcare providers have taken the necessary measures to address COVID-19.
17. I received adequate information on prevention, protection or care for COVID-19 from my cancer care providers.

Disruption to Daily Activities and Social Interactions:
18. I have experienced disruptions in day to day social interactions with family and/or friends.
19. I have not been able to adequately take care of family members or friends I provide for.
20. I have been unable to perform my typical daily routines (e.g., work, physical activity, leisure activity).
21. I have experienced conflict with household members (e.g., spouse/partner, children, parents, others).
22. I have had difficulty or been unable to perform my work as usual.
23. I have had difficulty taking care of my children’s needs (e.g., providing care, supervising schoolwork) and/or balancing their needs with other responsibilities.

Financial Hardship:
24. I have experienced financial difficulties.
25. I have not been able to purchase or obtain basic necessities (e.g., food, personal care products).
26. I have been anxious about losing or having lost my job, or my primary source of income.
27. I have not been able to adequately provide for others I financially support.
28. I feel anxious about being able to maintain or not having adequate health care insurance.

Perceived Benefits:
29. I have greater appreciation for my family and close friends.
30. I have deeper appreciation for life.
31. I have been more grateful for each day.
32. I have been more accepting of things I cannot change.
33. I have found new ways of connecting with family and friends.
34. I have used my experience in coping with cancer to deal with COVID-19.

Functional Social Support:
35. I have received emotional support from family or friends when needed.
36. I have received tangible support (e.g., financial, practical) from family or friends when needed.
37. I am (or “have been”) there to listen to other’s problems when needed.
38. I have helped others with financial or practical support.

Perceived Stress Management (Ability to Manage Stress):
39. I am able to recognize thoughts and situations that make me feel stressed or upset about COVID-19.
40. I am able to practice relaxation (e.g., deep breathing, meditation) when feeling stress about COVID-19.
41. I am able to seek information and plan accordingly to address concerns over the COVID-19 pandemic.
42. I can re-examine negative thoughts and gain a new perspective when concerned about COVID-19.
43. I can give myself the caring and tenderness I need.
III. Health Related Quality of Life
Below is a list of statements that other people who receive cancer care (active treatment or follow-up care) said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a lack of energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I have pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I have nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I worry that my condition will get worse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I am sleeping well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I am able to enjoy life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I am content with the quality of life right now</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Reference:

Scoring:
Available upon request. Ongoing psychometric analyses.