

## **Health Concerns in Adult Survivors of Childhood Cancer during COVID pandemic**

### **Section 1: Basic Data**

1. Hospital file number:
2. ACT Clinic number:
3. Phone number:
4. When was your last visit to TMH?
5. Have you missed your appointment at TMH during the past 6 months ?
  - Yes
  - No
  - Not Sure
6. Are you completing this survey on anyone's behalf? Yes/No
  - If yes – your name
  - Relationship to cancer survivor

### **Section 2: General Health**

1. Before March 2020, have you had any long-term illness or side effects of your cancer treatment?
  - Yes
  - No
  - Not sure
2. Are you taking any medicine which needs to be taken every day?
  - Yes
  - No
  - Not sure
3. If yes to either of the above questions, please provide details of your previous illness and medicines being taken
4. During the past 6 months (after March 2020) have you had any health problems? This can include physical or psychological/ mental health problems
  - Yes
  - No

If answer is yes, go to section 3

If the answer is no, got to section 4

### Section 3: Health problems since March 2020

This can include physical as well as psychological problems. These details will be kept confidential and not disclosed to anyone

1. During the past 6 months have you had any health concerns? Yes/No
  - a. If yes, how many times?
  - b. What were the specific complaints?
    - Fever
    - Bodyache
    - Headache
    - Other pain:
    - Cough
    - Breathing difficulty
    - Sore throat
    - Weight loss :
    - Weight gain :
    - Menstrual irregularities :
    - Excessive tiredness/lack of energy:
    - Problems with sleep :
    - Irritability/ anger issues
    - Lack of concentration
    - Anxiety :
    - Depression :
    - Suicidal ideas :
    - Fear of getting infected with Coronavirus
    - Others :
    - Details :
2. In the past 6 months (since March 2020), have you met or spoken to any doctors or other healthcare professionals?
  - General Physician/ family physician
  - Doctor at TMH
  - Doctor at other hospital
  - Psychologist/ Psychiatrist at TMH
  - Psychologist/ Psychiatrist at other hospitals
  - Physical or occupational therapist

- None
3. Are you currently on any medication (prescribed within the past 6 months)
    - Yes
    - No
    - Details, if yes
  4. Have you been admitted in hospital during the past 6 months?
    - Yes
    - No
    - Details, if yes
  5. Have you had a medical problem during the past 6 months, but could not come to TMH or show any local doctors?
    - Yes
    - No
    - Details

#### **Section 4. COVID –related**

6. Have you been diagnosed with COVID?
  - Yes
  - No
7. Have you had symptoms suggestive of COVID infection, which was not diagnosed?
  - Yes
  - No
8. Has anyone in your family/friend circle been diagnosed with COVID?
  - Yes
  - No
9. Are you satisfied with your knowledge about COVID?
  - Yes
  - No
10. feel that you are taking adequate precautions against COVID?
  - Yes
  - No
11. Being a cancer survivor, do you feel COVID infection might affect you more than others?
  - Yes
  - No

### **Section 5. Satisfaction Survey**

12. How satisfied are you with your health?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

13. How satisfied are you with your access to health services?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

### **Section 6. Social and Family Life:**

14. Are you staying alone or with family?

15. How satisfied are you with the conditions of your living place?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

16. How satisfied are you with your personal relationships?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

17. How will you best describe your relationship status?

- Single
- Married
- Divorced/separated

- Widowed
  - in a stable relationship
  - Others
18. Do you have children?
- Yes
  - No
19. Is there anyone with health issues in family(spouse/children/parents/sibling)—this can include physical and psychological health? Yes/No
20. Are you currently studying?
- Yes
  - No
  - Dropped out after COVID
  - Attending online classes/tuition
  - Finished education
21. What is your highest qualification?
- High school
  - SSC ( 10th standard)
  - HSC (+2 or 12th grade)
  - Graduation
  - Post-graduaton
  - Other:
22. Are you working?
- Yes
  - No
  - Looking for job
23. If you are working or were working earlier, have there been any changes to your job after March 2020?
- No
  - Work from home
  - Partial attendance at work
  - Lost job
  - Changed job
24. Has the financial situation in your family become worse after March 2020 ?
- Yes
  - No

25. Has anyone in your family lost their job or dropped out of education?

- Yes
- No

26. Do you have health insurance?

- Yes
- No

27. How much has your social life changed in the past 6 months?

- Very much
- Slightly
- Not at all
- Improved

28. Are you able to get as much exercise as you would like?

- Yes
- No

29. Is your diet as healthy as you would like?

- Yes
- No

30. How has this COVID pandemic affected you?

- Very much
- Slightly
- Not at all
- Will improve my life

31. How have you managed to cope with the stress of the past 6 months?

- Nothing special
- Prayer/meditation
- New hobbies
- Being with friends and family
- Not able to cope with stress

32. Do you feel this pandemic is going to affect your life in the future?

- Very much
- Slightly
- Not at all
- Will improve my life

33. Would you like to talk to us?

If yes, please provide details (telephone number/email address)