

Health Concerns in Adult Survivors of Childhood Cancer during COVID pandemic: Survey of Sibling of Cancer Survivors

Section 1: Basic Data

1. Your Name:
2. Your age:
3. Hospital number of your brother/sister:
4. ACT Clinic ID of your brother/sister:
5. Phone number:

Section 2: General Health

1. Before March 2020, have you had any long-term illness?
 - 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?
- Physician
 - Psychologist/ Psychiatrist
 - Physical or occupational therapist
 - Others
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, if yes

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. Do you have any concerns about COVID, having a cancer survivor in your family?
- 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. Are you concerned about the health of your brother/sister, currently or in the future?
- Very much
 - Slightly
 - Not at all
 - This scenario will improve their life
33. Would you like to talk to us? Yes/No
- Details (telephone number/email address)