

How old are you? [] years

Do you live in a stable partnership? (Yes – No)

How would you describe your home/private environment?

- *Living alone (Yes – No)*
- *Living with children under 18 years (Yes – No)*
- *Living with older people (over 65 years) (Yes – No)*
- *Living with my spouse/life partner (Yes – No)*
- *others*

What is your highest educational qualification?

Are/was you infected by the SARS-CoV-2-virus yourself? (Yes – No)

Is/was someone in your environment infected with the SARS-CoV-2-virus? (Yes – No)

How much, on average, did you reduce your social contact network in the last 12 months due to the covid-19-pandemic?

Not at all – a little – moderate – significant – very much

Questions about your risk of developing breast and/or ovarian cancer

To which risk group do you belong:

- I was diagnosed with a mutation in the BRCA1 or BRCA2 gene
- I was diagnosed with a different mutation (except BRCA1 or BRCA2 gene)
- I have an increased risk due to my family history, but I wasn't diagnosed with a gene mutation (yet)

Are/was you already suffering from breast and/or ovarian cancer (benign tumors excluded)

(multiple selection possible)

- no, I am not/was not previously diagnosed with invasive breast and/or ovarian cancer or the respective premalignant lesions (in situ)
- yes, I am/was diagnosed with insitu breast lesions
- yes, I am/was diagnosed with in situ ovarian/tubal lesions
- I am/was diagnosed with invasive breast cancer
- I am/was diagnosed with invasive ovarian cancer

Below we are interested in your opinion on hygiene measures in clinics during the covid-19-pandemic:

1. Would you have liked to be informed about hygiene protocols in advance of your appointment? (*Yes – No – I don't know/does not apply*)
2. Would more information about the prevailing hygiene protocols have had a positive influence on your behavior (e.g., meeting appointments)? *Yes – No – I don't know/does not apply*
3. Do you think that patients should be tested for SARS-CoV-2 infection before an ambulatory visit/appointment? *Yes – No – I don't know/does not apply*
4. Do you think that medical personnel/physicians should be tested for SARS-CoV-2 infection on a regular basis? *Yes – No – I don't know/does not apply*
5. Do you think that appointments should be scheduled in such a way to ensure that distancing rules can be strictly observed? *Yes – No – I don't know/does not apply*
6. Should a relative or a close person be allowed to accompany patients in the healthcare setting, despite the COVID-19 pandemic? *Yes – No – I don't know/does not apply*
7. Do you think/agree that appointments, which do not require one's physical presence (e.g., counseling appointments) should be conducted as teleconferences or video conferences during the COVID-19 pandemic? *Yes – No – I don't know/does not apply*
8. Do you think that medical personnel should at least wear an FFP-1 mask (surgical mask) during the COVID-19 pandemic? *Yes – No – I don't know/does not apply*
9. Do you think that medical personnel should always wear an FFP-2 mask masks during the COVID-19 pandemic to ensure patients' safety? *Yes – no – I don't know/does not apply*