

COVID-19 Patient Voice Assessment

DEMOGRAPHICS

Age:

Sex:

Male Female

Type of cancer:

of years since original diagnosis:

State of Residence:

County of Residence:

Country of Origin:

State of Treatment Facility:

Country of Treatment Facility:

Income Level:

Insurance:

Are you in active treatment?

Yes No

Have you been diagnosed with COVID-19?

Yes No

CLINICAL TREATMENT

Since COVID-19 shutdowns, have you missed any cancer related appointments?

Yes No

If yes, how many?

What types of appointments were missed?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Scans | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Follow up | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Bloodwork | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Surgery | |



Have you since completed any missed scans?

Yes No

Did your condition worsen since your last scans pre-COVID?

Yes No

If yes, did it require a new treatment that you weren't expecting?

Yes No

Do you feel like if it would have been caught early, they could've avoided this treatment?

Yes No

Did you have any surgeries postponed?

Yes No

If yes, by how many weeks?

What type of surgery?

- Exploratory (biopsy)
 Tumor removal
 Post treatment (reconstructive)

If yes, did this have an emotional impact on you?

Yes No

On a scale of 1 to 5, 1 being not much, 5 being very much, how would you rate the emotional impact of the delayed surgery?

1 2 3 4 5

Did you have a surgery or were you hospitalized for any reason during this time?

Yes No

Outpatient?

Yes No

Inpatient?

Yes No

Was a caregiver allowed in the hospital with you?

Yes No

If no, did this increase your anxiety or fear?

Yes No

If yes, On a scale of 1 to 5, 1 being not much, 5 being very much, how would you rate the anxiety or fear?

1 2 3 4 5

Did you feel that the hospital was taking all necessary COVID precautions?

Yes No

Were you tested for COVID at the hospital?

Yes No

If you are/were in chemotherapy during this time, would you have preferred oral chemotherapy had it been offered?

Yes No

Did you worry about being exposed to COVID during treatment because of your weakened immune system?

Yes No

Did not having a support person there with you affect your mood during treatment?

Yes No

TELEHEALTH

Were any of your outpatient office visits replaced with telehealth appointments?

Yes No

If yes, did this appointment fulfill your needs?

Yes No

Did you feel like your doctor was able to connect with you emotionally?

Yes No

On a scale of 1 to 5, 1 being not much, 5 being very much, how would you rate the emotional impact of not seeing your doctor in person?

1 2 3 4 5

Did the telehealth technology work correctly?

Yes No

Did you have any patient privacy concerns doing a telehealth appointment?

Yes No

Without performing a physical exam, did you feel like the appointment was thorough enough?

Yes No

OUT OF STATE TRAVEL

If your appointments (regardless of type) were not postponed, did you have to travel out of state?

Yes No

If yes, were you required to complete a 14 day quarantine before your appointment?

Yes No

Did the quarantine requirement cause you to cancel the appointment?

Yes No

If yes, On a scale of 1 to 5, 1 being not much, 5 being very much, how would you rate the anxiety or fear caused as a result of the above?

1 2 3 4 5

If no, did the 14 day quarantine cause a financial burden on your family, that your normal appointments otherwise would not have?

Yes No

Were you forced to get treatment at another facility in your geographic area due to COVID?

Yes No

If yes, did you feel like you received the same quality treatment that you would have at your normal facility?

Yes No

Was the information exchange between hospitals/medical teams seamless?

Yes No

If no, did this cause further delays to your treatment?

Yes No

If yes, by how many weeks?

When COVID restrictions are lifted, will you return to your original treatment provider?

Yes No

EMOTIONAL WELL BEING

Were you seeing a therapist prior to COVID-19?

Yes No

If yes, are you still currently seeing a therapist for support?

Yes No



If no, did you seek out a therapist for support because of the additional stress of COVID?

Yes No

Are your appointments via telehealth?

Yes No

Are they meeting your emotional needs?

Yes No

Has the isolation of COVID increased your anxiety?

Yes No

Are you involved in a cancer support group?

Yes No

If yes, have they been able to still meet via Zoom or other technology?

Yes No

Have you sought spiritual guidance from your local clergy to help you cope during COVID?

Yes No

PHYSICAL WELL BEING

Have you gained more than 5 pounds since the pandemic began in March 2020?

Yes No

If yes, are you diabetic?

Yes No

Have your sleep habits been disrupted because of concerns related to COVID?

Yes No

Have you turned to alcohol or drugs as a coping mechanism for COVID related concerns?

Yes No

If yes, have you sought the help of a professional to change the habit?

Yes No

CAREGIVER WELL BEING

Regardless of appointment type, did your doctors find a way to include Caregivers in your appointments?

Yes No

Have your caregivers faced increased fear and/or anxiety related to your condition and COVID?

Yes No

Are your caregivers getting additional emotional support through a therapist or support group?

Yes No

Has your caregiver turned to alcohol or drugs as a coping mechanism for COVID related concerns?

Yes No

If yes, does this add to your stress levels?

Yes No

On a scale of 1 to 5, 1 being not much, 5 being very much, how much additional stress does it cause?

1 2 3 4 5

EMPLOYMENT/INSURANCE

Was either you or your spouses employment terminated due to COVID?

Yes No

Did you lose your medical insurance as a result of that termination?

Yes No

If yes, On a scale of 1 to 5, 1 being not much, 5 being very much, how would you rate the anxiety caused from losing your insurance?

- 1 2 3 4 5

FINANCIAL IMPACT

Were you able to purchase insurance through the federal marketplace?

- Yes No

If yes, was this more expensive than your employer paid insurance?

- Yes No

If you no longer have insurance, were you required to make any different financial decisions in order to afford your cancer care?

- Yes No

Has your medical system offered any type of financial assistance to you during this time?

- Yes No

If yes, what type?

- Delayed payment
 Discounts
 Debt Forgiveness

Do you worry about your financial future because of COVID and your cancer related expenses?

- Yes No

Do you think COVID-19 will affect your long term outcomes?

- Yes No