

## Understanding the impact of cancer diagnosis and treatment on everyday life: Additional questions about COVID-19 (coronavirus)

Study ID  /  /

- These questions all relate to the COVID-19 pandemic. COVID-19 is the coronavirus which led to lockdown in the UK, and across much of the world, in 2020.
- Your answers will provide evidence about how COVID-19 has affected people diagnosed with cancer and this will be really valuable should anything like this happen again.
- It is also important to explore how COVID-19 has affected people taking part in HORIZONS to help us understand your responses in the main questionnaire.

**We appreciate you taking time to fill out these additional questions. Please complete them around the same time as the main HORIZONS questionnaire and return in the same FREEPOST envelope provided. You can also complete the questionnaires online. To do this or to find out more, please contact us: HORIZONS@soton.ac.uk or 023 8059 6885.**

**Please tick one answer for each question, unless directed otherwise.**

1a. Do you have, or have you had, COVID-19?

Yes, tested and the result was positive <input type="checkbox"/>	Yes, experienced symptoms but not confirmed by a test <input type="checkbox"/>	No, tested and the result was negative – please go to question 2 <input type="checkbox"/>	No, not tested and have not experienced COVID-19 symptoms - please go to question 2 <input type="checkbox"/>
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1b. **If yes**, when did you have COVID-19? (month/year): .....

1c. **If yes**, were you hospitalised as a result of COVID-19?

Yes, and I spent time in intensive care <input type="checkbox"/>	Yes, but not in intensive care <input type="checkbox"/>	No <input type="checkbox"/>
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1d. **If yes**, how long do you feel it took you to recover from COVID-19?

Not applicable – I have not recovered yet <input type="checkbox"/>
Not applicable – I did not experience any symptoms <input type="checkbox"/>
Time to recovery (please include unit, eg. weeks):   

2. Please write in each box the **number** of people in your household each of the following options applies to. If you live alone please write '0' in each box.

Tested for COVID-19 and the result was positive <input type="text"/>	COVID-19 suspected but not confirmed by a test <input type="text"/>	Tested for COVID-19 and the result was negative <input type="text"/>	Not tested and not experienced COVID-19 symptoms <input type="text"/>
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3. Have you received a letter or text from the NHS which identifies you as “someone at risk of severe illness if you catch Coronavirus (also known as COVID-19)”. This was commonly known as the shielding letter.

Yes, and I agree I should have <input type="checkbox"/>	Yes, but I do not think I should have <input type="checkbox"/>	No, but I think I should have <input type="checkbox"/>	No, and I agree I should not have <input type="checkbox"/>	I cannot remember or I do not know <input type="checkbox"/>
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4. What measures have you taken to avoid COVID-19?

	Current measure	Past measure (but not now)	Not ever done	Not applicable
Regular hand washing with soap and water for at least 20 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing a face covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remaining at home at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying at home nearly all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping at least 2m from other people in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping at least 2m from people if you went out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping at least 1m from other people in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping at least 1m from people if you went out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not allowing visitors into your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not visiting people in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping everything coming into your home (e.g. shopping, post, medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you found it difficult to take the measures you felt were necessary to protect yourself from COVID-19?

Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Very much so <input type="checkbox"/>
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6a. During the COVID-19 pandemic, did someone else take on tasks, like food shopping or collecting medicines, that you would normally do?

Yes <input type="checkbox"/>	No, I did not require any help (please go to question 7) <input type="checkbox"/>	No, but I needed help and could not access any (please go to question 7) <input type="checkbox"/>	Not applicable – I do not normally do these type of tasks (please go to question 7) <input type="checkbox"/>
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6b. If **yes**, who has carried out these tasks (tick all that apply)?

Someone from your household	<input type="checkbox"/>
Friends or family who do not live in your home	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>
Facebook/local website groups	<input type="checkbox"/>
Local community groups	<input type="checkbox"/>
Local charity	<input type="checkbox"/>
National charity	<input type="checkbox"/>
NHS volunteer responders	<input type="checkbox"/>
Food delivery service (e.g. supermarket delivery)	<input type="checkbox"/>
Pharmacy service	<input type="checkbox"/>
Social care provider	<input type="checkbox"/>
Other Please specify:	<input type="checkbox"/>

7. Has your work life been affected by the COVID-19 pandemic (tick all that apply)?

Not applicable	<input type="checkbox"/>
No, I was able to continue working as usual	<input type="checkbox"/>
Yes, I had to start working at home	<input type="checkbox"/>
Yes, I worked at home more often than usual	<input type="checkbox"/>
Yes, I was furloughed	<input type="checkbox"/>
Yes, my working hours were reduced	<input type="checkbox"/>
Yes, I was made redundant	<input type="checkbox"/>
Yes, my contract was not renewed	<input type="checkbox"/>
Yes, I am self-employed and the amount of work I was offered reduced	<input type="checkbox"/>
Other Please specify:	<input type="checkbox"/>

8. Have you had any concerns about your ability to meet financial commitments, such as living costs, bills, rent or mortgage payments as a result of the COVID-19 pandemic?

Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Very much <input type="checkbox"/>
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9a. Were you due to have any cancer treatment during the COVID-19 pandemic?

Yes, and there were changes to the treatment plan <input type="checkbox"/>	Yes, and it went ahead as planned – please go to question 10 <input type="checkbox"/>	No – please go to question 10 <input type="checkbox"/>
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9b. If there were changes to the planned cancer treatment, what were they? Please tick all that apply.

Where you had to go for treatment changed	<input type="checkbox"/>
The type of treatment (e.g. chemotherapy, radiotherapy) given changed	<input type="checkbox"/>
How treatment was given changed e.g. tablets rather than through a tube going into a vein	<input type="checkbox"/>
The start of treatment was delayed	<input type="checkbox"/>
There was a change to how often the treatment was delivered	<input type="checkbox"/>
Treatment was cancelled and not rescheduled	<input type="checkbox"/>
Other Please specify:	<input type="checkbox"/>

10. Were you due to have any scans or other tests related to your cancer treatment and care during the COVID-19 pandemic?

Yes, but I chose not to attend (please explain why below) <input type="checkbox"/>	Yes, but the provider changed the plan (please provide more details below) <input type="checkbox"/>	Yes, and everything went ahead as planned – please go to question 11 <input type="checkbox"/>	No – please go to question 11 <input type="checkbox"/>
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If yes, and you chose not to attend please explain why, or if the provider changed the plan, please provide more details:

11. If you attended hospital appointments in person, were you worried that it was an unsafe place due to the risk of COVID-19?

Not applicable – I did not attend any hospital appointments in person <input type="checkbox"/>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Very much <input type="checkbox"/>
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12. Were you able to book GP appointments as usual during the COVID-19 pandemic?

Yes <input type="checkbox"/>	No, I could not always make an appointment with the GP when needed <input type="checkbox"/>	Not applicable - I did not need to make an appointment <input type="checkbox"/>
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13a. Did you have any phone or video call consultations with any health care professionals during the COVID-19 pandemic?

Yes, phone call consultation only <input type="checkbox"/>	Yes, video call consultation only <input type="checkbox"/>	Yes, both phone and video call consultations <input type="checkbox"/>	No – please go to question 14 <input type="checkbox"/>
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13b. If you had any phone or video call consultations, how do you feel these compare with face-to-face appointments?

Very much prefer face-to-face <input type="checkbox"/>	Slightly prefer face-to-face <input type="checkbox"/>	No preference <input type="checkbox"/>	Slightly prefer phone/video call <input type="checkbox"/>	Very much prefer phone/video call <input type="checkbox"/>
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14. Did you know who to contact if you had any health problems relating to cancer care or treatment during the COVID-19 pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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15. Please tick one box on each scale below

**COVID-19 is...**

Something I think about all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Something I almost never think about
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Fear-inducing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not fear-inducing
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Worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not worrying
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Something that makes me feel helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Something I am able to combat with my own action
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Stressful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not stressful
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Something that makes me depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Something that does not affect my mood
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16a. How much has the COVID-19 pandemic had a negative impact on your overall quality of life?

Not at all	A little	Quite a bit	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16b. How much has the COVID-19 pandemic had a positive impact on your overall quality of life?

Not at all	A little	Quite a bit	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you have any unanswered questions about COVID-19 in relation to cancer care and treatment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list here:

18. If there is anything else you would like us to know about your experiences during the COVID-19 pandemic, or you want to provide some more detail about any of your answers to the above questions, please write here.

### Today's Date

Please fill in the date you completed this questionnaire:

D	D	/	M	M	/	Y	Y	Y	Y
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Thank you very much for your participation

If you have any concerns following the completion of this questionnaire we recommend that you seek support from your health care providers, such as your GP or specialist nurse, or through the helpline provided by Macmillan Cancer Support, who can be contacted on 0808 808 0000.

Please be aware that what you have written is not always read and analysed until some time after we receive the questionnaire. Questionnaires and notes are not read by your health care team.

Please return this form in the FREEPOST envelope provided.

If you would like further information or have any queries about this study, please contact the HORIZONS Research Team on 023 8059 6885 or email [HORIZONS@soton.ac.uk](mailto:HORIZONS@soton.ac.uk).