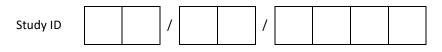
# HORIZONS



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



- 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	Yes, experienced	No, tested and the	No, not tested and have not
and the result	symptoms but not	result was negative –	experienced COVID-19 symptoms -
was positive	confirmed by a test	please go to question 2	please go to question 2

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	Yes, but not in intensive care	No

#### 1d. If yes, how long do you feel it took you to recover from COVID-19?

Not applicable – I have not recovered yet	
Not applicable – I did not experience any symptoms	
Time to recovery (please include unit, eg. weeks):	

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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-	COVID-19 suspected	Tested for COVID-	Not tested and not experienced
19 and the result	but not confirmed by a	19 and the result	COVID-19 symptoms
was positive	test	was negative	

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	Yes, but I do not	No, but I think I	No, and I agree I	I cannot remember
I should have	think I should	should have	should not have	or I do not know
	have			

#### 4. What measures have you taken to avoid COVID-19?

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

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

Not at all	A little	Quite a bit	Very much so

6a. During the COVID-19 pandemic, did someone else take on tasks, like food shopping or collecting medicines, that you would normally do?

Yes	No, I did not require any	No, but I needed help and	Not applicable – I do not
	help (please go to	could not access any	normally do these type of tasks
	question 7)	(please go to question 7)	(please go to question 7)

6b. If yes, who has carried out these tasks (tick all that apply)?

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

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

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

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

Not at all	A little	Quite a bit	Very much

9a. Were you due to have any cancer treatment during the COVID-19 pandemic?

Yes, and there were changes to the	Yes, and it went ahead as planned	No – please go to
treatment plan	<ul> <li>please go to question 10</li> </ul>	question 10

### 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	
The type of treatment (e.g. chemotherapy, radiotherapy) given changed	
How treatment was given changed e.g. tablets rather than through a tube going	
into a vein	
The start of treatment was delayed	
There was a change to how often the treatment was delivered	
Treatment was cancelled and not rescheduled	
Other	
Please specify:	

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	Yes, but the provider	Yes, and everything	No please go to
attend (please explain	changed the plan	went ahead as planned	question 11
why below)	(please provide more	<ul> <li>please go to question</li> </ul>	
	details below)	11	

If yes, and you chose not to attend please explain why, or if the provider changed the plan, please provide more details:

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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	Not at all	A little	Quite a bit	Very much
hospital appointments in person				

12. Were you able to book GP appointments as usual during the COVID-19 pandemic?

Yes	No, I could not always make an	Not applicable - I did not need
	appointment with the GP when	to make an appointment
	needed	

13a. Did you have any phone or video call consultations with any health care professionals during the COVID-19 pandemic?

Yes, phone call	Yes, video call	Yes, both phone and	No – please go to
consultation only	consultation only	video call	question 14
		consultations	

13b. **If you had any phone or video call consultations**, how do you feel these compare with face-to-face appointments?

Ī	Very much	Slightly prefer	No	Slightly prefer	Very much prefer
	prefer face-to-	face-to-face	preference	phone/video call	phone/video call
	face				

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	No

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#### 15. Please tick one box on each scale below

#### COVID-19 is...

Something I think				Something I
about all the time				almost never
				think about
Fear-inducing				Not fear-inducing
Worrying				Not worrying
Something				Something I
that makes				am able to
me feel				combat with
helpless				my own
				action
Stressful				Not stressful
Something				Something
that makes				that does not
me depressed				affect my
				mood

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

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

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

Yes	No

If yes, please list here:

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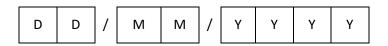
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18. If there is anything else you would like us to know about your experiences during the COVID-19 pandemic, or you want to provide some more detail about any of your answers to the above questions, please write here.

Today's Date Please fill in the date you completed this questionnaire:



#### 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.

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