

II. COVID-19 PSYCHOSOCIAL AND PRACTICAL EXPERIENCES

Please indicate the extent to which you agree or disagree with the following statements. Please use the scale below:

0 = Strongly Disagree 1 = Disagree 2 = Neither agree or Disagree 3 = Agree 4 = Strongly Agree

Since the breakout of the COVID-19 pandemic:

COVID-19 Specific Distress (Emotional and Physical Reactions):

1. I feel anxious about getting COVID-19 (*or if positive: I am anxious about becoming ill*).
2. I worry about possibly infecting others.
3. I am concerned about a family member or close friend getting or dying from COVID-19.
4. I worry about the possibility of dying from COVID-19.
5. I fear how the COVID-19 pandemic will impact my cancer care or recovery.
6. I am concerned that cancer puts me at greater risk for being infected or dying from COVID-19.
7. I feel I have no control over how COVID-19 will impact my life.
8. I have experienced feelings of sadness or depression.
9. I feel negative and/or anxious about the future.
10. I have experienced changes in my sleep.
11. I have experienced changes in my eating.
12. I have experienced difficulty concentrating.
13. I have experienced feelings of social isolation or loneliness.

Health Care Disruptions and Concerns (Concerns About Medical Care):

14. My general medical care has been disrupted or delayed.
15. My cancer care or follow-up has been disrupted or delayed.
16. My healthcare providers have taken the necessary measures to address COVID-19.
17. I received adequate information on prevention, protection or care for COVID-19 from my cancer care providers.

Disruption to Daily Activities and Social Interactions:

18. I have experienced disruptions in day to day social interactions with family and/or friends.
19. I have not been able to adequately take care of family members or friends I provide for.
20. I have been unable to perform my typical daily routines (e.g., work, physical activity, leisure activity).
21. I have experienced conflict with household members (e.g., spouse/partner, children, parents, others).
22. I have had difficulty or been unable to perform my work as usual.
23. I have had difficulty taking care of my children's needs (e.g., providing care, supervising schoolwork) and/or balancing their needs with other responsibilities.

Financial Hardship:

24. I have experienced financial difficulties.
25. I have not been able to purchase or obtain basic necessities (e.g., food, personal care products).
26. I have been anxious about losing or having lost my job, or my primary source of income.
27. I have not been able to adequately provide for others I financially support.
28. I feel anxious about being able to maintain or not having adequate health care insurance.

Perceived Benefits:

29. I have greater appreciation for my family and close friends.
30. I have deeper appreciation for life.
31. I have been more grateful for each day.
32. I have been more accepting of things I cannot change.
33. I have found new ways of connecting with family and friends.
34. I have used my experience in coping with cancer to deal with COVID-19.

Functional Social Support:

35. I have received emotional support from family or friends when needed.
36. I have received tangible support (e.g., financial, practical) from family or friends when needed.
37. I am (or "have been") there to listen to other's problems when needed.
38. I have helped others with financial or practical support.

Perceived Stress Management (Ability to Manage Stress):

39. I am able to recognize thoughts and situations that make me feel stressed or upset about COVID-19.
40. I am able to practice relaxation (e.g., deep breathing, meditation) when feeling stress about COVID-19.
41. I am able to seek information and plan accordingly to address concerns over the COVID-19 pandemic.
42. I can re-examine negative thoughts and gain a new perspective when concerned about COVID-19.
43. I can give myself the caring and tenderness I need.