COVID-19 epidemic questionnaire

First, we would like some general information about you

1. What is your age? (e.g. 59 years)
2. What is your gender?
3. Male
4. Female
5. I do not identify myself with a specific gender
6. Enter your zip code (e.g. 5000)
7. What is your marital status? (Tick the box most appropriate to you)
8. Married/living together with a partner
9. Involved, not living together
10. Divorced
11. Widowed
12. Single
13. Other
14. How many live in your household? (including yourself)
15. 1 (I live by myself)
16. 2
17. 3
18. 4
19. >4

1. What is the highest level of education that you have completed?
2. Primary/elementary school
3. Vocational or technical upper secondary education
4. Higher general and preparatory examination programme (e.g upper secondary school/high school)
5. Higher technical and commerce examination programme
6. Short-cycle higher Education (less than 3 years)
7. Medium-cycle higher education (3-4 years)
8. Long-cycle higher education (more than 4 years)
9. Other (option to comment)\_\_\_\_\_\_\_\_
10. I do not wish to answer/ I don’t know
11. What was your employment status when you were diagnosed with cancer?
    1. Full time employee
    2. Part time employee
    3. Self-employed
    4. Housewife or house husband
    5. Seeking employment
    6. On leave
    7. On sick leave
    8. On disablement rehabilitation
    9. Receiving early retirement benefit
    10. On retirement pension
    11. Student or apprentice
    12. Other (option to comment)\_\_\_\_\_
    13. I do not wish to answer/ I don’t know
12. Have you been told by a medical physician, that you have one or more of the following non-cancer illnesses? (multiple answers)
13. Hypertension
14. Cardiovascular disease
15. Diabetes
16. Chronic lung disease (e.g. asthma or chronic obstructive pulmonary disease)
17. Kidney disease
18. Liver disease
19. None of the above
20. I do not wish to answer/ I don’t know
21. Do you have access to the following equipment at home? (multiple answers)
22. Smartphone/mobile phone
23. Desktop or laptop computer
24. Tablet/Ipad
25. Internet access at home
26. Landline telephone
27. I do not wish to answer/ I don’t know

How was your experience of the COVID-19 epidemic in Denmark?

1. Have you refrained from consulting a doctor or the hospital due to fear of corona-virus infection?
2. Yes
3. No
4. I do not wish to answer/ I don’t know
5. Are you concerned about contracting corona-virus?
6. Not concerned
7. A little concerned
8. Moderately concerned
9. Very concerned
10. Extremely concerned
11. I do not wish to answer/I don’t know
12. Have you been tested for corona-virus at any time?
13. Yes, I have been tested, and the test was positive
14. Yes, I have been tested, and the test was negative
15. No, I have not been tested although I had symptoms
16. No, I have not been tested since I have not had symptoms
17. I do not wish to answer/I don’t know

We would like some information about your cancer

1. What is your cancer diagnosis? (multiple answers)
2. Bladder cancer
3. Breast cancer
4. Pancreatic cancer
5. Rectal cancer
6. Gall bladder or bile duct cancer
7. Gastrointestinal stromal tumor (GIST)
8. Brain tumor
9. Head and neck cancer
10. Liver Cancer (not metastases)
11. Cervical cancer
12. Uterine cancer
13. Melanoma
14. Oral cavity cancer
15. Neuroendocrine tumor (NET)
16. Ureter and renal pelvis cancer
17. Kidney cancer
18. Nasal and sinus cancer
19. Penis Cancer
20. Prostate cancer
21. Thyroid cancer
22. Esophagus cancer
23. Pharynx cancer
24. Bowel cancer
25. Testicular cancer
26. Thymus cancer
27. Duodenal cancer
28. Small bowel cancer
29. Unknown primary cancer
30. Urethral cancer
31. Vulva cancer (cancer in the external female genitalia)
32. Ovarian cancer
33. Other
34. I do not wish to answer/ I don’t know
35. Is your cancer considered…
36. Curable (you can become/have been pronounced cancer-free)
37. Incurable/chronic (you cannot become cancer-free again)
38. I do not wish to answer/don’t know
39. Did you receive or should you have had radiotherapy within the last two months?
40. Yes
41. No
42. I do not wish to answer/I don’t know
43. Did you receive or should you have received medical cancer treatment within the last two month? (Treatment may be chemotherapy, immunotherapy, antibody treatment, tablet or capsule treatment, anti-hormonal treatment or injections like zometa)
44. Yes
45. No, I do not receive treatment currently
46. I do not wish to answer/I don`t know

If you are receiving cancer treatment, please answer the following questions:

1. How concerned are you, that the corona-epidemic may affect your cancer treatment?
2. Not concerned
3. A little concerned
4. Moderately concerned
5. Very concerned
6. Extremely concerned
7. I do not wish to answer/I don’t know
8. The corona-virus epidemic has caused my cancer treatment (radiotherapy, chemotherapy, immunotherapy or otherwise) to be (multiple answers)
9. Cancelled by the department
10. Cancelled on my own initiative
11. Postponed by the department
12. Postponed on my initiative
13. Unchanged
14. I do not wish to answer/I don’t know
15. How do you feel about the change in your treatment?
16. Really good
17. Good
18. Indifferent
19. Really bad
20. I do not wish to answer/I don’t know
21. The corona-virus epidemic has caused that examinations (blood tests, scans, X-ray examinations or the like) in connection with my cancer disease have been (multiple answers)
22. Cancelled by the department
23. Cancelled on my initiative
24. Postponed by the department
25. Postponed on my initiative
26. Unchanged
27. I have no planned procedures
28. I don’t want to answer/I don’t know
29. How do you feel about the change(s) in your examination(s)?
30. Really good
31. Good
32. Indifferent
33. Really bad
34. I do not wish to answer/I don’t know

If you are in a follow-up program, please answer the following questions:

1. The corona-epidemic has caused that examinations (blood tests, scans, X-ray examinations or others) in connection with control of my cancer disease have been (multiple answers)
2. Cancelled by the department
3. Cancelled on my initiative
4. Postponed by the department
5. Postponed on my initiative
6. Unchanged
7. I have no planned procedures
8. I do not wish to answer/I don’t know
9. How do you feel about the change(s) in your examination(s)?
   1. Really good
   2. Good
   3. Indifferent
   4. Bad
   5. Really bad
   6. I do not wish to answer/I don´t know
10. The Corona-epidemic has caused that one or more of my follow-up appointments at the department have been (multiple answers)
11. Cancelled by the department
12. Cancelled on my initiative
13. Postponed by the department
14. Postponed on my initiative
15. Converted to answer by letter or phone consultation
16. Converted, but I was not informed and I had to contact the department myself
17. I have no planned procedures
18. I do not wish to answer/I don’t know
19. How do you feel about the change(s) in your appointment(s)?
    1. Really good
    2. Good
    3. Indifferent
    4. Bad
    5. Really bad
    6. I do not wish to answer/I don’t know

The following questions deals with the time after the COVID-19 epidemic. In order to mitigate the risk of contamination, we have changed procedures at the department of oncology, to reduce face to face appointments. The following questions deals with your thoughts about future practice

1. Could you imagine turning up for a doctor’s appointment at the department of oncology was replaced by a telephone consultation?
2. Yes
3. Yes, but not every time
4. No
5. I do not wish to answer/I don’t know
6. Could you imagine turning up for a doctor’s appointment at the department of oncology was replaced by a video-consultation?
7. Yes
8. Yes, but not every time
9. No
10. I don’t wish to answer/I don’t know
11. Do you know your treatment responsible doctor?
12. Yes
13. No
14. I do not wish to answer/I don’t know
15. Is it important to you, that it is your treatment responsible doctor, who is in contact with you?
16. Yes
17. Yes, but not every time
18. No
19. I do not wish to answer/I don’t know
20. If you could choose a time span for treatment, which would suit you best? (multiple answers)
21. 8AM-12PM
22. 12PM-4PM
23. 4PM-8PM
24. I do not wish to answer/I don’t know
25. Could you imagine having a side effect formula sent digitally, so that the nurse/doctor knows your side effects, if any, before your appointment?
    1. Yes
    2. No
    3. I do not wish to answer/I don’t know
26. Could you imagine turning up for a doctor’s appointment at the department of oncology was replaced by a telephone consultation?
27. yes
28. Yes, but not every time
29. no
30. I do not wish to answer/I don’t know
31. Could you imagine turning up for a doctor’s appointment at the department of oncology was replaced by a video-consultation?
32. Yes
33. Yes, but not every time
34. No
35. I do not wish to answer/I don’t know
36. Could you imagine having a scan result sent to you by mail if the result was good?
37. Yes
38. Yes, but not every time
39. No
40. I do not have scans as part of my follow-up procedure
41. I do not wish to answer/I don’t know
42. Do you know your treatment responsible doctor?
43. Yes
44. No
45. I do not wish to answer/I don’t know
46. Is it important to you, that it is your treatment responsible doctor, who is in contact with you?
47. Yes
48. Yes, but not every time
49. No
50. I do not wish to answer/I don’t know
51. If you could choose a time span for a doctor appointment, which would suit you best? (multiple answers)
52. 8AM-12PM
53. 12PM-4PM
54. 4PM-8PM
55. I do not wish to answer/I don’t know
56. Could you imagine having a formula with side effects sent digitally, so that the nurse/doctor knows your side effects, if any, before your appointment?
57. Yes
58. No
59. I do not wish to answer/I don’t know