

E. These next questions are about your health and the medical care you have received or rescheduled during the COVID-19 pandemic.

1. In general, would you say your health is:
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
 - f. Don't know
 - g. Prefer not to answer

2. Has a doctor ever diagnosed you with any of the following conditions? Select all that apply.
 - a. Heart disease
 - b. High blood pressure
 - c. Lung disease
 - d. Diabetes
 - e. Ulcer or stomach disease
 - f. Kidney disease
 - g. Liver disease
 - h. Anemia or other blood disease
 - i. Cancer
 - j. Depression
 - k. Osteoarthritis or degenerative arthritis
 - l. Back pain
 - m. Rheumatoid arthritis
 - n. HIV
 - o. Other (specify)
 - p. None of the above
 - q. Don't know
 - r. Prefer not to answer

3. What is your date of birth? MM/DD/YYYY
If you do not want to give us your date of birth, what is your age? _____ years old

4. What sex were you assigned at birth on your original birth certificate?
 - a. Male
 - b. Female
 - c. Don't know
 - d. Prefer not to answer

5. How do you describe yourself?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Queer/Non-binary
 - e. Agender/No gender
 - f. Other (specify)
 - g. Don't know
 - h. Prefer not to answer

6. Has your clinic, doctor's office or dental practice closed or cancelled an appointment because of COVID-19?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

7. Have you cancelled a clinic, doctor or dental appointment to avoid being around others?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

8. Have you been unable to obtain one or more prescription medications because of the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

9. Have you been unable to obtain one or more over-the-counter medicines you need because of the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

10. If you were scheduled for a routine, non-urgent clinic appointment and your primary doctor was not able to see you, which of the following would you prefer?

I would prefer to:

 - a. Wait until my doctor is available and reschedule an in-person visit
 - b. Reschedule an in-person visit with a different doctor
 - c. Talk to my doctor by phone for advice
 - d. Send in a photo and message for advice through a secure online portal
 - e. Set up a video-visit with my doctor
 - f. Don't know
 - g. Prefer not to answer

11. Do you have a device (cell phone, laptop, tablet, or desktop with webcam) that would allow you to video conference with your healthcare provider?
 - a. Yes
 - b. No – Go to question 15
 - c. Don't know –Go to question 15
 - d. Prefer not to answer – Go to question 15

12. Have you engaged in a virtual visit with any of your healthcare providers?
 - a. Yes
 - b. No – Go to question 14
 - c. Don't know – Go to question 15
 - d. Prefer not to answer – Go to question 15

13. Did you feel comfortable communicating with your healthcare provider in a virtual format?
- a. Yes – Go to question 15
 - b. No – Go to question 15
 - c. Don't know – Go to question 15
 - d. Prefer not to answer – Go to question 15

14. Would you feel comfortable communicating with your healthcare provider in a virtual format?
- a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

Questions 15-18 are asked of participants who indicated female assignment at birth.

15. Mammography is recommended for routine breast cancer screening. A mammogram is a low dose x-ray of your breast to look for cancer. An x-ray machine uses an adjustable plastic plate to press against the breast while a picture is taken. Were you planning to have a mammogram between March 2020 and the end of the year?
- a. Yes
 - b. No – Go to question 17
 - c. Don't know – Go to question 17
 - d. Prefer not to answer – Go to question 17

16. Did you or your doctor postpone your mammogram because of COVID-19?
- a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

17. A Pap test (sometimes called a Pap smear) is a test to detect cancer of the cervix. A small sample of cells is taken from a woman's cervix (the opening of her womb) and is tested in a laboratory for signs of cancer. Were you planning to have a Pap test between March 2020 and the end of the year?
- a. Yes
 - b. No – Go to question 19
 - c. Don't know – Go to question 19
 - d. Prefer not to answer – Go to question 19

18. Did you or your doctor postpone your Pap test because of COVID-19?
- a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

Questions 19-22 are asked of participants age 50 and older.

19. There are several tests that can help prevent colon cancer or find it early. One kind of colon cancer test is called a stool blood test. This is something you do at home to examine your stool for hidden blood. The test requires you to place a small sample of your stool or bowel

movement on a special card that comes in a kit. This card is then sent to your doctor's office or to a lab for testing. Were you planning to have a stool blood test between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 21
- c. Don't know – Go to question 21
- d. Prefer not to answer – Go to question 21

20. Did you or your doctor postpone your stool blood test because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

21. Another test is called a colonoscopy. A colonoscopy is a test where a doctor inserts a thin, flexible tube with a light into your rectum to examine your colon for any unusual growths. Right before the test, you get some medicine to help you relax. The test usually takes 30-60 minutes, depending on whether there are growths or polyps that need to be removed. Afterward, you wait for the relaxing medicine to wear off, and someone has to drive you home. Were you planning to have a colonoscopy between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 23
- c. Don't know – Go to question 23
- d. Prefer not to answer – Go to question 23

22. Did you or your doctor postpone your colonoscopy because of COVID-19?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

23. Have you ever heard of Human Papillomavirus, also known as HPV?

- a. Yes
- b. No – Go to question 30
- c. Don't know – Go to question 30
- d. Prefer not to answer – Go to question 30

Questions 24-25 are asked of participants who indicated female assignment at birth age 30 to 65.

24. An HPV test detects the presence of HPV, a virus that can lead to the development of genital warts, abnormal cervical cells or cervical cancer. Were you planning to have an HPV test between March 2020 and the end of the year?

- a. Yes
- b. No – Go to question 26
- c. Don't know – Go to question 26
- d. Prefer not to answer – Go to question 26

25. Did you or your doctor postpone your HPV test because of COVID-19?
- Yes
 - No
 - Don't know
 - Prefer not to answer

Questions 26-27 are asked of participants age 45 and younger.

26. HPV causes six cancers, most notably cervical cancer in women and mouth and throat cancers in men. The HPV vaccine has been approved since 2006 for children starting at age 9 and up to age 26. Recently, the Advisory Committee on Immunization Practice has made some changes to who can receive the HPV vaccine. Men and women ages 27-45 can now be vaccinated if informed of the risks and benefits in a conversation with their healthcare provider. Were you planning to get a dose of the HPV vaccination between March 2020 and the end of the year?
- Yes
 - No – Go to question 28
 - Don't know – Go to question 28
 - Prefer not to answer – Go to question 28

27. Did you or your doctor postpone your HPV vaccination because of COVID-19?
- Yes
 - No
 - Don't know
 - Prefer not to answer

Questions 28-29 are asked if the participant indicated children over the age of 9. Include the HPV vaccination description in question 26 if participant skipped.

28. Were you planning to have your child/any of your children vaccinated against HPV between March 2020 and the end of the year?
- Yes
 - No – Go to question 30
 - Don't know – Go to question 30
 - Prefer not to answer – Go to question 30

29. Did you or your children's doctor postpone your child's HPV vaccination because of COVID-19?
- Yes
 - No
 - Don't know
 - Prefer not to answer

Questions 30-31 are asked if a cancer diagnosis was not indicated.

30. Compared to other people your age and race, how likely do you think you are to get cancer in your lifetime?
- Much below average
 - Below average
 - Same average risk as other people your age
 - Above average
 - Much above average

- f. Don't know
- g. Prefer not to answer

31. How worried are you about getting cancer someday?

- a. Not at all
- b. A little
- c. Somewhat
- d. A lot
- e. Don't know
- f. Prefer not to answer

Questions 32-40 are asked if a cancer diagnosis was indicated.

32. Are you currently on any oral medication for your cancer?

- a. Yes
- b. No – Go to question 35
- c. Don't know – Go to question 35
- d. Prefer not to answer – Go to question 35

33. In the past week, about how many days did you take your oral cancer medication?

_____ days

- a. Don't know
- b. Prefer not to answer

34. Has your oral cancer medication use changed during the COVID-19 pandemic?

- a. Yes, I have used my oral cancer medication MORE often
- b. Yes, I have used my oral cancer medication LESS often
- c. No, I have used my oral cancer medication the SAME amount
- d. Don't know
- e. Prefer not to answer

35. Were you scheduled for any cancer-related medical care that you had to cancel or reschedule during the COVID-19 restrictions?

- a. Yes
- b. No – Go to question 37
- c. Don't know – Go to question 37
- d. Prefer not to answer – Go to question 37

36. What did you have to cancel or reschedule? Select all that apply.

- a. Routine appointment
- b. Screening test
- c. Blood test
- d. Surgery
- e. Chemotherapy
- f. Radiation therapy
- g. Therapy (physical or occupational)
- h. Other (specify)
- i. Don't know

- j. Prefer not to answer
37. Compared to other people your age and race who have received the same treatment for the same type of cancer, how likely do you think you are to get cancer again in your lifetime?
- a. Much below average
 - b. Below average
 - c. Same average risk as other people your age
 - d. Above average
 - e. Much above average
 - f. Don't know
 - g. Prefer not to answer
38. How worried are you about getting cancer again someday?
- a. Not at all
 - b. A little
 - c. Somewhat
 - d. A lot
 - e. Don't know
 - f. Prefer not to answer
39. Do you have a caregiver? A caregiver is a partner, family member or close friend who helps to coordinate your care including assistance with making appointments, managing medications and side effects, and helping with other day-to-day tasks.
- a. Yes
 - b. No – Go to the next section
 - c. Don't know – Go to the next section
 - d. Prefer not to answer – Go to the next section
40. We would like to invite this person to complete this survey as well. Please ask them to contact us at [PHONE] or [EMAIL].

Questions 1-40 correspond to Questions 1-40 in section E of the full document "Impact of COVID-19 on Behaviors across the Cancer Control Continuum in Ohio"