Survey Content

Demographic Variables

1. Current Age
   16-19  20-24  25-30

2. Gender
   Male    Female    Prefer not to say

3. UK Region
   England    Scotland

4. Household – please select all those which currently live in your home
   Partner    Parent/s/Carer/s    Sibling/s    Other relative/s    Friend/s
   Dependants    Other (please specify)
Cancer-related Variables

1. How old were you when you were diagnosed with cancer/brain tumour?
   16-18  19-21  22-24

2. Please select your diagnosis/cancer site from the list below:
   Haemato-oncology  Head and Neck  Neuro/Brain  Breast
   Gynaecological  Sarcoma  Lung  Melanoma
   GI  GU  Other
   Unknown Primary  Multiple Primaries

3. Please select your treatment status from the list below:
   Due to commence  In active treatment  End of life care
   End of treatment < 6 months  End of treatment < 1 year
   End of treatment < 2 years  End of treatment > 2 years

4. Please select which treatments you are currently receiving – select all which apply
   Watchful waiting  Chemotherapy  Radiotherapy  Surgery
   Immunotherapy  Nuclear Medicine  BMT  No Treatment

5. Have you been identified as someone who is required to follow ‘shielding’ guidelines?
   Yes  No  Don’t know
Psychological Distress Items

1. Prior to the COVID-19 pandemic, did you experience any mental health difficulties such as anxiety or depression for which you received psychological support?

Yes – within the last 6-months  Yes – within the last 12-months
Yes – within the last 2-years  Yes – more than 2-years ago
No

2. Since the COVID-19 pandemic I have felt:

0           4
a lot less anxious      a little less anxious  the same          a little more anxious a lot more anxious

PHQ-8
Over the last 2 weeks, how often have you been bothered by any of the following problems? Please select the response that you feel best applies to you.

Little interest or pleasure in doing things
Feeling down, depressed or hopeless
Trouble falling or staying asleep or sleeping too much
Feeling tired or having little energy
Poor appetite or overeating
Feel bad about yourself – or that you are a failure or have let yourself or your family down
Trouble concentrating on things, such as reading the newspaper or watching TV
Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more

GADS7
Over the last 2 weeks, how often have you been bothered by any of the following problems? Please select the response that you feel best applies to you.

Feeling nervous, anxious or on edge
Not being able to stop or control worrying
Worrying too much about different things
Trouble relaxing
Being so restless that it’s hard to sit still  
Not at all  Several days  >half the days  Nearly every day

Becoming easily annoyed or irritable  
Not at all  Several days  >half the days  Nearly every day

Feeling awful as though something bad might happen  
Not at all  Several days  >half the days  Nearly every day

Resilience and Personal Strength

CD-RISC 2 – awaiting exact wording and scale from the author
I am able to adapt to change
I tend to bounce back after illness/adversity

PTGI – Personal Strength Subscale
For each of the following statements please indicate the degree to which this change occurred in your life as a result of having cancer/a brain tumour:

0 = I did not experience this change at all as a result of having cancer/a brain tumour
1 = I experienced this change to a very small degree as a result of having cancer/a brain tumour
2 = I experienced this change to a small degree as a result of having cancer/a brain tumour
3 = I experienced this change to a moderate degree as a result of having cancer/a brain tumour
4 = I experienced this change to a great degree as a result of having cancer/a brain tumour
5 = I experienced this change to a very great degree as a result of having cancer/a brain tumour

I have a greater feeling of self-reliance
I know better that I can handle difficulties
I am better able to accept the way that things work out
I discovered that I am stronger than I thought I was

Having cancer/a brain tumour has given me the skills to cope better with COVID-19 than I otherwise would have

Perceived Impact of COVID-19

1. Overall, COVID-19 has had a significant impact on my life

Strongly Disagree  Disagree  Neither disagree nor agree  Agree  Strongly Agree

Comments:
2. COVID-19 has made having or having had cancer/a brain tumour harder than it otherwise would have been

Strongly Disagree  Disagree  Neither disagree nor agree  Agree  Strongly Agree

Comments:

3. COVID-19 has made me feel anxious about returning to hospital for appointments or treatment

Strongly Disagree  Disagree  Neither disagree nor agree  Agree  Strongly Agree

Comments:

4. COVID-19 has had an impact on my treatment and/or care

Strongly Disagree  Disagree  Neither disagree nor agree  Agree  Strongly Agree

Comments:

5. COVID-19 has had a significant impact on my key relationships

Strongly Disagree  Disagree  Neither disagree nor agree  Agree  Strongly Agree

Comments:

Please select key relationship 1
Your parent  Your child  Your partner  Your friend  Your sibling  Your teacher/employer  Your healthcare professional  Other

How would you rate the impact from COVID-19?
Largely negative  Negative  Both Negative and Positive  Positive  Largely Positive  No impact

Comments

Please select key relationship 2
Your parent  Your child  Your partner  Your friend  Your sibling  Your teacher/employer  Your healthcare professional  Other

How would you rate the impact?
Largely negative  Negative  Both Negative and Positive  Positive  Largely Positive  No impact

Comments