Questionnaire for hematologiconcologic patients during COVID19 pandemic

Dear patient,

We ask you to fill in the following anonymous questionnaire about your treatment experience during the Covid-19 era. We wish to improve patients safety and management based on your responses.

This study was approved by the Institutional Ethics Committee.

In case you have already answered this questionnaire, please do not answer again.

We thank you for your cooperation,

The hematology team, Tel Aviv Sourasky medical center.

Please answer the questions in sections A-G: (you can mark few answers as correct answers)
Section A:
Sex:
Male Male
○ Female
Age:
Your answer



Marital status:
Married / living with a partner
Single
○ Widowed
O Divorced / separated
Number of children:
Your answer
Number of children living with you:
Your answer
Number of rooms in the house:
Your answer
Education level:
High school graduate or less
Post-secondary or vocational education
Academic degree
Other:



Section B:
Compared to Influenza, what do you think about COVID 19 transmission? COVID 19 is less contagious than Influenza COVID 19 is more contagious than Influenza COVID 19 and Influenza are similarly contagious
What are the transmission routs of COVID 19? (Select all that apply)
Airborne (for hours)
O Droplets (transmitted by close contact)
Urine
Saliva
Mosquito bite
Cockroaches/mice
How can people protect themselves from COVID 19? (Select all that apply)
No protection is needed
Hand washing and frequent use of disinfectants
Keeping social and physical distancing
Wearing a face mask
Using gloves
Avoid touching eyes, nose and mouth



During COVID19 pandemic, do you leave home other than for medical reasons? (for example, to the grocery store)
O Yes
O No
Which protective measures do you use when you go out? (Select all that apply)
No preventive measures
Frequent hand washing
Social and physical distancing
Wearing a face mask
O Using gloves
Avoid touching eyes, nose and mouth
O Using disinfectants
During COVID 19 pandemic, do you invite guests to your house?
O Yes
O No
Section C:



What is your Hematologic diagnosis?
O Hodgkin's lymphoma
Non-Hodgkin's lymphoma
O Indolent lymphoma
Aggressive Non-Hodgkin's lymphoma
Non-Hodgkin's lymphoma (unknown type)
Multiple myeloma
Acute leukemia
Chronic lymphocytic leukemia (CLL)
On't know my diagnosis
Other:
How long ago have you been diagnosed? (please mention years/months):
How long ago have you been diagnosed? (please mention years/months): Your answer
Your answer
Your answer What is the current status of your disease?
What is the current status of your disease? During therapy, started before March 2020
Vour answer What is the current status of your disease? During therapy, started before March 2020 During therapy, started after March 2020



Please provide more information regarding your hematological treatment (for actively treated patients)										
Taking pills at home only										
Receiving treatment in the hospital (infusions into the vein or under the skin)										
Receiving pills at home and additional therapy in the hospital										
O I don't receive therapy										
What was the frequency of your appointments with your medical Doctor in the pre-Covid-19 era?										
Once every 2-3 weeks										
Once per month										
Once every 2-4 months										
Once every 6-12 months										
Other:										
In case you receive therapy at the hospital, what was the frequency of your visits in the outpatient day-care, in the pre-Covid-19 era?										
More than 3 times a month										
1-2 each month										
Once every 2-3 months										
I don't arrive at the hospital										
Other:										



How often do you have a doctors follow-up (at the clinic or remotely) during COVID 19 pandemic?
2-3 times a month
Once a month
Once every 2-3 months
Once every 6 months
Once a year
Other:
In case you receive therapy at the hospital, how often are you attending at the day-hospitalization, during COVID 19 pandemic?
2-3 times a month
Once a month
Once every 2-3 months
Once every 6 months
Once a year
Other:
During COVID 19 pandemic, have you avoided performing pre-scheduled blood tests?
O Yes
O No
O Irrelevant

In case you answered 'yes' on the previous question, have you informed your physician/other members in the medical team?
O Yes
○ No
○ Irrelevant
During COVID 19 pandemic, have you avoided performing pre-scheduled imaging tests?
○ Yes
○ No
☐ Irrelevant
In case you answered 'yes' on the previous question, have you informed your physician/other members in the medical team?
physician/other members in the medical team?
physician/other members in the medical team? Yes
physician/other members in the medical team? Yes No
physician/other members in the medical team? Yes No Irrelevant As far as you know, were there any changes made in your treatment plan, during
physician/other members in the medical team? Yes No Irrelevant As far as you know, were there any changes made in your treatment plan, during COVID 19 period?



Section D:												
Please rate your anxiety of attending the hospital during the COVID 19 outbreak (before protective measures were taken by the hospital and hematology team)												
	1	2	3	4	5	6	•					
not at all	0	0	0	0	0			very much				
Which protective measures do you use when you attend the hospital? (Select all that apply)												
No prevention measures												
Frequent ha	nd washin	g										
Social and p	hysical dis	stancing										
Wearing a fa	ce mask											
Using gloves	3											
Avoid touchi	ng eyes, n	ose and ı	mouth									
Using disinfe	ectants											
Using face-shield												
Please rate your anxiety level of attending the hospital during COVID 19 outbreak, after protective measures were taken by the hospital and the hematology team												
	1	2	3	4	5	6						
not concerned	0	0	0	0	0	0	highly	y concerned				



Section E:								
Did you receive ins		•			•	e call)	regard	ing hospital
O Yes								
O No								
To what extent do exposure to COVII	•	ink tha	at the h	nospita	al took	meası	ıres to	reduce patient's
O Not at all								
Slightly								
Moderate								
Very much								
Please rate your s measures, taken i staying in the hos 0 indicates "irrelevant to	n orde pital	r to m	inimiz	e your	expos	ure to	COVIE) 19 during your
Separate path to t patients to other v			gy day	-care/d	clinic (1	to mini	imize e	xposure of
	0	1	2	3	4	5	6	
irrelevant to me	0	0	0	0	0	0	0	very significant



Minimizing visitors	5											
	0	1	2	3	4	5	6					
irrelevant to me	0	0	0	0	0	0	0	very significant				
Protective measures taken by medical staff (masks, etc)												
	0	1	2	3	4	5	6					
irrelevant to me	0	0	0	0	0	0	0	very significant				
Reduction the number of patients currently staying in the clinic and day-care												
	0	1	2	3	4	5	6					
irrelevant to me	0	0	0	0	0	0	0	very significant				
Applying virtual m	edicine)										
	0	1	2	3	4	5	6					
irrelevant to me	0	0	0	0	0	0	0	very significant				
Applying home the	erapy											
	0	1	2	3	4	5	6					
irrelevant to me	0	0	0	0	0	0	0	very significant				



Applying 'drive-in' therapy												
0	1	2	3	4	5	6						
0	0	0	0	0	0	0	very significant					
Section F:												
What was the mode of communication with your medical staff before COVID 19 pandemic? (select all that apply) I called / sent a text message / sent an email The medical staff called me / sent a text message / sent an email My doctor scheduled virtual appointments												
What is the current mode of communication with the medical staff? (select all that apply) I call / send a text message / send an email The medical staff calls me / sends a text message / sends an email My doctor schedules a virtual meeting												
d	ving vi	rtual m	neeting	gs duri	ng the	Covid	-19 era?					
	de of contract the desirence of called vision of called v	de of communical that apply text message / so duled virtual apply the transport of the context message / so dules a virtual resolution of the context message / so dules a virtu	de of communication all that apply) text message / sent a to duled virtual appointment apply t mode of communication and the communication are described as a virtual meeting with having virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting and the communication are described as a virtual meeting are described as a virtual meeting and the communication are described as a virtual meeting are described as a virtual meeting are described as a virtual meeting and the communication are described as a virtual meeting	de of communication with all that apply) text message / sent an email off called me / sent a text message duled virtual appointments t mode of communication ext message / send an email off calls me / sends a text message dules a virtual meeting	de of communication with your restall that apply) text message / sent an email iff called me / sent a text message / duled virtual appointments t mode of communication with restance and a text message / dules a virtual meeting with having virtual meetings during	de of communication with your medical all that apply) text message / sent an email ff called me / sent a text message / sent and duled virtual appointments t mode of communication with the meaning that message / sends a text message / sends dules a virtual meeting	de of communication with your medical staff all that apply) text message / sent an email off called me / sent a text message / sent an email duled virtual appointments t mode of communication with the medical sext message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email off calls me / sends a text message / sends an email					

Would you be interested in having virtual meetings after the Covid-19 outbreak would end?							
Not at all							
Slightly							
Moderately							
Very much							
How would you rate y	our sat	isfactio	on of th	e curre	nt com	munica [.]	tion with the
	1	2	3	4	5	6	
not at all satisfied	0	0	0	0	0	0	very satisfied
Section G:							
How would you rate t	he impa	act of C	Covid 19) pande	emic on	the qua	ality of your
Adversely affected							
Slightly adversely affected							
O No impact							
O Improved							
Highly improved							



In case of an urgent problem beyond the regular working hours (for example: at night or weekend), who would you contact first for help?
Wait for regular working hours
Contact my hematologist directly
Contact my family doctor
Contact the hospitals coordinating nurse
Attend the emergency room
Attend the community medical center
Call for an ambulance

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