

**Have you had any disruptions in your cancer care during COVID?**

- Yes
- No
- Not applicable
- Not so far

*Last, we have a few questions about your demographics.*

**How old are you today?** Please answer in years, for example "65".

Age (in years): \_\_\_\_\_

**What is your gender?**

- Male
- Female

**What is your ethnicity?** You may select any that apply.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian/Pacific Islander
- Other

**What is your marital status?**

- Single
- Married or domestic partnership
- Widowed
- Divorced
- Separated

**How many children under the age of 18 live in your household?**

- None
- 1
- 2
- 3
- 4
- 5 or more

**How many adults over the age of 18 live in your household, counting yourself?**

- 1
- 2
- 3
- 4
- 5 or more

**What is your total household income?**

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- More than \$150,000
- Don't know
- Prefer not to answer

**What is your highest level of education?**

- Some high school, no diploma
- High school graduate
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

**What is the name of the city or town where you are currently residing?**

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**What is the zip code where you are currently residing?**

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**Have you been tested for COVID?**

- Yes
- No

**If you have been tested for the COVID-19 virus, please provide the date and result of your test.**

***Date of test*** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

***Result of test***

- Positive
- Negative
- Don't know
- Prefer not to answer

**If you have been tested for COVID-19 Antibodies, please provide the date and results of your test.**

**Date of test** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

***Result of test***

- Positive
- Negative
- Don't know
- Prefer not to answer

\*p.9-12 of Coping with COVID through nature: Evidence from breast cancer patients and the output from the intake form