

1. Since the outbreak of the COVID-19 pandemic in March 2020, was there any time when you needed medical (including dental) care, but delayed getting it, or did not get it at all?

Please circle one answer

Yes

No

If "No" please go to question **2**

1.1. Why did you delay or not get that care?

Please tick all that apply

I could not afford it	<input type="checkbox"/>	I could not get an appointment	<input type="checkbox"/>
The clinic / hospital / doctor's office cancelled	<input type="checkbox"/>	The clinic / hospital / doctor's office rescheduled	<input type="checkbox"/>
I decided it could wait	<input type="checkbox"/>	I was afraid to go	<input type="checkbox"/>

Other, please specify: _____

1.2. What type(s) of care or health services did you delay?

Please tick all that apply	Yes	No	Yes	No
Major Surgery (requiring a hospital stay of one or more nights)	<input type="checkbox"/>	<input type="checkbox"/>	Public health or Community Nurse	<input type="checkbox"/> <input type="checkbox"/>
Minor Surgery as an outpatient or day case	<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy	<input type="checkbox"/> <input type="checkbox"/>
Seeing your General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy services	<input type="checkbox"/> <input type="checkbox"/>
Getting a prescription filled	<input type="checkbox"/>	<input type="checkbox"/>	Psychological/counselling services	<input type="checkbox"/> <input type="checkbox"/>
Getting medications	<input type="checkbox"/>	<input type="checkbox"/>	Hearing services	<input type="checkbox"/> <input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	Respite services	<input type="checkbox"/> <input type="checkbox"/>
Optician	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/> <input type="checkbox"/>

2. Did you avail of a telephone or online appointment from any of the following?

Please tick all that apply	Yes	No
General practitioner	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Hospital doctor	<input type="checkbox"/>	<input type="checkbox"/>
Any other health professional	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____		

3. Since the outbreak of the COVID-19 pandemic in March 2020, was there any time when you wanted to purchase any of the following but were unable to do so?

Item	Yes	No	Did not need	If unable to purchase, what was the reason		
				Too expensive	Not available in shops	Could not access shops
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the outbreak of the COVID-19 pandemic in March 2020, have you started or stopped taking any prescribed medications?

Please tick one box

- No, I am taking the same medications
- Yes, I have stopped taking a prescribed medication
- Yes, I have started taking a new prescribed medication

4.1 Since the outbreak of the COVID-19 pandemic in March 2020, if you did start or stop taking a prescribed medication, what was the reason?

Please tick one box

- Doctor's advice Pharmacist's advice
- Could not afford the medication Could not get medication from the pharmacy
- Personal decision Not applicable

4.2. Since the outbreak of the COVID-19 pandemic in March 2020, have you started taking any health supplements?

Please tick all that apply

Multi-vitamin	<input type="checkbox"/>	Zinc	<input type="checkbox"/>	Vitamin C	<input type="checkbox"/>
Iron	<input type="checkbox"/>	Vitamin D	<input type="checkbox"/>	Folic Acid	<input type="checkbox"/>
Fish Oil	<input type="checkbox"/>	Any B Vitamins, specify: _____		Other, specify: _____	