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|  Title of the study**Observational study on COVID pandemic effect in neuro-oncological patients and their caregivers** |

 **Study Code: Neo-CO**

 vers 1.0, 04.05.2020

**COVID-19 (CORONAVIRUS SARS-CoV-2) PANDEMIC ERA:** THE EXPERIENCE OF NEURO-ONCOLOGICAL PATIENT AND HIS CAREGIVER

**PATIENT INTERVIEW (schedula A) CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEMOGRAPHIC DATA:**

1. **AGE**
* 18 - 25
* 25 – 40
* 40 – 55
* 55 – 70
* Over
1. **SEX**
* Male
* Female
1. **NAZIONALITY**
* Italian (if yes, specify the region) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* foreign (if yes, specificy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL DATA:**

1. **DISEASE DIAGNOSIS**
* glioma (including GBM)
* meningioma
* ependimoma
* medulloblastoma
* PCNSL
* neurinoma
* other (specificy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **SINCE THE DISEASE WAS DIAGNOSED?**
* Less than 3 months
* 3-6 months
* 6-12 months
* More than 1 year
* More than 5 year
1. **TRATTAMENTS ALREADY DONE:**
* cerebral biopsy
* neurosurgery
* Radiotherapy
* Chemotherapy
* Immunotherapy
* rehabilitation/speech therapy
* therapy (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ONGOING TREATMENTS:**
* Radiotherapy
* Chemotherapy
* Immunotherapy
* rehabilitation/speech therapy
* therapy (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **ARE YOU ENROLLED IN A CLINICAL TRIAL?**
* Yes (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. **ANY SIGNS OF THE DISEASE:**
* Speech/comprehension impairment (e.s: aphasia)
* Sensitive abnormalities
* Cognitive (memory, attention, spatial- temporal orientation, etc.) deficit
* Motor Deficit
* seizures
* headache
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**COVID 19 RELATED DATA:**

1. **HOW IS YOUR PERCEPTION OF THE RISK OF CONTRACTING THE VIRUS Coronavirus SARS CoV-2?**
* same risk of general population
* higher risk of general population
* lower risk than general population
1. **HAVE YOU BEEN TESTED FOR Coronavirus SARS-CoV-2?**
* yes
* No
1. **HAVE YOU COMPLAINED ANY SYMPTOMS RELATED TO COVID-19?**
* yes (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. **HAVE YOU GOT Coronavirus SARS-CoV-2 INFECTION?**
* yes
* No
1. **DO YOU KNOW PEOPLE WHO GOT Coronavirus SARS-CoV-2 INFECTION?**
* yes (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**DATA RELATED TO DISCOMFORT LINKED TO THE PRESENT LIFESTYLE OR WAY /CONDITION OF LIFE?:**

1. **HOW DO YOU FEEL IN THIS PERIOD?**
* I feel I have sufficient resources to deal with the situation
* I’m worried
* I feel I’ve exhausted my resources
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **HOW IT WOULD ASSESS ITS ANXIOUS STATE RELATED TO THE DIAGNOSIS OF BRAIN CANCER? ON A SCALE OF 1 TO 10 (where 1 indicates total absence and 10 the highest level of anxiety)**

1 2 3 4 5 6 7 8 9 10

1. **HAVE YOU ADOPTED ANY STRATEGIES TO COMBAT ANXIETY? IF YES, WHICH ONES?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HOW WOULD YOU ASSESS YOUR ANXIETY ABOUT THE PERCEIVED RISK OF CONTRACTING COVID-19? ON A SCALE OF 1 TO 10 (where 1 indicates total absence and 10 the highest level of anxiety)**

1 2 3 4 5 6 7 8 9 10

1. **HAVE YOU ADOPTED ANY STRATEGIES TO COMBAT SUCH ANXIETY (RELATED TO COVID)? IF YES, WHICH ONES?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ARE YOU AFRAID OF THE CURRENT HEALTH STATUS RELATED TO COVID-19 (Coronavirus)?**
* yes
* No

**DATA RELATIVE TO OVERALL CARE/SUPPORT:**

1. **HAVE YOU EVER PLANNED (OR SOMEONE PROPOSED TO YOU) ANY TYPE OF PSYCOLOGICAL SUPPORT?**
* Yes, I’m following a psychological therapy
* No
1. **WHAT DO YOU THINK COULD HAVE HELPED YOU IN THIS PERIOD OF LIFE?**
* support groups -si chiamano così?
* Support material
* social relationship
* Interaction with other professionists to get more information
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **In this period of limitation of movement and social contacts, technology can play an important role in reducing the isolation? Which tool you use?**
* Smartphone for voice call
* Smartphone for videocall
* Computer for hobbies
* Computer for information and education
* other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA RELATED TO QUALITY INFORMATION OBTAINED ON COVID-19 (Coronavirus):**

1. **WHAT SOURCES OF INFORMATION DO YOU CONSULT OR CONSULT?**
* General doctor
* specialist
* Tv and newspaper
* Internet
* Relatives/friends
* other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **ARE YOU SATISFY OF THE INFORMATION QUALITY?**
* yes, because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **IF YOU REPLIED “NO” AT QUESTION 25, PLEASE SPECIFY WHICH INFORMATION YOU WILLING TO HAVE?**

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**DATA RELATIVE TO TUMOR MANAGEMENT:**

1. **HAVE YOU POSTPONED ANY NEURO-ONCOLOGICAL THERAPY OPTION DUE TO COVID-19 PANDEMIC?**
* Yes (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. **HAVE YOU OPTED TO MODIFY NEURO-ONCOLOGICAL THERAPY DUE TO COVID-19 EPIDEMIC?**
* Yes (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. **ARE YOU WORRIED ABOUT COVID-19 ANY TIME YOU ACCESS TO THE HOSPITAL FOR NEURO-ONCOLOGICAL DISEASE EVALUATION/THERAPY?**
* yes
* No
1. **IF YOU REPLIED “YES” TO THE QUESTION 29: ARE THERE ANY STRATEGIES THAT THE HEALTH PERSONNEL COULD BE ADOPT TO DICREASE YOUR DISCOMFORT?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **DO YOU FEEL ANY CHANGE WITH YOUR HEALTH PERSONNAL DURING COVID-19 ERA?**
* YES, with any health professionist
* Only with some
* No
1. **ARE YOU SATISFIED ABOUT THENEURO-ONCOLOGICAL TREATMENT MANAGEMENT?**
* yes (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **DO YOU HAVE ANY SUGGESTIONS TO IMPROVE THE QUALITY OF INTERACTION BETWEEN YOU AND THE HEALTH PROFESSIONIST STAFF?**

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**EVERYDAY LIFE:**

1. **WITH WHOM DO YOU LIVE?**
* alone
* with relatives
* other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **ARE YOU PRESENTLY ISOLATED DUE TO COVID-19 (Coronavirus)?**
* Yes
* No
1. **IF YOU ARE A WORKER: DO YOU THINK THAT YOUR WORK WILL BE AT RISK BECAUSE OF COVID-19?**
* Yes
* No
1. **WHICH ARE THE ASPECTS OF YOUR LIFE THAT HAVE BEEN MORE INFLUENCED BY COVID-19 PANDEMIC?**
* health
* work
* Social
* Economic
* Psyhcological
* Other
1. **HOW IS YOUR QUALITY OF LIFE NOWDAYS?**
* Optimal
* Very good
* good
* unsatisfactory
* not at all satisfactory

**THE FUTURE:**

1. **SINCE COVID-19 PANDEMIC, DO YOU CHANGE YOUR PERCEPTION ABOUT THE FUTURE?**
* yes
* No
1. **IF YOU REPLIED “YES” TO QUESTION 39, HOW DO YOU PERCEIVE YOUR FUTURE:**
* More uncertain
* modified, including also postiive aspects
* “Suspended”
* Full of fair
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **ARE THERE ANYTHING IN THE PRESENT DAYLIFE (MODIFIED DUE TO COVID-19), THAT COULD BE USEFUL FOR THE FUTURE ALSO?**
* Capacity to mamange any emergency
* Higher sense of responsabiltiy
* Better use of techonologies
* Attention to social dimension
* to take care of myself
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to add other suggestions/comments?

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|  Title of the study**Observational study on COVID pandemic effect in neuro-oncological patients and their caregivers** |

 **Study Code: Neo-CO**

 vers 1.0, 04.05.2020

**COVID-19 (CORONAVIRUS SARS-CoV-2) PANDEMIC ERA:** THE EXPERIENCE OF NEURO-ONCOLOGICAL PATIENT AND HIS CAREGIVER

**CAREGIVER INTERVIEW (schedula B) CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEMOGRAPHIC DATA:**

1. **AGE**
* 18 - 25
* 25 – 40
* 40 – 55
* 55 – 70
* OVER
1. **SEX**
* Male
* Female
1. **NAZIONALITY**
* Italian (if yes, specify the region) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* foreign (if yes, specificy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **WHICH RELATIONSHIP TO YOU HAVE WITH THE PATIEN?**

* Patient’s parent
* Patient’s wife/husband
* Patient’s partner
* Patient’s siblin
* Other patient’s relative
* Patient’s friend
* other (specificy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 RELATED DATA:**

1. **ARE YOU WORRIED TO CONTRACT THE VIRUS Coronavirus SARS CoV-2?**
* I’m very worried
* I’m quite worried
* L’m not worried
* I already got it
1. **WHAT CONCERNS SHOULD YOU ADDRESS AS A CAREGIVER OF A PATIENT DIAGNOSED WITH BRAIN CANCER AT A TIME WHEN Coronavirus SARS-CoV-2 INFECTION HAS SPREAD?**
* I’m worried that the patient could not access to the treatment/follow-up
* I’m worried that the patient could get Coronavirus infection
* I’m worried to access to the hospital
* I am concerned about the burdens of the practical management of cancer disease in a difficult context such as that caused by COVID-19 (booking visits, travel, appointments, administration of therapies with attention to distance, masks, caution and attention)
* I’m worried about my work/economic situation
* I have no particular worries about covid-19 pandemic
1. **As a result of the spread of Covid-19 (Coronavirus), has the perceived burden of the assistance you provide to the person you are dealing with increased?**
* No, nothing changed
* Yes (please, add a description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA RELATED TO DISCOMFORT LINKED TO THE PRESENT LIFESTYLE OR WAY /CONDITION OF LIFE?:**

1. **HOW IT WOULD ASSESS ITS ANXIOUS STATE RELATED TO THE DIAGNOSIS OF BRAIN CANCER OF YOUR DEAR? ON A SCALE OF 1 TO 10 (where 1 indicates total absence and 10 the highest level of anxiety)**

1 2 3 4 5 6 7 8 9 10

1. **HAVE YOU ADOPTED ANY STRATEGIES TO COMBAT ANXIETY? IF YES, WHICH ONES?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HOW WOULD YOU ASSESS YOUR ANXIETY ABOUT THE PERCEIVED RISK OF CONTRACTING COVID-19? ON A SCALE OF 1 TO 10 (where 1 indicates total absence and 10 the highest level of anxiety)**

1 2 3 4 5 6 7 8 9 10

1. **HAVE YOU ADOPTED ANY STRATEGIES TO COMBAT SUCH ANXIETY (RELATED TO COVID)? IF YES, WHICH ONES?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WHICH AREAS HAVE BEEN MORE AFFECTED BY COVID-19 PANDEMIC?**
* health
* work
* social
* economic
* psycological
* other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA RELATIVE TO OVERALL CARE/SUPPORT:**

1. **HAVE YOU EVER PLANNED (OR SOMEONE PROPOSED TO YOU) ANY TYPE OF PSYCOLOGICAL SUPPORT?**
* Yes, I’m following a psychological therapy
* No
1. **WHAT DO YOU THINK COULD HAVE HELPED YOU IN THIS PERIOD OF LIFE?**
* support groups
* Support material
* social relationship
* Interaction with other professionists to get more information
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **In this period of limitation of movement and social contacts, technology can play an important role in reducing the isolation? Which tool do you use?**
* Smartphone for voice call
* Smartphone for videocall
* Computer for hobbies
* Computer for information and education
* other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **HOW DO YOU EVALUATE YOUR QUALITY OF LIFE NOWDAYS?**
* optimal
* very good
* good
* unsatisfactory
* not at all satisfactory

**THE FUTURE:**

1. **SINCE COVID-19 PANDEMIC, DO YOU CHANGE YOUR PERCEPTION ABOUT THE FUTURE?**
* yes
* No
1. **IF YOU REPLIED “YES” TO QUESTION 17, HOW DO YOU PERCEIVE YOUR FUTURE:**
* More uncertain
* modified, including also postiive aspects
* “Suspended”
* Full of fair
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **ARE THERE ANYTHING IN THE PRESENT DAYLIFE (MODIFIED DUE TO COVID-19), THAT COULD BE USEFUL FOR THE FUTURE ALSO?**
* Capacity to mamange any emergency
* Higher sense of responsabiltiy
* Better use of techonologies
* Attention to social dimension
* to take care of myself
* other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to add other suggestions/comments?

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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