

IMPACT OF THE COVID-19 PANDEMIC RESPONSE ON CHRONIC DISEASE MANAGEMENT

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For more information about participation and recruitment please click [here](#).

MY CONSENT:

All necessary information, including the description of the project and its goals, benefits, risks, and potential harms, was provided to me (explained verbally or handed or sent by email).

By clicking the "consent button" or agreeing verbally (if in-person), I agree to the following:

- **I have read and understand the information contained in the Information Letter**
- **I agree to participate**
- **I understand the potential risks and benefits of the study**
- **I understand that I am a volunteer and can withdraw from the study at any time up until the point of submission of my data and there will be no negative consequences should I decide to withdraw from the study at any time**
- **I may choose not to answer any question**
- **I understand that the data during data collection will be held with Survey Monkey that is subject to the U.S. Patriot Act. Once data collection is complete, data will be removed from Survey Monkey and securely stored at Lakehead University and at partner community organizations, namely WHIWH**
- **I will remain anonymous and my data cannot be removed after I give my answers**
- **I can contact the principal investigator if I want a copy of the research findings**
- **I understand that there are risks of contracting COVID-19 during in-person research.**
- **I have not waived any rights to legal recourse in the event of research-related harm.**
- **I will be able to say on my anonymous survey if I want my data to be used for future needs. However, I cannot change my preference once the survey is submitted.**

*** Q1. Do you consent to take part in this study?**

- ☐ a. Yes, I am consenting for myself (bring me to the survey)
- ☐ b. Yes, I have the right to consent on behalf of the person I am filling the survey out for. (bring me to the survey)
- ☐ c. No, I want to stop here

Sociodemographics

* Q2. Please enter the anonymous survey ID provided to you

Q3. How are you filling out the survey?

- ☐ a. Online without help
- ☐ b. Online with help
- ☐ c. On paper without help
- ☐ d. On paper with help
- ☐ e. Over the phone

Q4. Please select the box if you **DO NOT** want your data to be used for other or future research needs.

- ☐ a. I **DO NOT** want my data used for other needs

* Q5. Who are you filling this questionnaire for?

- ☐ a. Myself
 - ☐ b. Someone else (please specify, e.g. child, friend, patient, etc.)
- Note: If for someone else, all the following questions are about this person.

Q6. What language are you most comfortable speaking in (preference)?

- ☐ a. English
- ☐ b. French
- ☐ c. Other (please specify)

Q7. Where do you live? Please enter your city or postal code (first 3 characters)

a. Postal code (3 digits):

b. City/ neighbourhood:

Q8. Which of the following best describes your living situation:

- ☐ a. Live alone in a private household (house, apartment, condo, trailer, etc.)
- ☐ b. Live in a private household/ apartment with other people (family/ roommates)
- ☐ c. Congregate setting (group home, nursing/ retirement/ long-term care home, etc.)
- ☐ d. No fixed place/ homeless/ shelter
- ☐ e. Other (please specify)

Q9. Were you born in Canada?

- ☐ a. Yes (skip to question 11)
- ☐ b. No

Q10. If no, how long have you been in Canada (immigration)? (**Please enter in years:** if 0-3 months enter **0.25**; if 4-6 months enter **0.5**; if 7-11 months enter **0.9**)

* Q11. Do you have a chronic condition (any condition that you were told will last 1 year or more and requires ongoing medical attention ex. diabetes, mental health problems, addiction, autism, etc.) or do you have any other health needs?

- ☐ a. No
- ☐ b. Yes - I have a chronic condition
- ☐ c. Yes - I have some health needs

Q12. What is your age (in years)?

Q13. Sex:

- ☐ a. Male
- ☐ b. Female
- ☐ c. Prefer not to say

* Q14. Do you identify as Black/ Black-Canadian/ Caribbean/ African or are you of African heritage?

- ☐ a. Yes
- ☐ b. No

Q15. Marital Status:

- ☐ a. Single
- ☐ b. Married/ Common Law/ Living together
- ☐ c. Divorced/ Separated
- ☐ d. Widowed

Q16. Education:

- ☐ a. Less than high school
- ☐ b. Highschool
- ☐ c. Diploma or Degree
- ☐ d. Trade school
- ☐ e. Graduate or Postgraduate
- ☐ f. PhD or higher

Q17. What is your total household income?

- ☐ a. Less than \$20,000
- ☐ b. \$20,000 to \$34,999
- ☐ c. \$35,000 to \$49,999
- ☐ d. \$50,000 to \$74,999
- ☐ e. \$75,000 to \$99,999
- ☐ f. \$100,000 to \$149,999
- ☐ g. \$150,000 or More

Q18. What is your employment status?

- | | |
|---|---|
| ☐ a. Employed full-time | ☐ e. Retired |
| ☐ b. Employed part-time (usually less than 30hrs/week) | ☐ f. Caregiver (e.g., children, elderly) |
| ☐ c. Self-employed | ☐ g. Student |
| ☐ d. Unemployed / not working | |
| ☐ h. Other (please specify) | |

Q19. Do you have an OHIP card?

- ☐ a. Yes
- ☐ b. No

Q20. Do you have private health insurance?

- ☐ a. Yes
- ☐ b. No

* Q21. Have you accessed a healthcare service in the last 5 years?

- ☐ a. Yes
- ☐ b. No

* Q22. Please rate the following:

	1. Very poor	2. poor	3. fair	4. good	5. excellent
22.a. How would you describe your overall health <u>before</u> the pandemic?	☐	☐	☐	☐	☐
22. b. Define your overall health <u>during</u> the pandemic?	☐	☐	☐	☐	☐
22.c. <u>Prior to</u> the pandemic, how would you characterise your general quality of life ?	☐	☐	☐	☐	☐
22.d. How was your general quality of life <u>during</u> the pandemic?	☐	☐	☐	☐	☐
22.e. How would you qualify your mental health <u>before</u> the pandemic?	☐	☐	☐	☐	☐
22.f. Now how is your <i>mental health</i> <u>since</u> the pandemic?	☐	☐	☐	☐	☐

Q23. How would you qualify your level of activity in general?

- ☐ a. Very active (exercise everyday)
- ☐ b. Quite active
- ☐ c. Quite inactive (a few steps when necessary)
- ☐ d. Not active at all

Q24. How would you qualify your level of activity **during** the pandemic?

- ☐ a. Less active than before the pandemic
- ☐ b. Similar as before the pandemic
- ☐ c. More active than before the pandemic

Q25. Now thinking about your **physical health** (e.g. illness, injury, chronic pain, etc.) which includes physical illness and injury, for how many days during the **past 30 days** was your physical health not good?

- ☐ a. None (0 days)
- ☐ b. Few days (1 to 3 days)
- ☐ c. Multiple times (4 to 7 days)
- ☐ d. Quite often (8 to 14 days)
- ☐ e. Most of the time (15 to 21 days)
- ☐ f. Almost every day (>21 days)

Q26. Now thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good?

- ☐ a. None (0 days)
- ☐ b. Few days (1 to 3 days)
- ☐ c. Multiple times (4 to 7 days)
- ☐ d. Quite often (8 to 14 days)
- ☐ e. Most of the time (15 to 21 days)
- ☐ f. Almost every day (>21 days)

Q27. During the **past 30 days**, for about how many days did **not feeling well** keep you from doing your usual activities, such as self-care, work, or recreation?

- ☐ a. None (0 days)
- ☐ b. Few days (1 to 3 days)
- ☐ c. Multiple times (4 to 7 days)
- ☐ d. Quite often (8 to 14 days)
- ☐ e. Most of the time (15 to 21 days)
- ☐ f. Almost every day (>21 days)

Q28. Did you use any measures to cope clinically, mentally, or socially during COVID-19 (e.g. gardening, cooking, cultural remedies, spiritual activities). Please list and explain:

Q29. Did you ever get tested for COVID-19?

- ☐ a. Yes
- ☐ b. No

Q30. If yes, why?

- ☐ a. Travel
- ☐ b. Symptoms
- ☐ c. Close contact
- ☐ d. Work
- ☐ e. Other (please specify)

Q31. Were you diagnosed with COVID-19 (i.e. received a positive PCR-test result)?

- ☐ a. Yes
- ☐ b. No - skip to question 34

Q32. If yes, did you have to visit the emergency department (ED) because of your COVID-19 diagnosis?

- ☐ a. No
- ☐ b. Yes, I went to ED
- ☐ c. Yes, I went to the ED and I was also hospitalized

Q33. If you got COVID-19, when was it?

- ☐ a. Before I got vaccinated/ I was never vaccinated
- ☐ b. After being vaccinated

Q34. What is your status regarding the COVID-19 vaccine?

- ☐ a. Not vaccinated
- ☐ b. 1 dose
- ☐ c. 2 doses
- ☐ d. 3+ doses

Q35. How accessible was the COVID-19 vaccine?

- ☐ a. Very accessible (fast and easy to get an appointment)
- ☐ b. Somewhat accessible (difficulty getting an appointment/ had to wait a longer period of time)
- ☐ c. Not accessible (No availability of vaccines)

Q36. Did you have any hesitation towards the vaccine?

- ☐ a. Yes
- ☐ b. No

Q37. Please explain:

Clinical Characteristics

Reminder: We are going to ask some detailed questions about your health and use of health services. Again, remember that you can skip any question or any section of the questionnaire if you don't feel comfortable answering. Thank you for your participation!

Q38. Were you ever diagnosed with any of the following long-term conditions (select all that apply):

	1. No (never)	2. Yes (before the COVID-19 pandemic started in 2020)	3. Yes (after 2020)
38.a. Diabetes	☐	☐	☐
38.b. High Blood Pressure (HBP)	☐	☐	☐
38.c. Coronary Heart Disease	☐	☐	☐
38.d. Congestive Heart Failure (CHF)	☐	☐	☐
38.e. Arrhythmia	☐	☐	☐
38.f. Osteoarthritis or other arthritis	☐	☐	☐
38.g. Rheumatoid Arthritis	☐	☐	☐
38.h. Osteoporosis	☐	☐	☐
38.i. Stroke	☐	☐	☐
38.j. COPD	☐	☐	☐
38.k. Asthma	☐	☐	☐
38.l. Renal Disease	☐	☐	☐
38.m. Irritable Bowel Syndrome (IBS)	☐	☐	☐
38.n. Cancer	☐	☐	☐
38.o. HIV/AIDS	☐	☐	☐
38.p. Hepatitis	☐	☐	☐
38.q. Autism	☐	☐	☐
38.r. Mood disorder	☐	☐	☐
38.s. Depression/ Anxiety	☐	☐	☐
38.t. Other mental health problems	☐	☐	☐

Q39. Were you ever diagnosed with another chronic condition not listed above (i.e. any condition that you were told will need to be managed for years or for the rest of your life) eg. fibroids, Sickle Cell Anemia, Addiction, etc.

- ☐ a. Yes (please list below)
- ☐ b. No

Q40. Please list all the OTHER conditions (not in the list) that you were diagnosed with **before** the pandemic.

Condition 1

Condition 2

Condition 3

Condition 4

Condition 5

Q41. Please list all the OTHER conditions (not in the list) that you were diagnosed with **since** the pandemic.

Condition 1

Condition 2

Condition 3

Condition 4

Condition 5

Q42. **Throughout** the pandemic, how well has your chronic condition been controlled?

- ☐ a. Very poor
- ☐ b. Poor
- ☐ c. Fair
- ☐ d. Good
- ☐ e. Excellent
- ☐ f. NA / No chronic condition

Q43. How has it been managing your chronic condition **before** the pandemic?

- ☐ a. Very poor
- ☐ b. Poor
- ☐ c. Fair
- ☐ d. Good
- ☐ e. Excellent
- ☐ f. NA/ No chronic condition

Q44. How would you describe the difference between your chronic condition **now** vs. **before** the pandemic?

- ☐ a. Worse
- ☐ b. About the same
- ☐ c. Better
- ☐ d. NA/ No chronic condition

Q45. Did you use any other healing approach for your health needs (e.g. traditional healing, prayer/spiritual ceremonies, herbal remedies)?

- ☐ a. Yes
- ☐ b. No

Health Service Characteristics (access, perceived quality, responsiveness, cultural safety)

Q46. How was it to get an appointment with a regular healthcare provider **during** the pandemic?

- ☐ a. Easy
- ☐ b. Normal
- ☐ c. Difficult

Q47. Why was it difficult seeing a healthcare provider?

- ☐ a. Clinic was closed
- ☐ b. Lack of availability
- ☐ c. The wait is too long
- ☐ d. Personal reasons
- ☐ e. Other (please specify)

Q48. Did you have access to support services for your chronic disease management (i.e. education, foot care, nutritional advice, counseling, etc.)

- ☐ a. Yes, same access as before COVID-19
- ☐ b. Yes, but reduced with COVID-19
- ☐ c. No, did not have access even before COVID-19
- ☐ d. No, all services were cut because of COVID-19
- ☐ e. NA/ No chronic condition

Q49. Was there any time when you needed any of the following health services or products but **could not** get them? (**Select all that apply**)

	1. Before the pandemic	2. Since/ during the pandemic	3. N/A
49.a. Emergency transportation services or emergency rescue	☐	☐	☐
49.b. Medical care with an overnight stay in any type of facility	☐	☐	☐
49.c. Preventive health services (including immunization/vaccination, family planning, prenatal/postnatal care, routine check-up services)	☐	☐	☐
49.d. Medication	☐	☐	☐
49.e. Mask, medical gloves	☐	☐	☐

49.f. Other (please specify and indicate when)

Q50. Were you unable to get needed treatment, services, medicine, or medical products for any of the following reasons? (**Select all that apply**)

- ☐ a. I didn't know where to go
- ☐ b. I couldn't afford the treatment, service, or product
- ☐ c. I was unable to travel to the health care provider (including because of transportation cost, safety, or physical limitations)
- ☐ d. I was afraid of being infected at the health care facility
- ☐ e. I was unvaccinated (COVID-19 vaccine)
- ☐ f. The treatment, service, or product was unavailable
- ☐ g. Not applicable
- ☐ h. Other (please specify)

Q51. What arrangement was available **before** the pandemic to see a healthcare provider?

- ☐ a. Face-to-face
- ☐ b. Virtual care
- ☐ c. Telephone
- ☐ d. Virtual care and telephone
- ☐ e. All the above
- ☐ f. Other (please specify)

Q52. **During** the pandemic, what platform was provided to see a healthcare professional?

- ☐ a. Face-to-face
- ☐ b. Virtual care
- ☐ c. Telephone
- ☐ d. Virtual care and telephone
- ☐ e. All the above
- ☐ f. Other (please specify)

Q53. Please describe the challenge(s) you experienced with the arrangement offered **prior to** the pandemic.

- | | |
|--|---|
| ☐ a. No stable internet connection during the virtual appointment | ☐ d. Long wait times |
| ☐ b. Lack of physical examination | ☐ e. Difficulty getting an appointment |
| ☐ c. Lack of privacy | ☐ f. Difficult to access (i.e. long commute) |
| ☐ g. Other (please explain) | |

Q54. What were some of the benefits of the platform provided **before** the pandemic?

- | | |
|--|--|
| ☐ a. No need to look for transportation since it was online | ☐ d. The care was more direct |
| ☐ b. Convenient | ☐ e. Able to get a physical examination |
| ☐ c. Fast service | ☐ f. Easier to communicate problems |
| ☐ g. Other (please specify) | |

Q55. **During** the pandemic, what were the challenge(s) with the platform provided?

- | | |
|--|---|
| ☐ a. No stable internet connection during the virtual appointment | ☐ d. Long wait times |
| ☐ b. Lack of physical examination | ☐ e. Difficulty getting an appointment |
| ☐ c. Lack of privacy | ☐ f. Difficult to access (i.e. long commute) |
| ☐ g. Other (please explain) | |

Q56. What were some advantages of the platform offered **during** the pandemic?

- | | |
|--|--|
| ☐ a. No need to look for transportation since it was online | ☐ d. The care was more direct |
| ☐ b. Convenient | ☐ e. Able to get a physical examination |
| ☐ c. Fast service | ☐ f. Easier to communicate problems |
| ☐ g. Other (please specify) | |

Q57. Please rate the following:

	1. Very poor	2. Poor	3. Fair	4. Good	5. Excellent	6. N/A
57.a. Rate your general satisfaction of your appointments with your healthcare provider before the pandemic.	☐	☐	☐	☐	☐	☐
57.b. During the pandemic, how satisfied are you overall with appointments you had with a healthcare professional?	☐	☐	☐	☐	☐	☐
57.c. How was the accessibility and convenience of attending appointments before the pandemic?	☐	☐	☐	☐	☐	☐
57.d. How convenient and accessible was attending appointments during the pandemic?	☐	☐	☐	☐	☐	☐
57.e. How was the process of using virtual care/ telephone with a healthcare professional before the pandemic?	☐	☐	☐	☐	☐	☐
57.f. During the pandemic, how was the process of using virtual care/ telephone with your healthcare provider?	☐	☐	☐	☐	☐	☐
57.g. How was the quality of care before the pandemic?	☐	☐	☐	☐	☐	☐
57.h. During the pandemic how would you describe the quality of care you received?	☐	☐	☐	☐	☐	☐
57.i. How was the psychological and support services received before the pandemic?	☐	☐	☐	☐	☐	☐
57.j. How would you judge the psychological and support services provided during the pandemic?	☐	☐	☐	☐	☐	☐

Q58. Were you prescribed medication for your condition(s)?

- ☐ a. Yes
- ☐ b. No (Skip to question 62)

Q59. If yes, did you take the medication prescribed?

- ☐ a. Yes (always) - skip to question 62
- ☐ b. Yes (but I missed some)
- ☐ c. No

Q60. On average during a week, how many times did you miss taking your medication?

Q61. What were the reason(s) you missed a dose or did not take your medication? **(Select all that apply)**

- ☐ a. Health facility or pharmacy closed
 ☐ g. Unable to access due to COVID-19 restrictions
- ☐ b. Turned away from health facility or pharmacy
 ☐ h. Fear of being infected with COVID-19
- ☐ c. Medication unavailable at health facility or pharmacy
 ☐ i. Partner or family does not approve
- ☐ d. I have multiple conditions and too many medications to manage
 ☐ j. Forgot to take
- ☐ e. No transportation
 ☐ k. I am using a different form of treatment
- ☐ f. Lack of funds
- ☐ l. Other (please specify)

Q62. Please rate the following statements according to how much you agree or disagree

	1. Totally agree (always happens)	2. Rather agree (happens sometimes)	3. Don't agree nor disagree	4. Rather disagree (rarely happens)	5. Totally disagree (never happens)
62.a. I was treated with respect by my healthcare provider	☐	☐	☐	☐	☐
62.b. Healthcare providers were aware and sensitive to cultural differences when providing care	☐	☐	☐	☐	☐
62.c. I feel discriminated against by my healthcare provider?	☐	☐	☐	☐	☐
62.d. I feel like my concerns were heard and properly addressed	☐	☐	☐	☐	☐
62.e. I was not able to get healthcare services in my preferred language	☐	☐	☐	☐	☐
62.f. The healthcare provider(s) made the effort to help me even though the healthcare service was not available in my preferred language	☐	☐	☐	☐	☐

Q63. Is there anything else you'd like us to know? Please tell us.

End of Survey

Thank you for taking the time to complete this survey. [CLICK HERE](#) to receive your gift card (please take note of your anonymous survey ID that was provided).