

# Knowledge, attitude, and perception of cancer patients towards COVID-19 in Pakistan: A cross-sectional study

Informed consent	
<p>Hello Everyone, dear, we have conducted a survey titled <b>“Knowledge, attitude, and perception of cancer patients towards COVID-19 in Pakistan: A cross-sectional study”</b>. The results of the study will represent the Knowledge, attitudes and perceptions towards COVID-19 and Impact of COVID-19 on cancer patients. It is possible that the survey may take between 10-15 minutes to complete. You will not be asked for any personal information in the survey. Your personal information will be kept strictly confidential. You have the right to participate or deny, and you can withdraw from replying at any moment throughout your participation. The study will not benefit you financially or in any other way, but the findings may be considered by policymakers and lead to the implementation of COVID-19 treatments in Pakistan. Participants under the age of 18 should not take part in the survey.</p>	
Section 1: Socio-demographic information	
1. Gender	<input type="radio"/> Male <input type="radio"/> Female
2. Age	<input type="radio"/> 18–29 <input type="radio"/> 30–49 <input type="radio"/> Above 50
3. Marital status	<input type="radio"/> Single <input type="radio"/> Married
4. Cancer Type	<input type="radio"/> Breast <input type="radio"/> Skin <input type="radio"/> Lungs <input type="radio"/> Liver <input type="radio"/> Prostate <input type="radio"/> Cervical <input type="radio"/> Others
5. Employment Status	<input type="radio"/> Retired <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Unemployed <input type="radio"/> Worker <input type="radio"/> Housewife
Section 2: Knowledge	
1. Possessed knowledge about COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2. COVID-19 spreads by [contaminated surfaces]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
3. COVID-19 spreads by [Touching coins and	<input type="radio"/> Yes

banknotes]	<input type="radio"/> No <input type="radio"/> Not Sure
4. COVID-19 spreads by [The disease could be transmitted from asymptomatic person]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
5. COVID-19 spreads by [airborne transmission]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6. COVID-19 spreads by [Bit of animals]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
7. Measures to prevent spread of the disease include [Proper hand wash]	8. Yes 9. No Don't know
8. Measures to prevent the spread of the disease include [adequate social distance from a symptomatic individual]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9. Measures to prevent spread of the disease include [Avoiding touching eyes, nose and mouth]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10. Measures to prevent spread of the disease include [Avoiding handshakes and hugs]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11. Measures to prevent spread of the disease include [Putting on facemasks in public places]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12. Measures to prevent spread of the disease include [Clean and disinfect surfaces]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
13. Measures to prevent spread of the disease include [Avoid gathering in groups]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
14. Measures to prevent the spread of the disease include [Avoid eating or drinking in public places]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
15. Measures to prevent spread of the disease include [Self-quarantine if sick]	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Not Sure
16. Common symptoms include [Fever]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
17. Common symptoms include [Dry cough]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
18. Common symptoms include [Body aches]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
19. Common symptoms include [Difficulty in breathing]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
20. Common symptoms include [Sore throat]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
21. Common symptoms include [Diarrhea]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
22. Common symptoms include [Tiredness]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
23. Common symptoms include [Loss of taste or smell]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
24. Common symptoms include [Chest pain or pressure]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
<b>Section 3: Perception</b>	
1. Perceptions toward COVID-19 [COVID-19 symptoms appear in 2-14 days]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2. Perceptions toward COVID-19 [During the outbreak, eating well-cooked and safely handled meat can prevent the COVID-19]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure

3. Perceptions toward COVID-19 [Sick patients should share their recent travel history with health care providers]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
4. Perceptions toward COVID-19 [Disinfect equipment and working area in wet markets at least once a day]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5. Perceptions toward COVID-19 [Washing hands with soap and water can help in the prevention of COVID-19 transmission]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6. Perceptions toward COVID-19 [I discussed COVID-19 prevention with my family and friends.].	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
<b>Section 4: Attitude</b>	
1. Attitudes [Do you agree that COVID-19 will finally be successfully controlled?]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2. Attitudes [It is important that people take more care of each other now]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
3. Attitudes [I will do everything I can to protect my family and me]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
<b>Section 5: Impact</b>	
1. Have you been getting cancer treatment this year (2020)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2. Since the COVID-19 pandemic began, have you had a reduction in work hours/pay?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
3. Since the COVID-19 pandemic began, have you had an increase in expenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
4. Since the COVID-19 pandemic began have you not been able to pay for medications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5. Since the COVID-19 pandemic began, have you had trouble getting groceries?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6. Since the COVID-19 pandemic began, have you stopped or changed your cancer treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
7. Since the COVID-19 pandemic began, have you had an increase in childcare/eldercare	<input type="radio"/> Yes <input type="radio"/> No

responsibilities?	<input type="radio"/> Not Sure
8. Any family member tested positive for COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9.How much has the COVID-19 pandemic impacted your ability to pay your monthly expenses? [A little bit]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10.How much has the COVID-19 pandemic impacted your ability to pay your monthly expenses? [Not at all]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11.How much has the COVID-19 pandemic impacted your ability to pay your monthly expenses? [Very much]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12.How much has the COVID-19 pandemic impacted your ability to pay for your cancer medications/treatment? [Quite a bit]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
13.How much has the COVID-19 pandemic impacted your ability to pay for your cancer medications/treatment? [Not at all]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
14.How much has the COVID-19 pandemic impacted your ability to pay for your cancer medications/treatment? [A little bit]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
15. Since the COVID-19 pandemic began, have you felt more socially isolated?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
16.Do you think the lockdown is increasing your psychological stress?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
17. Due to lack of physical activity, are you facing health issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure