

Questionnaire PARTICIPANTS with CHRONIC ILLNESSES

Target population: Participants who declared having a chronic disease in their "Initial" questionnaire plus participants who declared having a newly diagnosed chronic disease in their Health questionnaire.

Frequency: Every 6 months

Questionnaire for participants with chronic diseases

"As part of the Specchio-COVID19 study, we wish to investigate the perception of the pandemic by participants suffering from one or more chronic illnesses or disability situations, and their experiences of access to medical care and treatment during this period.

A chronic illness is one that lasts over time (at least 6 months) and requires regular management (medical follow-up or treatment). This definition covers a wide range of illnesses such as diabetes, cancer, asthma, allergies, cardiovascular disease, depression and so on. The disability may be motor, sensory, cognitive and/or mental.

For each question, a single answer is expected unless otherwise stated ("several possible answers").

To ensure that other dimensions of your health and daily life are taken into account in our analyses, don't forget to complete the other questionnaires available in your secure personal space on the Specchio-COVID19 platform.

All data collected is coded, i.e. without mentioning your first and last names."

Q1. If you currently have at least one chronic illness*, please specify which one(s) * A long-term illness (6 months or more) that requires regular medical care (regular follow-up or treatment).

Plan to mention several chronic illnesses (under development). The participant can choose between this list of categories and sub-categories, and also sub-categories in alphabetical order.

☐ **Allergies**

- ☐ Respiratory allergies (pollen, hay fever, etc.)
- ☐ Food allergies or intolerances
- ☐ Dermatological allergies
- ☐ Other allergies

Please specify.....

☐ **Heart and vascular diseases**

- ☐ Hypertension
- ☐ Angina pectoris (angina) or heart attack
- ☐ Heart rhythm disorders (atrial fibrillation, etc.)
- ☐ Heart failure
- ☐ Heart or brain infarct (stroke)
- ☐ Heart defects
- ☐ Other heart and vascular diseases, please specify.....

☐ **Metabolic and endocrine (hormonal) diseases**

- ☐ Type I or II diabetes
- ☐ Dyslipidemia: hypercholesterolemia ("cholesterol"), hypertriglyceridemia
- ☐ Obesity
- ☐ Thyroid problems (hypo/hyperthyroidism, Hashimoto's thyroiditis, etc.)
- ☐ Nutritional deficiencies (iron deficiency, vitamin deficiency, etc.)
- ☐ Other metabolic or endocrine disorders
Please specify.....

☐ **Respiratory and ENT diseases (ears, nose, throat)**

- ☐ Chronic bronchial or pulmonary diseases (chronic bronchitis, COPD, asthma, emphysema, pulmonary fibrosis, cystic fibrosis, etc.)
- ☐ Sleep apnea
- ☐ Chronic ENT diseases (chronic rhinitis or sinusitis, nasal polyps, etc.)
- ☐ Vertigo (e.g. Meniere's disease)
- ☐ Other chronic respiratory diseases
Please specify.....

Diseases of the digestive system

- ☐ Gastrointestinal diseases (irritable bowel syndrome, Crohn's disease, celiac disease, ulcerative colitis, etc.)
- ☐ Peptic ulcer disease, chronic gastritis, gastroesophageal reflux disease (GERD)
- ☐ Chronic liver disease (liver failure, cirrhosis, etc.)
- ☐ Diseases of the bile ducts or pancreas (biliary calculi, chronic pancreatitis, etc.)
- ☐ Other digestive system diseases
Please specify.....

☐ **Renal, urinary or genital diseases**

- ☐ Chronic kidney disease (kidney failure, recurrent kidney stones, etc.)
- ☐ Urinary disorders (recurrent urinary tract infections, urinary incontinence, etc.)
- ☐ Gynecological disorders (endometriosis, polycystic ovary syndrome, etc.)
- ☐ Benign prostatic hyperplasia
- ☐ Other renal, urinary or genital diseases
Please specify.....

☐ **Rheumatological, articular or musculoskeletal diseases**

- ☐ Joint problems (osteoarthritis, rheumatoid arthritis, gout, etc.)
- ☐ Rheumatism
- ☐ Musculoskeletal disorders (chronic tendonitis, chronic lumbar/dorsal/neck pain, etc.)
- ☐ Osteoporosis
- ☐ Myopathies
- ☐ Other rheumatological diseases
Please specify.....

☐ **Neurological diseases**

- ☐ Chronic headaches (migraines, headaches)

- ☐ Parkinson's disease,
- ☐ Epilepsy,
- ☐ Multiple sclerosis
- ☐ Nerve disorders (herniated discs/cervical spine, neuralgia, etc.)
- ☐ Cognitive disorders (dementia, Alzheimer's disease, etc.)
- ☐ Other neurological or degenerative diseases of the nervous system
Please specify.....
- ☐ **Psychiatric and psychological illnesses**
 - ☐ Mood disorders (depression, bipolar disorder, manic-depressive illness, etc.)
 - ☐ Anxiety disorders, anxiety
 - ☐ Obsessive-compulsive disorder
 - ☐ Post-traumatic stress disorder
 - ☐ Attention deficit disorder with or without hyperactivity
 - ☐ Psychotic disorders (schizophrenia, etc.)
 - ☐ Addiction disorders (alcohol, drugs, gambling, etc.)
 - ☐ Eating disorders (anorexia, bulimia, etc.)
 - ☐ Other psychiatric disorders
Please specify.....
- ☐ **Cancer diseases and tumors**
 - ☐ Cancer (including leukemia and myeloma)
 - ☐ Cancer recurrence
 - ☐ Cancer in remission, cancer cured
 - ☐ Benign tumor
 - ☐ Other tumor diseases
Please specify.....
- ☐ **Dermatological diseases**
 - ☐ Dermatological diseases (psoriasis, eczema, chronic urticaria, etc.)
- ☐ **Ophthalmological diseases** (glaucoma, age-related macular degeneration (AMD), cataracts, etc.)
- ☐ **Hematological or immune diseases**
 - ☐ Hematological disorders (anemia, hemochromatosis, etc.)
 - ☐ Coagulation disorders (recurrent thrombosis, hemophilia, Von Willebrand disease, etc.)
 - ☐ Immunity disorders due to treatment (e.g. immunosuppressants) or disease (e.g. AIDS)
 - ☐ Other blood disorders
Please specify.....
- ☐ **Systemic or autoimmune diseases**
 - ☐ Fibromyalgia or chronic pain syndromes
 - ☐ Chronic fatigue
 - ☐ Lupus
 - ☐ Horton's disease
 - ☐ Sarcoidosis
 - ☐ Other systemic or autoimmune diseases
Please specify.....

- ☐ **Chronic infectious diseases**
 - ☐ HIV infection
 - ☐ COVID Long (Covid-19 with symptoms lasting more than three weeks)
 - ☐ Other infectious diseases (hepatitis B, hepatitis C, tuberculosis),
Please specify.....
- ☐ **Other illnesses**
Please specify.....

If you would like to mention other chronic illnesses that concern you, you can do so here (add a free text box).....
.....

Q1.1 For each box checked, please specify how long you have been diagnosed with this disease:

- ☐ Less than one year
- ☐ 1 to 2 years
- ☐ 3 to 5 years
- ☐ 6 to 10 years
- ☐ Over 10 years

Q1.2 For each box ticked, please specify whether this diagnosis was made by a health professional

- ☐ Yes
- ☐ No

Q2. Do you feel more at risk of severe infection with SARS-CoV-2 (the virus that causes COVID-19) than people of the same age but without chronic disease?

- ☐ Yes
- ☐ No, because I'm vaccinated
- ☐ No, I don't feel any more at risk
- ☐ I don't know

Q3. What impact has the pandemic had on the overall medical management of your chronic illness, allergy or disability?

- ☐ No
- ☐ Low
- ☐ Medium
- ☐ Fort
- ☐ Extreme
- ☐ I don't know

Q4. How many medications do you take regularly to treat your chronic illness, allergy or disability?

- ☐ Select number 0 - >10

Q4: Please specify the main medications you regularly take to treat your chronic illness, allergy or disability (please enter the first three letters of the name of your medication in the list provided. If the name of your medication does not appear, please write it out in full in the field)

Free text + drop-down menu

Q4.1 How has the pandemic affected your overall MOTIVATION to take your medication?

- ☐ No
- ☐ Low
- ☐ Medium
- ☐ Many
- ☐ Extremely

Q4.2 How has the pandemic affected your use of medication?

- ☐ My medication intake is MORE regular overall
- ☐ My medication intake is generally LESS regular
- ☐ My medication intake remained unchanged
- ☐ I don't know
- ☐ Other

Q4.3 To what extent has the pandemic led you to adjust the dosage of your medication?

- ☐ I have increased the dose of certain medication
- ☐ I have reduced the dose of certain medication
- ☐ I have not changed the dose of my medication
- ☐ I don't know

Q4.3b Please specify the drug(s) affected by this increase/decrease

Q4.3.2 Was this reduction recommended by your doctor?

- ☐ Yes
- ☐ No
- ☐ I do not know or do not wish to answer

Q4.4. Has the pandemic led to an interruption in your medical treatment or a delay in starting a new treatment?

- ☐ Yes, I have stopped some or all of my medications for less than a month
- ☐ Yes, I have interrupted some or all of my medications for a month or more
- ☐ No
- ☐ I don't know

Q4.4a Please specify the drug(s) involved in this interruption:

Q4.4.1 Was this interruption recommended to you by your doctor?

- ☐ **Oui**
- ☐ **Non**
- ☐ **Je don't know or don't want to answer**

Q4.5 What impact has the pandemic had on access to medication for the treatment of your chronic illness, allergy or disability?

- ☐ There have been times when I've run out of medication
- ☐ I was able to obtain all the medication I needed
- ☐ I was worried that I wouldn't be able to get my medication
- ☐ I've stored medication for more than three months at a time
- ☐ Other

If "I've run out of medication",

Q4.5.1. Please specify why (multiple answers possible)

- ☐ I didn't leave the house because of the risk of infection.
- ☐ My loved ones (friends, family, caregivers) could no longer bring them to me.
- ☐ My medication was temporarily unavailable
- ☐ I couldn't get a new prescription
- ☐ I had financial problems
- ☐ Other reasons
If "other reason", please specify.....

If answer "I was able to get all the medications I needed".

Q4.5.2. Please specify how

- ☐ I was able to continue picking up my medication from my pharmacy, as usual.
- ☐ I had access to my medication, but I had to change pharmacies (to avoid having to travel, etc.).
- ☐ I was able to order my medication from my pharmacist by telephone
- ☐ I was able to order my medication online
- ☐ My loved ones (friends, family, caregivers) went to pick them up
- ☐ Although my prescriptions had expired, my pharmacist was able to renew my medication.
- ☐ Other reasons
If "other reason", please specify.....

Q5. How has the pandemic affected the frequency of your visits to the doctor (general practitioner or specialist) who follows you for your chronic illness? (Multiple answers possible)

- ☐ The pandemic has had no impact on the frequency of my visits to my doctor.

- ☐ I wasn't able to see my doctor as often as I would have liked.
- ☐ I consulted my doctor more during the pandemic
- ☐ My medical appointments were cancelled, but I spontaneously rescheduled as soon as possible
- ☐ My medical check-ups were cancelled and I haven't seen my doctor since.
- ☐ I didn't need to see my doctor during the entire pandemic.
- ☐ Other
If "Other", please specify.....

If answer "I have not been able to see my doctor as often as I would have liked".

Q5.1 Please specify why

- ☐ I had financial difficulties
- ☐ I was afraid of getting infected on the way to the doctor.
- ☐ I was ill with COVID-19 or in quarantine
- ☐ My loved ones (friends, family, caregivers) couldn't come with me

Q6 How has the pandemic affected your visits to the doctor (general practitioner or specialist) treating your chronic illness?

- ☐ The pandemic had no impact on my doctor's schedule
- ☐ My consultations took place more remotely (telephone, videoconferencing, etc.).
- ☐ My consultations took place more at home
- ☐ Other
If "Other", please specify.....

Q7. How has the pandemic affected the frequency with which you carry out tests or medical examinations for your chronic illness?

- ☐ The pandemic has had no impact on my medical tests and examinations.
- ☐ I've had MORE tests or examinations than usual
- ☐ I had LESS tests or examinations than usual
- ☐ My tests or examinations were carried out differently, for example, at my home.
- ☐ I don't know
- ☐ Other
If "Other", please specify.....

Q7.1 Why have you had fewer tests or examinations?

- ☐ Some examinations or analyses have been postponed
- ☐ Some examinations or analyses have been cancelled
- ☐ I was less motivated to take these tests or examinations
- ☐ I have travelled less to have these tests or examinations carried out
- ☐ I moved less to avoid any risk of infection
- ☐ Other reasons

Q7.2 Please specify why you have had more tests or examinations:*

Q8. How has the pandemic affected your motivation to follow the recommended diet?

- ☐ No
- ☐ Low
- ☐ Medium
- ☐ Much
- ☐ Extremely
- ☐ Not concerned

Q9. How has the pandemic affected your recommended physical activity program?

- ☐ No
- ☐ Low
- ☐ Medium
- ☐ Much
- ☐ Extremely
- ☐ Not concerned

Q10. How has the pandemic affected your participation in discussion groups, health workshops or therapeutic education or support programs?

- ☐ No
- ☐ Low
- ☐ Medium
- ☐ Much
- ☐ Extremely
- ☐ Not concerned

Q11. How has the pandemic affected your use of home help (domestic help, nursing care, etc.)?

- ☐ I used home help more often
- ☐ I used home help less often
- ☐ I've had no more home help
- ☐ There has been no change in my use of home help.
- ☐ Not concerned
- ☐ Other

If "Other", please specify.....

+ Q11.1 and Q11.2: for what reasons

Q12. How has the pandemic affected the support you receive from your loved ones (friends, family, caregivers, etc.)?

- ☐ The help of my loved ones has increased
- ☐ Help from family and friends has decreased
- ☐ My loved ones couldn't help me at all during this period.
- ☐ I have left my usual home (or specialized residence) to be helped by my loved ones
- ☐ Not concerned
- ☐ Other

If "Other", please specify.....

Q13. For each item below, please check the box that best describes your health today:

Regarding your mobility, which of the following situations best describes your health today?

- ☐ I have no problem getting around on foot
- ☐ I have minor problems getting around on foot*.
- ☐ I have moderate problems getting around on foot*.
- ☐ My loved ones couldn't help me at all during this period.
- ☐ I have severe problems getting around on foot*.
- ☐ I am unable to get around on foot*.

Regarding your independence, which of the following situations best describes your health today?

- ☐ I have no problem washing or dressing myself
- ☐ I have minor problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I can't wash or dress myself

Regarding your current activities (work, studies, housework, family or leisure activities, etc.), which of the following situations best describes your health today?*

- ☐ I have no problem carrying out my day-to-day activities
- ☐ I have minor problems performing my day-to-day activities
- ☐ I have moderate problems performing my daily activities
- ☐ I have severe problems performing my daily activities
- ☐ I am unable to carry out my daily activities

Concerning your pain or discomfort, which of the following situations best describes your health today?.**

- ☐ No pain, no discomfort
- ☐ I have mild pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Which of the following best describes your mental health (depression or anxiety) today?

- ☐ I'm not anxious or depressed
- ☐ I'm slightly anxious or depressed

- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I'm extremely anxious or depressed

Please feel free to send us your comments [here](#). However, if you would like us to reply, please use the contact form (add link).....