

**Impact and management of Covid-19 pandemic on patients with Non-communicable disease: A cross sectional study at AYUSH LSD Clinics of Krishna and Darjeeling District**

**SURVEY QUESTIONNAIRE**

**Socio Demographic Information**

**Hospital/CHC/LSD clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **OPD Registration no. if any: Enrollment no:**
2. **Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Age (In years):**
4. **Gender:**  **Male**  **Female**
5. **Gross Income of the family per month: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Religion:** Hindu Muslim Sikh Christian Jain Buddhist
7. **Social status**: SC ST OBC General
8. **Place** (Urban, Rural, Semi-urban):  Urban Rural Semi-urban
9. **Family environment:** Living alone Living with spouse Living with children/other family members
10. **Marital status**: Married Unmarried Divorcee Widow
11. **Education**:  Illiterate  Up-to school (10th class)  Junior high school  Senior high school  Graduate  Postgraduate
12. **Profession**:  Housewife Office job farmer  Retired person
13. **Could you tell us what long term health conditions you have ? If you wish, we can read out the list for your help. You need to tell which one you have and how long.**

**Long term condition suffering before Covid-19 (can have multiple ticks):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disease** | **Can tick more than one** | **Duration of illness in years** | **Doing any physical activity/yoga** | **Diet restrictions** | **Types of intervention(s) taken currently (Can tick more than one)** |
| Diabetes |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Hypertension (high blood pressure) |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Obesity |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Cancer |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Chronic respiratory disease (Asthma/ bronchitis) |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Cancer |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Renal disease |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Arthritis |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Anxiety |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Depression |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |
| Acid peptic disease |  |  | yes no | yes no | A  Y&N  U  S  H  Allo |

\* A-Ayurveda; Y&N-Yoga & Naturopathy; U-Unani; S-Siddha; H-Homoeopathy; Allo-Allopathy

1. **Rate your concern for Covid-19 (circle the appropriate)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No threat at all** |  | | | | | | | | **Very serious** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1. **Covid 19 Concern**

|  | | **Rating** |
| --- | --- | --- |
|  | How worried are you about getting the Covid-19? | very much worried  Some what worried  A little worried Not worried at all |
|  | Do you think that you will get sick from the Covid-19? | I definitely will I probably will  It's possible Not at all |
|  | How likely do you think it is that you or someone you know may get sick from the Covid-19 this year? | Very likely Somewhat likely  Not that likely Not at all likely |

1. **Covid-19 knowledge**

|  |  |  |
| --- | --- | --- |
|  | Source of information related to Covid-19 | TV Social media  Institution friends News paper |
|  | Correctly identify symptoms of the Covid-19 | Fever  Sore throat Cough  Breathlessness Anosmia  Myalgia  Altered taste  chilliness  Diarrhoea  Nausea  Weakness |
|  | Correctly identified prevention methods of the Covid-19 | Wearing mask  Social distancing  Washing hands for 20 seconds frequently  Use alcohol-based hand sanitizer  Don’t touch your eyes, nose or mouth  Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze  Stay home if you feel unwell. |
|  | Do you know about AYUSH immune boosters | yes no |
|  | If yes, further mention about AYUSH immune boosters | Arsenicum album 30C  AYUSH kadha  Yoga Golden milk  Chyawanprash  Unani medicine |
|  | Do you think AYUSH immune boosters will benefit /protect you from Covid19 | Very likely Somewhat likely  Not that likely Not at all likely |

1. **Behaviour**

|  |  |  |
| --- | --- | --- |
| 1. | Which AYUSH immune boosters are you taking | Arsenicum album 30  AYUSH kadha  Yoga  Unani medicine  Golden milk  Chyawanprash  Others specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **During the past 2 months how will you rate your overall sleep quality?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Terrible** | **Poor** | | | **Fair** | | | **Good** | | | **Excellent** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. **Impact of Covid-19 Pandemic on Daily Routine and Chronic Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick the appropriate as per the response** | | | | |
| Do you feel Covid-19 Pandemic has affected your long-term disease care | Not at all | Very Little | Somewhat | Very Much |
| Has your daily routine been affected? | Not at all | Very Little | Somewhat | Very Much |
| Has there been a change in physical activity? | Not at all | Very Little | Somewhat | Very Much |
| Has there been a change in diet? | Not at all | Very Little | Somewhat | Very Much |
| Has there been any discontinuation in treatment for your chronic disease | Not at all | Very Little | Somewhat | Very Much |
| Has there been any change in doctor consultation | Not at all | Very Little | Somewhat | Very Much |
| Has there been any change in your routine blood tests or BP check or other investigations? | Not at all | Very Little | Somewhat | Very Much |

1. **Now we will ask you about your experiences in getting care during the past eight weeks**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tick the appropriate as per the response** | | | | | |
| Did you ever feel the need to consult a doctor in the past 8 weeks? | Not at all | Very Little | Somewhat | Very Much |
| Did you feel the need to visit a hospital or clinic? | Not at all | Very Little | Somewhat | Very Much |
| Did you face any difficulty in getting a doctor appointment for your chronic disease | Not at all | Very Little | Somewhat | Very Much |
| Did you experience any difficulty in getting medicine? | Not at all | Very Little | Somewhat | Very Much |
| Did you feel any difficulty in getting any investigations done for your chronic disease | Not at all | Very Little | Somewhat | Very Much |
| Did you feel any difficulty in getting any day care procedures like chemo, dialysis, physiotherapy for your chronic disease | Not at all | Very Little | Somewhat | Very Much |
| Did you feel difficulty in getting any emergency care for this? | Not at all | Very Little | Somewhat | Very Much |
| Did you feel difficulty in reaching the hospital / clinic/ day care | Not at all | Very Little | Somewhat | Very Much |
| Did you experience any delay in seeking care? | Not at all | Very Little | Somewhat | Very Much |
| **Which one of the above was the most difficult for you?**  Doctor consultation / Purchase medicines / Diagnostic services / Day care / Emergency care/ Visit to clinic | | | | | |
| What was the problem?  Out of all these please tell us the top three reasons for disruption of your healthcare during COVID-19 pandemic | Getting money / Arranging Transportations / Getting a person to accompany / Support from family/ Mobility Restriction / Social Restriction/ Lock down rule / Fear of going to hospital / Did not know whom to contact / Any other -   1. 2. 3. | | | |
| Who was your source of support? | Family / Friend / Neighbour / Tenant / Health worker / Health center/ Government helpline / local administration/ Police / Community leader /NGO /Social worker / Media | | | |

1. **Coping or managing through difficult times**

|  |  |  |
| --- | --- | --- |
| **How did you manage the last 8 weeks?** | Managed Easily / managed with somewhat difficulty/ with lot of difficulty/ Could not Manage | |
| **Any suggestions?** | **Do’s** | **Do not’s** |

1. **Self-Rated Health**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In general, how would you rate your overall health today | very good | good | moderate | bad | very bad |
| In general, how would you rate your physical health | very good | good | moderate | bad | very bad |
| In general, how would you rate your mental health | very good | good | moderate | bad | very bad |

1. **Information about Covid infection**

|  |  |  |
| --- | --- | --- |
|  | Did you get infected with Covid-19 | Yes  No |
|  | If yes, where you | Asymptomatic  Symptomatic |
|  | If symptomatic, where were you treated with allopathic medicine | At home  Quarantine center  At hospital |
|  | Did you seek help of homoeopathic doctor also | Yes No  If yes, any homoeopathic medication taken, mention the name\_\_\_\_\_\_\_\_\_ |
|  | Mention about your recovery status | Healthy  Recovered with sequelae  If sequelae, mention, the complaint  \_\_\_\_\_\_\_  (Breathlessness, Weakness, Difficulty doing daily chores, Vertigo, Dizziness) |
|  | Rate your overall health after your treatment for Covid-19 | Excellent Very good  Good Fair Poor |
|  | Did anyone from your family /neighbors were diagnosed of Covid-19 | Yes No |
|  | Did it worry you | very much worried Somewhat worried  A little worried Not worried at all |

Thank you for your participation.