

**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 |
| 1.
 | 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[ ]  ChyawanprashOthers 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 [ ] NoIf yes, any homoeopathic medication taken, mention the name\_\_\_\_\_\_\_\_\_ |
|  | Mention about your recovery status | [ ]  Healthy[ ]  Recovered with sequelaeIf 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.