An Anonymous Prospective Study on Patient Risk Assessment on Receiving Preventative Care During the COVID 19 Pandemic

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- Please read the information below and ask questions about anything that you do not understand. A researcher listed above will be available to answer your questions.

- You are being asked to participate in a research study. Participation in this study is voluntary. You may choose to skip a question or a study procedure. You may refuse to participate or discontinue your involvement at any time without penalty or loss of benefits. You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately**.

- We would like you to complete a survey to learn more about how patients calculate the risk of exposure to Covid-19 with the benefits of receiving preventative medical care that lowers your risk for a variety of other serious underlying diseases.

- The survey will last about 10 minutes.

- Possible risks/discomforts associated with the study are

Some questions may be personal or upsetting. You can skip them or quit the survey at any time.

- Online data being hacked or intercepted: Anytime you share information online there are risks. We're using a secure system to collect this data, but we can't completely eliminate this risk.
- Breach of confidentiality: There is a chance your data could be seen by someone who shouldn't have access to it. We're minimizing this risk in the following ways:
    - No identifying information will be recorded or asked in the survey.
    - We'll store all electronic data on a password-protected, encrypted computer.

- There are no direct benefits from participation in the study. However, this study may increase patient education on when one should receive preventive care for the flu immunization, mammography, and colonoscopy.

- All research data collected will be stored securely and confidentially on a Google Forms password secure account.
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Future Research Use:

Researchers will use your information to conduct this study. Once the study is done using your information, we may share them with other researchers so they can use them for other studies in the future. We will not share your name or any other private identifiable information that would let the researchers know who you are. We will not ask you for additional permission to share this de-identified information.

- Questions? If you have any comments, concerns, or questions regarding this study please contact the researchers listed at the top of this form.
- If you have questions or concerns about your rights as a research participant, you can contact the UCI Institutional Review Board by phone, (949) 824-6662, by e-mail at IRB@research.uci.edu or at 141 Innovation, Suite 250, Irvine, CA 92697.

  What is an IRB? An Institutional Review Board (IRB) is a committee made up of scientists and non-scientists. The IRB's role is to protect the rights and welfare of human subjects involved in research. The IRB also assures that the research complies with applicable regulations, laws, and institutional policies.
- If you want to participate in this study, click the Next button to start the survey.

1. Do you agree to take this survey? *

   Mark only one oval.

   - ◯ Yes
   - ◯ No

2. Please select today's date *

   _____

   Example: January 7, 2019

3. Please select your county *

   Mark only one oval.

   - ◯ Los Angeles County
   - ◯ Orange County
   - ◯ San Diego County
   - ◯ Ventura County
   - ◯ San Francisco County
   - ◯ Sacramento County
   - ◯ Other

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Mammography during the current COVID 19 pandemic?

Procedure/Treatment: Mammography (Recommended for all women 50 years and older: Frequency - Every two years) as recommended by the US Preventive Services Task Force

4. Scenario: You (or your female significant other) just turned 50 and you are now eligible to receive your 1st annual mammogram screening. You have no family history of breast cancer and your self breast exam is normal. Considering Covid-19, would you schedule your mammogram within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Mammography during the current COVID 19 pandemic?

Procedure/Treatment: Mammography (Recommended for all women 50 years and older: Frequency - Every two years) as recommended by the US Preventive Services Task Force

5. Scenario: You (or your female significant other) just turned 50 and you are now eligible to receive your 1st annual mammogram screening. Your mother had breast cancer at age 42. Last week you felt a lump in your breast while you were taking a shower. Considering Covid-19, would you schedule your mammogram appointment within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Mammography during the current COVID 19 pandemic?

Procedure/Treatment: Mammography (Recommended for all women 50 years and older: Frequency - Every two years) as recommended by the US Preventive Services Task Force

6. Scenario: You (or your female significant other) just turned 50 and you are now eligible to receive your 1st annual mammogram screening. Your mother had breast cancer in her sixties. Considering Covid-19, would schedule your mammogram appointment within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a flu shot appointment during the current COVID 19 pandemic?

Procedure/Treatment: Immunizations (Recommended for all people six months and older) - Frequency - Annually as recommended by the US Preventive Services Task Force

7. Scenario: You are an adult and have not yet received your annual flu shot for the 2020 flu season. You have diabetes, a chronic condition which can increase risk of severe illness from viruses like the flu. Considering Covid-19 and flu season, would you schedule your vaccine appointment within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a flu shot appointment during the current COVID 19 pandemic?

Procedure/Treatment: Immunizations (Recommended for all people six months and older) - Frequency - Annually as recommended by the US Preventive Services Task Force

8. Scenario: You are an adult and have not yet received your annual flu shot for the 2020 flu season. You have no previous health conditions and are feeling well. Considering Covid-19 and flu season, would you schedule your vaccine appointment within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a flu shot appointment during the current COVID 19 pandemic?

Procedure/Treatment: Immunizations (Recommended for all people six months and older) - Frequency - Annually as recommended by the US Preventive Services Task Force

9. Scenario: You are over 60 years old and have not yet received your annual flu shot for the 2020 flu season. You have COPD (chronic obstructive pulmonary disease) and have been hospitalized with pneumonia in the past. Considering Covid-19 and flu season, would you schedule your vaccine appointment within the next month?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Colonoscopy during the current COVID 19 pandemic?

Procedure/Treatment: Colonoscopy (Recommended for men and women ages 50-75 years) Frequency - every 10 years as recommended by the US Preventive Services Task Force

10. Scenario: You are 55 years old and are 5 years overdue for your screening colonoscopy. You have a positive family history of colon cancer. You have noticed a lot of red blood in your stool and an unintentional twenty pound weight loss. Considering Covid-19, would you schedule your colonoscopy appointment within the next month?

    Mark only one oval.

    - ◯ Yes
    - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Colonoscopy during the current COVID 19 pandemic?

Procedure/Treatment: Colonoscopy (Recommended for men and women ages 50-75 years) Frequency - every 10 years as recommended by the US Preventive Services Task Force

11. Scenario: You've just turned 60 years old and your last colonoscopy was 10 years ago. You are now due for another colonoscopy screening for colon cancer. You have no symptoms and feel healthy. Considering Covid-19, would you schedule your colonoscopy appointment within the next month?

    Mark only one oval.

    - ◯ Yes
    - ◯ No

Each question includes a medical scenario. Based on the scenario, please answer honestly whether you would schedule a Colonoscopy during the current COVID 19 pandemic?

Procedure/Treatment: Colonoscopy (Recommended for men and women ages 50-75 years) Frequency - every 10 years as recommended by the US Preventive Services Task Force

12. Scenario: You are 55 years old and are 5 years overdue for your screening colonoscopy. In the last six months, you have had frequent episodes of constipation and diarrhea. Considering Covid-19, would you schedule your colonoscopy appointment within the next month?

    Mark only one oval.

    - ◯ Yes
    - ◯ No

Patient Demographics

13. Please select all preventative medicine you have received prior to Covid-19

Check all that apply.

- [ ] Immunizations/Vaccinations
- [ ] Mammography
- [ ] Colonoscopy
- [ ] Select all
- [ ] Select None

14. What gender do you identify with?

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Other

15. What is your age?

Mark only one oval.

- ◯ 18 - 29
- ◯ 30 - 39
- ◯ 40 -49
- ◯ 50 - 64
- ◯ 65+
- ◯ Prefer not to say

16. Please specify your ethnicity.

Mark only one oval.

- ◯ Caucasian
- ◯ African-American
- ◯ Latino or Hispanic
- ◯ Asian
- ◯ Native American
- ◯ Native Hawaiian or Pacific Islander
- ◯ Prefer not to say
- ◯ Multiracial
- ◯ Other: _____

17. What is the highest degree or level of education you have completed?

Mark only one oval.

- ◯ Some High School
- ◯ High School
- ◯ Bachelor's Degree
- ◯ Master's Degree
- ◯ Ph.D. MD, JD or higher
- ◯ Trade School
- ◯ Prefer not to say

18. Do you believe that you have had Covid-19 (i.e. Coronavirus)?

Mark only one oval.

- Yes
- No
- Maybe
- Prefer not to say

19. Do you have health insurance?

Mark only one oval.

- Yes
- No
- Prefer not to say