

Supplementary file 1: Survey questionnaire

Study title: Impact of COVID-19 pandemic on individuals with chronic conditions in India

Survey questionnaire			Date of Interview:		
Participant Name:	Cohort Name:	Place of residence:	Age: (in completed years)	Sex: M/F	
Ownership of mobile phone: Yes/No			Internet use/access: Yes/No		
1	Have you ever been told by the doctor that you have any of the following conditions?				
	Diabetes Mellitus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Blood pressure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Heart disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Kidney disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Chronic Obstructive Pulmonary Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	During this COVID-19 related national lockdown, did you experience any acute medical illness or medical emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
3	How difficult was it to access healthcare facility for acute illness/emergency during lockdown? <input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Neutral <input type="checkbox"/> Easy <input type="checkbox"/> Very easy				
4	Was the local health clinic/hospital functioning in your area/locality during lockdown? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
5	How satisfied are you with your current access to treatment? Very satisfied 6 [] 5 [] 4 [] 3 [] 2 [] 1 [] 0 [] Very dissatisfied				
6.0	COVID-19 status in your family <i>(Instructions for the data collector: Explain briefly to the study participant, now I would like to ask a few questions about COVID-19 situation amongst your immediate family members (sons, daughters, parents) i.e. people residing in the same household)</i>				
6.1	Were you diagnosed or treated for COVID-19?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.2	If yes, were you hospitalized for COVID-19?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.3	If yes, how long?	[] []	number of days		
6.4	Were any of your immediate family members diagnosed with COVID-19?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.5	If yes, were they hospitalized?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.6	If yes, how long?	[] []	number of days		
6.7	Did anyone die of COVID-19 in your immediate family?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.6	If yes, number of deaths?	[] []			
7.0	Your current health status and impact of COVID-19 on chronic conditions (Q. Nos. 7.13 - 7.18 only for patients with diabetes)				
7.1	Have you experienced difficulties accessing medication or treatment due to COVID-19 situation in the past month?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, for which of the following?				
7.2-7.6	Diabetes Mellitus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Blood pressure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Heart disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Kidney disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	Chronic obstructive pulmonary disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.7	Have you experienced difficulties accessing medication or treatment due to financial factors in the past month? If yes, for which of the following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.8-7.12	Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Chronic Obstructive Pulmonary Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.13	How frequently do you monitor your glucose at home? Once every day <input type="checkbox"/> Once in two days <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a month <input type="checkbox"/> I do not monitor glucose at home <input type="checkbox"/>			
7.14	Have you had your fasting blood sugar tested during the lockdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.15	Have you had your HbA1c tested during the lockdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.16	If yes, on what date?	FBS test date: _____ HbA1c test date: _____		
7.17	What was your fasting blood sugar / HbA1c? [If you do not know exact number, do you know if it was under control or out of control?]	FBS (mg/dL): _____ HbA1c (%): _____ Blood sugar controlled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
7.18	Have your symptoms of diabetes or high blood sugar worsened since your area/locality where you stay went on lockdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.19	Was your blood pressure measured during the lockdown at home or a clinic/hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.20	If yes, on what date?			
7.21	What was your last blood pressure reading? If you do not know can you tell if it was under control?	SBP (mmHg) _____ DBP (mmHg) _____ Blood pressure controlled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
7.22	Have your symptoms of hypertension or high blood pressure worsened since your area of residence went on lockdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.23	Have you experienced fear/stigma related to COVID-19 infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7.24	How are you coping with stress during the current COVID-19 situation? <input type="checkbox"/> very well <input type="checkbox"/> moderate <input type="checkbox"/> with difficulty <input type="checkbox"/> not applicable (no stress)			
8.0	COVID-19 status and restrictions in your locality <i>[In this section, I would like to ask you few questions on the COVID 19 situation in your locality, any restriction on movement of people and goods]</i>			
8.1	Have you heard of any confirmed cases of COVID-19 in other households in your locality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
8.2-8.7	In general, during the lockdown period, If someone from outside your locality (like family or friends) wanted to visit your locality, were they allowed to enter the locality during the lockdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

	Were you able to leave the locality to buy food or other supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Did you need permission to leave the cities/villages/towns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Were you able to gather with your neighbours for activities (e.g., morning walks/exercise/parties/festivals/religious practices/ weddings/funerals)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Were you able to visit neighbour's home in the locality (e.g., for meals or to play cards)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Are children in the locality/township allowed to freely play outside (for instance, in the streets)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
8.8	Do you know if the following measures were recommended by local/state/national governments to control COVID-19 spread?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Hand washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Social distancing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Wearing mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Cleaning fruits and vegetables before use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
8.9	In general, are people required to wear masks when leaving their homes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
9.0	Availability of preventive measures and daily essentials			
9.1	Are you able to buy any appropriate masks locally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
9.2	Do you use any appropriate mask (surgical/home-made) while being outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
9.3-9.5	Currently, please let us know about the availability of the following items in your locality			
	Fresh fruits/vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Groceries/supplies (e.g., rice, flour, and cooking oil)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Animal foods like eggs/meat/non-vegetarian foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
9.6	How has the price of general living materials changed compared to last year or pre lockdown?	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> No change <input type="checkbox"/> Don't know
9.7	Have you heard of anyone who needed to leave the city for medical care (for any reason) but cannot see a doctor right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10.0	Consequences of COVID-19 on employment and household income			
10.1	What is your current employment status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10.2	Due to the lockdown, were you able to continue work?	<input type="checkbox"/> Work from home <input type="checkbox"/> No work <input type="checkbox"/> Went to work less frequently		
10.3	Have you or members in your immediate family experienced a loss in job as a result of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10.4	Have you or members in your immediate family experienced a loss in income as a result of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10.5	Have you received any kind of financial support from the government? (applicable if there was loss of income, job or to those belonging to poor SES/ Jandhan account holders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
11.0	Your health status: EQ-5D –Place a tick in one box in each group below for the statement that best describes your own health state today			
11.1	Mobility 1 <input type="checkbox"/> I have no problems in walking about 2 <input type="checkbox"/> I have some problems in walking about 3 <input type="checkbox"/> I am confined to bed			
11.2	Self-Care 1 <input type="checkbox"/> I have no problems with self-care 2 <input type="checkbox"/> I have some problems with self-care 3 <input type="checkbox"/> I am unable to wash or dress myself			

11.3	Usual Activities (e.g. work, study, housework, family or leisure activities) 1 <input type="checkbox"/> I have no problems with performing my usual activities 2 <input type="checkbox"/> I have some problems with performing my usual activities 3 <input type="checkbox"/> I am unable to perform my usual activities				
11.4	Pain/Discomfort 1 <input type="checkbox"/> I have no pain or discomfort 2 <input type="checkbox"/> I have moderate pain or discomfort 3 <input type="checkbox"/> I have extreme pain or discomfort				
11.5	Anxiety/Depression 1 <input type="checkbox"/> I am not worried or depressed 2 <input type="checkbox"/> I am moderately anxious or depressed 3 <input type="checkbox"/> I am extremely anxious or depressed				
11.6	Your health status on a scale of 0-100: ____ ____ ____				
12.0	Generalized Anxiety Disorder 7-item (GAD-7) scale				
12.1	Over the last 2 weeks, how often have you been bothered by the following problems?				
		Not at all sure	Several days	Over half the days	Nearly every day
12.2	Feeling nervous, anxious, or on edge	0	1	2	3
12.3	Not being able to stop or control worrying	0	1	2	3
12.4	Worrying too much about different things	0	1	2	3
12.5	Trouble relaxing	0	1	2	3
12.6	Being so restless that it's hard to sit still	0	1	2	3
12.7	Becoming easily annoyed or irritable	0	1	2	3
12.8	Feeling afraid as if something awful might happen	0	1	2	3
12.9	If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
13.0	Impact of COVID-19 on diet and physical activity				
13.1	In the past one week, how many days did you adhere to a meal plan with low/restricted salt/sugar/fat?	<input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 or more days			
13.2	In the past one week on how many days did you have irregular eating pattern (e.g. change in meal time/ frequent snacking)?	<input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 or more days			

13.3	During the lockdown, did the quantity of fruits and vegetables consumed change compared to pre lockdown period?	<input type="checkbox"/> Yes, I consumed less F&V <input type="checkbox"/> Yes, I consumed more F&V <input type="checkbox"/> No, I consumed the same amount of F&V
13.4	In the past one week, on how many days were you able to perform moderate physical activity for more than 10 minutes?	<input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 or more days
13.5	During the lockdown did the duration and intensity of physical activity change compared to pre-lockdown period?	<input type="checkbox"/> Yes, I performed less physical activity <input type="checkbox"/> Yes, I performed more physical activity <input type="checkbox"/> No, I performed same duration and intensity of physical activity

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1. Please can you describe how long you have been diagnosed with and/or taking treatment for your chronic condition(s): diabetes/hypertension/CVD/CKD/COPD?
2. What are the greatest challenges that you are facing due to the COVID19 outbreak and lockdown?
 - a. Please describe what changes/adjustments have you brought into your routine life due to the COVID19 outbreak?
 - i. How do you protect yourself from the COVID19?
 - b. How the COVID19 situation has impacted on managing your chronic condition, in terms of:
 - i. lifestyle behaviours/self-care goals: diet, exercise, stress/depression, tobacco/smoking, alcohol use (as applicable)
 - ii. taking prescribed medications (access, affordability)
 - iii. clinic visit
 - iv. lab tests
 - c. Next, we want to understand whether or not, COVID19 related lockdown influenced your livelihood/employment/income-either for you or your family members?
 - i. How the COVID-19 related lockdown in your city affected children's education?
 - ii. Please can you describe if you have experienced any sort of fear or stigma related to COVID-19?
3. Please can you suggest, how we can overcome some of these challenges: at individual-level, and society-level (if any)
4. List any two points that we can learn from this current situation: positive/negative for your family/society/state/country
5. What are two things that you will change in your life when the COVID-19 crisis is over?
6. Is there anything else that you want to discuss regarding COVID-19 impacts that we have not covered earlier?