SUPPLEMENTARY MATERIAL

The Impact of COVID-19 Pandemic on Persons With Disabilities

Questionnaire

Name:

Age/Sex:

Address

Phone No.

Enrollment number in Hospital

- 1. Literacy status: Illiterate/Middle School/High school/Senior secondary/Graduate/Post-graduate or above
- 2. Occupation: None/Self earning (Farmer/Business)/Housewife/Students/Job/Others
- 3. Income per month: Dependent/<Rs 10,000/Rs 10,000-50,000/>Rs 50,000
- 4. Marital status: Unmarried/Married/Divorced/Separated/Others
- 5. Area of residence: Rural/Urban
- 6. Nature of disability: Locomotor/Others
- 7. Disability since (Months/Year):
- 8. Disability percentage:
- 9. Are you aware of the current COVID pandemic? Yes/No
- 10. Are you able to access the information regarding prevention and precautions advised to prevent COVID-19 infection through digital or print media? Yes/No
- 11. Are u able to follow the prescribed precautions for the pandemic like:

o Wear a mask	Yes/No
o Wash hands	Yes/No
o Use sanitizer	Yes/No
o Social distancing	Yes/No

12. How has pandemic affected your dependency on others? Decreased / Same as previous /Increased

- 13. Compared to before pandemic times, how has the pandemic affected your work/occupation/wages? Lost job/Decreased wages/Same as previous/Increased wages
- 14. Has your work location changed since you became aware of coronavirus pandemic? (Work from home, work from new location) Yes/No/Don't know
- 15. How has the pandemic affected availability of a balanced and nutritious diet?
 1 No availability
 2 Diet available for 2–3 days a week
 4 Diet available for >5 days/week
- 16. Has the pandemic affected your body weight? Increased/Same as above/Decreased/Not known
- 17. Over the last two weeks, how often have you been bothered by the following problems?
- A. Little interest in doing things

 Not at all
 Several days
 More than half of the days
 Nearly every day

 B. How often have you been feeling depressed or low?

 Not at all
 Several days
 More than half of the days
 Nearly every day

 C. Compared to before the pandemic, how isolated do you feel from others?

 Less isolated as compared to before
 About the same
 - More isolated as compared to before
- 18. How is your sleep affected compared to pre-COVID times? Increased/Same as above/Decreased
- 19. How has pandemic affected your relationship with other family members or caregivers as compared to pre-COVID times? Improved/Same as before/Worsened
- 20. How often do you face domestic violence per week? During COVID (Number of events/week) Before COVID

- 21. How often have you felt nervous or anxious before and during pandemic?
 - 1 Never before during
 - 2 Almost never
 - 3 Sometimes
 - 4 Fairly often
 - 5 Very often

22. Was there a difficulty in using public transport during pandemic as compared to before the pandemic?

- 1 Easier as compared to before the pandemic
- 2 Same as before the pandemic
- 3 Much difficult as compared to before the pandemic
- Reasons for difficulty: Non-availability/Less frequent availability
- 23. How would you rate your health in general, compared with before the coronavirus pandemic?
 - 1 Better now than before the pandemic
 - 2 About the same as before the pandemic
 - 3 Worse now than before the pandemic
- 24. What comorbidities do you have? Hypertension/Diabetes/Asthma/Cancer/Heart or kidney disease/Others
- 25. Has the pandemic affected your comorbidities? Good impact/Same as before/Worsened
- 26. How has the overall cost of treatment of your comorbidities been affected during pandemic? Decreased/Same as above/Increased
- 27. How difficult it has been to manage your comorbidities during the pandemic? Become easy/Same as before/More difficult
- 28. Did you face difficulty in mobility across the hospital due to pandemic?
 - 1 No difficulty at all 2 Possible under supervision
 - 3 Possible with some assistance/aids 4 Possible with maximum assistance
 - 5 Not possible at all
- 29. Questions related to tele-rehabilitation
 - a. Were you aware of tele-rehabilitation services? Yes/No
 - b. Were you satisfied with the management offered? Yes/No/NA
 - c. Would you prefer tele-rehabilitation or conventional rehabilitation?
 - Tele-rehabilitation is more convenient/Conventional rehabilitation is more convenient /Both are same
 - d. Were any difficulties encountered while accessing tele-rehabilitation services? No issues/Lack of device/Unable to understand/Unable to participate/Connectivity issues
 - e. Are tele-rehabilitation services cheaper than conventional? Yes/No/Both are same