

Outpatient form

Survey: Covid-19 impact on patients and their interaction with Oslo University Hospital at Department of Old Age Psychiatry
Anonymous survey.

Identification code (not name)	Education (number of years)
Age	Diagnosis group (psychosis/dementia/depression/other)
Gender	Diagnosis / symptoms (free text)

1. I am afraid of getting contaminated by Covid-19

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

2. I am afraid of dying if I get contaminated by Covid-19

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

3. I believe that the outpatient clinic is less available because if the Covid-19 pandemic

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

4. I think that the risk of getting contaminated is greater meeting at the outpatient clinic than staying at home

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

5. I believe that my fear of getting Covid-19 makes me sicker

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

6. I think my treatment at the outpatient clinic has been poorer because of Covid-19

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

7. I believe the measures undertaken at the outpatient clinic to prevent Covid-19 have been correct

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

8. I believe the Covid-19 situation has had an impact on my health

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

9. I have concerns about meeting at the outpatient clinic because of the Covid-19 situation

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

10. I have recieved information about the Covid-19 situation at the clinic

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

11. I think the Department of Old Age Psychiatry guidelines to prevent contamination are difficult to relate to

agree 0 1 2 3 4 5 6 7 8 9 10 disagree

If 0-1 / 9-10:

Comment: _____

12. I have taken my own further precautions to reduce chances of contamination

Yes / No

If yes: Which? _____

13. I think the Covid-19 situation has had a negative impact on my recovery

Yes / No

If yes:

- ☐ Worsening of ailments
- ☐ Prolonged period of illness
- ☐ New symptoms
- ☐ Other

Yes / No

Yes / No

Yes / No

Yes / No

14. Other comments:

Thank you for contributing 😊