

## 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



