

QUESTIONNAIRE

COVID19 PANDEMIC AND ITS PSYCHOLOGICAL EFFECTS ON HEALTH CARE WORKERS

SECTION A - SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. **Age** (1) 20-29..... (2) 30-39..... (3) 40-49..... (4) 50 and above.....
2. **Gender:** (1) Male..... (2) Female.....
3. **Marital status:** (1) Married.... (2) Single.... (3) Divorced/Separated....
4. **Religion:** (1) Catholic..... (2) Anglican..... (3) Pentecostal..... (4) Traditional..... (5) Muslim.....
5. **HCW:** (1) Doctor..... (2) Nurse/Midwife..... (3) Pharmacists..... (4) Lab Scientist..... (5) Others.....
6. **Educational level:** (1) Up to Secondary..... (2) Diploma..... (3) First degree..... (4) Post graduate.....
7. **Years at present work:** (1) less than 1 year..... (2) 1-5 years..... (3) More than 5 years.....
8. **Mode of usual transport to work:** (1) Private transport..... (2) Public transport.....
9. **Have you received any training on Infection prevention and control?** (1) Yes..... (2) No.....

SECTION B – LEVEL OF STRESS (PERCEIVED STRESS SCALE)

10. **In the last month, how often have you been upset because of something that happened unexpectedly?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
11. **In the last month, how often have you felt that you were unable to control important things in your life?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
12. **In the last month, how often have you felt nervous and “stressed”?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
13. **In last month, how often have you felt confident about your ability to handle your personal problems?**
(0) Very Often..... (1) Fairly Often..... (2) Sometimes..... (3) Almost Never..... (4) Never.....
14. **In the last month, how often have you felt that things were going your way?**
(0) Very Often..... (1) Fairly Often..... (2) Sometimes..... (3) Almost Never..... (4) Never.....
15. **In last month, how often have you found that you could not cope with all the things that you had to do?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
16. **In the last month, how often have you been able to control irritations in your life?**
(0) Very Often..... (1) Fairly Often..... (2) Sometimes..... (3) Almost Never..... (4) Never.....
17. **In the last month, how often have you felt that you were on top of things?**
(0) Very Often..... (1) Fairly Often..... (2) Sometimes..... (3) Almost Never..... (4) Never.....

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Any information given is confidential

18. **In the last month, how often have you been angered because of things that were outside of your control?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
19. **Last month, how often have you felt difficulties were piling up so high that you couldn't overcome them?**
(0) Never..... (1) Almost Never..... (2) Sometimes..... (3) Fairly Often..... (4) Very Often.....
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SECTION C— MENTAL WELLBEING (ZUNG SELF RATING ANXIETY SCALE)

20. **In the past several days, I feel more nervous and anxious than usual.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
21. **In the past several days, I feel afraid for no reason at all.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
22. **In the past several days, I get upset easily or feel panicky.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
23. **In the past several days, I feel like I'm falling apart and going to pieces.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
24. **In the past several days, I feel that everything is all right and nothing bad will happen.**
(1) Most of the time..... (2) Good part of the time..... (3) Some of the time..... (4) None or a little of the time.....
25. **In the past several days, My arms and legs shake and tremble.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
26. **In the past several days, I am bothered by headaches neck and back pain.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
27. **In the past several days, I feel weak and get tired easily.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
28. **In the past several days, I feel calm and can sit still easily.**
(1) Most of the time..... (2) Good part of the time..... (3) Some of the time..... (4) None or a little of the time.....
29. **In the past several days, I can feel my heart beating fast.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
30. **In the past several days, I am bothered by dizzy spells.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
31. **In the past several days, I have fainting spells or feel like it.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....
32. **In the past several days, I can breathe in and out easily.**
(1) Most of the time..... (2) Good part of the time..... (3) Some of the time..... (4) None or a little of the time.....
33. **In the past several days, I get numbness and tingling in my fingers and toes.**
(1) None or a little of the time..... (2) Some of the time..... (3) Good part of the time..... (4) Most of the time.....

34. In the past several days, I am bothered by stomach aches or indigestion.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

35. In the past several days, I have to empty my bladder often.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

36. In the past several days, My hands are usually dry and warm.

(1) Most of the time..... (2) Good part of the time..... (3) Some of the time..... (4) None or a little of the time.....

37. In the past several days, My face gets hot and blushes.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

38. In the past several days, I fall asleep easily and get a good night's rest.

(1) Most of the time..... (2) Good part of the time..... (3) Some of the time..... (4) None or a little of the time.....

39. In the past several days, I have nightmares.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

SECTION D— MENTAL WELLBEING (ZUNG SELF RATING DEPRESSION SCALE)

40. In the past several days, I feel down hearted and sad.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

41. In the past several days, Morning is when I feel the best.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

42. In the past several days, I have crying spells or feel like it.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

43. In the past several days, I have trouble sleeping at night.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

44. In the past several days, I eat as much as I used to.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

45. In the past several days, I still enjoy sex.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

46. In the past several days, I notice that I am losing weight.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

47. In the past several days, I have trouble with constipation.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

48. In the past several days, My heart beats faster than usual.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

49. In the past several days, I get tired for no reason.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

50. In the past several days, My mind is as clear as it used to be.

((1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

51. In the past several days, I find it easy to do the things I used to.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

52. In the past several days, I am restless and can't keep still.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

53. In the past several days, I feel hopeful about the future.

((1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

54. In the past several days, I am more irritable than usual.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

55. In the past several days, I find it easy to make decisions.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

56. In the past several days, I feel that I am useful and needed.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

57. In the past several days, My life is pretty full.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....

58. In the past several days, I feel that others would be better off if I were dead.

(1) None or a little of the time..... (2)Some of the time..... (3)Good part of the time..... (4)Most of the time.....

59. In the past several days, I still enjoy the things I used to do.

(1) Most of the time..... (2) Good part of the time..... (3)Some of the time..... (4) None or a little of the time.....