Mental Health of Professionals of Software Development

<OMMITED INFORMATION - Blind Review>

FREE AND CLARIFIED CONSENT TERM (FCCT)

You are being invited to participate in the research entitled **An investigation of the mental health of software development professionals**. This research aims to better understand how the exercise of the profession in the area of software development affects the mental health of individuals. The study is being conducted by:

Project Coordinator:
<OMMITED INFORMATION - Blind Review>

Research Team:
<OMMITED INFORMATION - Blind Review>

Participation: You will be asked to answer a series of objective questions about yourself, your mental health, your work and your work environment.

Risks: It is believed that the present research project presents minimal risks to its participants, and there may be discomfort from the participant in relation to feelings and emotions due to answering the questionnaire, that is, if the participant has a mental health problem, it is possible that this research stimulates difficult thoughts or feelings, however, there will be special care so that the questionnaire is carried out at a time that the participant deems most appropriate, in addition to the confidentiality of the information and identity of the research participants, preventing them from suffering embarrassment. It is worth mentioning that the research participants will be guaranteed to give up participating at any time, and if they feel unable to participate, as well as feeling unable to complete the questionnaire. Support for the participant with psychological counseling will be guaranteed if necessary, for as long as you wish.

Benefits: Research participants may benefit from understanding how being a professional in the area of software development can affect their mental health, as well as identifying whether there are already levels of anxiety and depression, allowing reflections on the subject, easing the symptoms on the part of those who suffer from mental illness. The collection of these data will bring benefits to the area of Software Engineering with a focus on human factors, supporting suggestions for future intervention strategies and knowledge on them, providing participants with a moment that also involves affective issues, working with the mind, giving space for integral development.

Confidentiality and anonymity: The information in this research is strictly confidential, and disclosed only in scientific events or publications and will only be used for this purpose, with no identification of the participant(s), unless between those responsible for the study, ensuring full confidentiality about their participation. However, the web application does not

collect data that will allow you to be personally identified. Typically, only the researchers listed above will have access to the underlying data. All other access to this information, in the form of publication, for example, will have all personal data removed. Authorities in countries where Google operates may possibly seek access to the data through legal challenges, although this is unlikely.

Contact information for those responsible for the research: <OMMITED INFORMATION - Blind Review>.

Voluntary Participation: You have the right to refuse to participate in the referred survey or to withdraw from this study, at any time, without prejudice or retaliation, for your voluntary decision. To quit, just leave the site before completing the survey.

Data retention: The data will be kept after the completion of the project for 5 years.

Consent Registration: Once the questionnaire is being carried out using an electronic form, you must check the option in which you affirm that you agree with the participation of the study and make a copy of it after completing it. You can also request a copy of the document signed by the researchers.

* Required

1. Informed consent *

   Mark only one oval.

   ( ) I am a professional in software engineering and consent to participate in this survey
       Skip to question 2

   ( ) I do not consent, and hence prefer not to participate

   Personal Data

2. Age *

   _____

3. Gender with which you most identify *

Mark only one oval.

- ⬭ Female
- ⬭ Male
- ⬭ I prefer not to disclose
- ⬭ Other: _____

4. Nationality *

_____

5. Country of residence *

_____

6. Highest educational qualification *

Mark only one oval.

- ⬭ Less than high school
- ⬭ Graduated high school
- ⬭ Trade/technical school
- ⬭ Bachelor's degree
- ⬭ Advanced degree (Master's, Ph.D., M.D.)
- ⬭ Other: _____

7. If you attended a computer science or related courses, in which year did you start your studies?

If you attended multiple computer science (or related) courses, please consider the first course you attended.

_____

8. Relationship status *

    Mark only one oval.

    ◯ Single

    ◯ In a relationship

    ◯ In an open relationship

    ◯ Engaged

    ◯ Married

    ◯ Widowed

    ◯ Separated

    ◯ Divorced

    ◯ In a civil union

    ◯ In a domestic partnership

    ◯ Other: _____

9. Are you a parent? *

    Mark only one oval.

    ◯ Yes

    ◯ No

10. Do you have any children aged from 0 to 17 living at home with you, or who you   *
    have regular responsibility for?

    Mark only one oval.

    ◯ Yes

    ◯ No

11.   How many children do you have that live at home with you or who you have   *
       regular responsibility for?

       Mark only one oval.

       ( ) 0

       ( ) 1

       ( ) 2

       ( ) 3

       ( ) 4

       ( ) 5 or more

12.   How many times a day do you look at social media? *

       Mark only one oval.

       ( ) Not every day

       ( ) Once a day

       ( ) 2-5 times a day

       ( ) 5-10 times a day

       ( ) More than 10 times a day

       ( ) I do not use social media

13.   How much time do you spend on social media per day? *

       Mark only one oval.

       ( ) Less than 30 minutes

       ( ) 30-60 minutes

       ( ) 1-2 hours

       ( ) 2-3 hours

       ( ) More than 3 hours

       ( ) I do not use social media

Mental Health History

14. Have you ever been diagnosed with a mental illness? Please, select all that apply. *

Check all that apply.

☐ None

☐ Anxiety disorders (including generalized anxiety disorder, specific phobias, social anxiety disorder, panic disorder, and agoraphobia)

☐ Bipolar disorder

☐ Borderline disorder or other personality disorders

☐ Eating disorders

☐ Major depression

☐ Obsessive-compulsive disorder

☐ Persistent depressive disorder

☐ Post-traumatic stress disorder

☐ Schizophrenia

☐ Other: _____

15. If you have been diagnosed with a mental illness, which of those marked in the previous question are an ongoing mental illness? Please, select all that apply.

Check all that apply.

☐ None

☐ Anxiety disorders (including generalized anxiety disorder, specific phobias, social anxiety disorder, panic disorder, and agoraphobia)

☐ Bipolar disorder

☐ Borderline disorder or other personality disorders

☐ Eating disorders

☐ Major depression

☐ Obsessive-compulsive disorder

☐ Persistent depressive disorder

☐ Post-traumatic stress disorder

☐ Schizophrenia

☐ Other: _____

16. If you have been diagnosed with a mental illness, in which year did you have a first psychiatric diagnosis?

_____

17. If you have been diagnosed with a mental illness, how did your mental illness affect your work and relationship with your colleagues?

_____

_____

_____

_____

18. Could you please tell us which medications for anxiety and/or depression have you taken, if any? Please, also indicate whether you are still taking them.

_____

_____

_____

_____

19. Have you ever taken medications for anxiety and/or depression without a prescription made specifically to you by a medical doctor?   *

Mark only one oval.

◯ Yes

◯ No

20.   Have you ever done psychotherapy (for any reason)? *

Mark only one oval.

◯ Yes, including in the present

◯ Yes, but not currently

◯ No

21.   If you answered yes to the previous question, for how long have you been in psychotherapy?

Mark only one oval.

◯ Up to 6 months

◯ 7-12 months

◯ 1-2 years

◯ 2-5 years

◯ More than 5 years

22.   Have you ever searched for and read online material related to mental health? *
      Mark all that are applicable.

      Mental health is a person's condition with regard to their psychological and emotional well-being.

Check all that apply.

☐ None

☐ Medium

☐ Psychology Today

☐ Quora

☐ Reddit

☐ YouTube

☐ Twitter

☐ Other: _____

23. Have you ever read self-help books related to mental health? *

Mark only one oval.

( ) Yes

( ) Yes, I have read 1-2 books

( ) Yes, I have read 3-5 books

( ) Yes, I have read more than 5 books

( ) Yes, I do not remember how many books I have read

( ) No

24. How did the COVID-19 period affect your mental health? *

Mark only one oval.

( ) It improved my mental health

( ) It did not affect my mental health

( ) It worsen my mental health

( ) Other: _____

Leisure Activities

25.   Before the COVID-19 period, how often do you ... *

Mark only one oval per row.

	Never	Seldom	Sometimes	Usually	Always or almost always
... exercise, i.e walking, running, swimming or training/sports?	◯	◯	◯	◯	◯
... take part in social activities, such as gathering with friends, going to pubs or restaurants, etc.?	◯	◯	◯	◯	◯
... spend time on hobbies, such as gardening, cooking, reading books, playing music, etc.?	◯	◯	◯	◯	◯
... spend quality time with your family, i.e. periods of time relaxing or doing things that the family enjoys, and not worrying about work or other responsibilities?	◯	◯	◯	◯	◯

26.   During the COVID-19 period, how often do you ... *

Mark only one oval per row.

	Never	Seldom	Sometimes	Usually	Always or almost always
... exercise, i.e walking, running, swimming or training/sports?	◯	◯	◯	◯	◯
... take part in social activities, such as gathering with friends, going to pubs or restaurants, etc.?	◯	◯	◯	◯	◯
... spend time on hobbies, such as gardening, cooking, reading books, playing music, etc.?	◯	◯	◯	◯	◯
... spend quality time with your family, i.e. periods of time relaxing or doing things that the family enjoys, and not worrying about work or other responsibilities?	◯	◯	◯	◯	◯

Job

27.   How many years of professional experience do you have working in software   *
        development (example: 0, 1, 2, 3..., 10...)?

28.   How many years of home office, including the COVID-19 period, experience do you *
       have (example: 0, 1, 2, 3...,10...)?

       _____

29.   What is the role that best describes your job? Please, select all that apply. *

       Check all that apply.

       ☐ Project or Product Manager
       ☐ Requirement Analyst
       ☐ Software Architect
       ☐ Software Engineer/Programmer
       ☐ Test Engineer
       ☐ Other: _____

30.   Which of the following apply to you? *

       Check all that apply.

       ☐ I am a freelancer
       ☐ I work for an organization
       ☐ I contribute to open-source software projects
       ☐ I am unemployed
       ☐ Other: _____

31.   In how many different companies have you worked? *

       _____

32. How many employees does your whole organization (not your team) have? *

Mark only one oval.

⬭ 0-9

⬭ 10-99

⬭ 100-499

⬭ 500-999

⬭ 1000 or more

⬭ I do not know

⬭ Not applicable

33. How many people report to you? *

_____

34. Do you work within a team? *

Mark only one oval.

⬭ Yes

⬭ No

35. If you work within a team, how many people are in your team?

_____

36.   Please indicate whether you agree with the following statements. *

Mark only one oval per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
I have a healthy relationship with my colleagues.	◯	◯	◯	◯	◯	◯
I have a healthy relationship with my boss.	◯	◯	◯	◯	◯	◯
My team is constantly changing.	◯	◯	◯	◯	◯	◯
I am always concerned about losing my job.	◯	◯	◯	◯	◯	◯
I am often dissatisfied with my job.	◯	◯	◯	◯	◯	◯

Work Environment

37.   How is the setup of your work environment (before the COVID-19 period)? *

Mark only one oval.

◯ Home office

◯ Open workspace

◯ Private workspace

◯ Other: _____

38. Please, describe the positive aspects of your work environment (before the COVID-19 period). *

_____

_____

_____

_____

_____

39. Please, describe the negative aspects of your work environment (before the COVID-19 period). *

_____

_____

_____

_____

_____

40. How is the setup of your work environment (during the COVID-19 period)? *

Mark only one oval.

◯ Home office

◯ Open workspace

◯ Private workspace

◯ Other: _____

41.   Overall, how satisfied are you with your work environment? *

Mark only one oval.

⬭ Very satisfied

⬭ Satisfied

⬭ Neutral

⬭ Dissatisfied

⬭ Very dissatisfied

⬭ Not applicable

42.   How often do you ... *

Mark only one oval per row.

	Never	Seldom	Sometimes	Usually	Always or almost always	The company does not provide them	Not applicable
... use leisure facilities (e.g. gym or games room) provided by the company for which you work?	◯	◯	◯	◯	◯	◯	◯
... use resting facilities (e.g. massage or nap room) provided by the company for which you work?	◯	◯	◯	◯	◯	◯	◯
... go to social activities explicitly organized by the company for which you work?	◯	◯	◯	◯	◯	◯	◯

43.   How often do you go to social activities with colleagues with which you work? *

Mark only one oval.

( ) Never

( ) Seldom

( ) Sometimes

( ) Usually

( ) Always or almost always

( ) Not applicable

Schedule

44.   How many hours are you expected to work in a typical week? *

_____

45.   How many hours do you work in a typical week? *

_____

46.   How often ... *

Mark only one oval per row.

	Never	Seldom	Sometimes	Usually	Always or almost always
... do you work on weekends?	◯	◯	◯	◯	◯
... do you check work messages outside normal working hours?	◯	◯	◯	◯	◯
... are you working on-call?	◯	◯	◯	◯	◯
... are you able to take breaks when needed during working time?	◯	◯	◯	◯	◯
... are you required to meet unrealistic deadlines?	◯	◯	◯	◯	◯

47.   Before the COVID-19 period, how often did you use to work from home? *

Mark only one oval.

◯ Never

◯ Once a week

◯ 2-3 times a week

◯ 4-5 times a week

◯ Always

48.   During the COVID-19 period, how often did you use to work from home? *

Mark only one oval.

( ) Never

( ) Once a week

( ) 2-3 times a week

( ) 4-5 times a week

( ) Always

Tasks

49. Please indicate whether you agree with the following statements. *

Mark only one oval per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
I feel there is value in the tasks I perform.	⬭	⬭	⬭	⬭	⬭	⬭
I do not have time to do my tasks with the quality I expect.	⬭	⬭	⬭	⬭	⬭	⬭
I feel self-imposed pressure to finish my tasks as fast as I can.	⬭	⬭	⬭	⬭	⬭	⬭
I feel pressured by the company to finish my tasks as fast as I can.	⬭	⬭	⬭	⬭	⬭	⬭
I always feel I am outdated in terms of new tools and techniques.	⬭	⬭	⬭	⬭	⬭	⬭
I always feel the need to keep myself updated in terms of new tools and techniques to remain competitive with other colleagues.	⬭	⬭	⬭	⬭	⬭	⬭
I feel the need to learn technologies needed for work	⬭	⬭	⬭	⬭	⬭	⬭

needed for work outside normal work hours.

I feel that the company expects me to learn technologies needed for work outside normal work hours.

◯ ◯ ◯ ◯ ◯ ◯

I am always under pressure to keep a software system up and running.

◯ ◯ ◯ ◯ ◯ ◯

The deadlines I work with are predictable.

◯ ◯ ◯ ◯ ◯ ◯

I need to count on my coworkers in order to meet deadlines.

◯ ◯ ◯ ◯ ◯ ◯

50.   How often ... *

Mark only one oval per row.

	Never	A few times a year	A few times a month	A few times a week	Daily	Not applicable
... do your assigned tasks change abruptly without prior notice?	◯	◯	◯	◯	◯	◯
... do you have deadlines?	◯	◯	◯	◯	◯	◯
... do you have deadlines that are difficult to meet?	◯	◯	◯	◯	◯	◯

51.   How would you rate the level of consequences if a deadline were not met? *

Mark only one oval per row.

	None	Minor	Moderate	High	Severe	Not applicable
For you	◯	◯	◯	◯	◯	◯
For the company	◯	◯	◯	◯	◯	◯

Patient Health Questionnaire

52.   Over the last 2 weeks, how often have you been bothered by any of the following   *
       problems?

Mark only one oval per row.

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	◯	◯	◯	◯
Feeling down, depressed, or hopeless	◯	◯	◯	◯
Trouble falling or staying asleep, or sleeping too much	◯	◯	◯	◯
Poor appetive or overeating	◯	◯	◯	◯
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	◯	◯	◯	◯
Trouble concentrating on things, such as reading the newspaper or watching television	◯	◯	◯	◯
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so figety or restless that you have been moving around a lot more than usual	◯	◯	◯	◯
Thoughts that you would be better off	◯	◯	◯	◯

**dead, or of hurting
yoursel**

---

53.   If you checked off any problems, how difficult have these problems made it for you
       to do your work, take care of things at home, or get along with other people?

       Mark only one oval.

       ◯ Not difficult at all

       ◯ Somewhat difficult

       ◯ Very difficult

       ◯ Extremely difficult

       Additional Comments

54.   Do you agree to be contacted by the research team for further information? *

       Mark only one oval.

       ◯ Yes

       ◯ No

55.   Would you like to receive the results of this survey? *

       Mark only one oval.

       ◯ Yes

       ◯ No

56.   If you answered yes for at least one of the questions above, please, provide us with
       your e-mail.

       _____

57.   If you would like to make any additional comments related to this survey, please
      share them with us.

_____

_____

_____

_____

_____

This content is neither created nor endorsed by Google.

Google Forms