

Hello! At Icesi University, we are committed to the health and well-being of the entire Icesi community. We know that the consequences of COVID-19 and the academic and work demands can affect our health. To learn about the well-being and mental health of our students and collaborators, we developed this simple and short survey. With the results, we will create courses of action and programs to address the needs of our community. The information from this survey is anonymous and will only be used for academic purposes and to improve the institutional offer of programs aimed at increasing the well-being of our community. We appreciate your participation!

A. DEMOGRAPHIC DATA

| | |
|---|--|
| <p>1. Year of birth:</p> <p>_____</p> | <p>4. According to your culture, people, or physical features, you are or are recognized as:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Indigenous</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">2</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Gypsy</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">3</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Raizal from San Andres, Providencia and Santa Catalina Archipelago</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">4</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Palenquero from San Basilio</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">5</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Black, mulatto (Afro-descendant), Afro-Colombian</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">6</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>None of the above</div> </div> |
| <p>2. Gender</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Male</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">2</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Female</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">3</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>Otro, ¿cuál? _____</div> </div> | <p>5. How many years of education did your parents receive?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1. Father</p> <p>_____</p> <p>99 DK</p> </div> <div style="text-align: center;"> <p>2. Mother</p> <p>_____</p> <p>99 DK</p> </div> </div> |
| <p>3. What is the socio-economic status of your home?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1 </p> <p>2 </p> <p>3 </p> </div> <div style="text-align: center;"> <p>4 </p> <p>5 </p> <p>6 </p> </div> </div> | |

B. SUBJECTIVE WELLBEING

6. In general, how satisfied are you with all aspects of your life?

Not satisfied 0 1 2 3 4 5 6 7 8 9 10 Totally satisfied

The following questions are about how you felt yesterday on a scale of 0 to 10. Zero means that you didn't experience these feelings "at no time" while 10 means that you experienced these feelings "all the time".

7. How happy did you feel yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

8. How much did you laugh yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

9. Did you learn new or exciting things yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

10. How much did you enjoy the activities you did yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

11. How worried did you feel yesterday? □

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

12. How depressed did you feel yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

13. How angry did you feel yesterday? □

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

14. How much stress did you feel yesterday? □

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

15. How lonely or unsupported did you feel yesterday?

At no time 0 1 2 3 4 5 6 7 8 9 10 All the time

C. HEALTH

16. Next, you will be asked questions about your emotional state. Please answer on a scale of 0 to 4, where 0 is never, 1 is 'almost never', 2 is 'sometimes', 3 is 'fairly often,' and 4 is 'very often', how often you experienced the following feelings during the last month:

| | Never | almost never | sometimes | fairly often | very often |
|--|-------|-----------------|-----------|-----------------|---------------|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and stressed? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life? | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things? | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that happened that were outside of your control? | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Next, you will be asked questions about your emotional state. Please answer on a scale of 0 to 3, where 0 is 'Not at all', 1 is 'several days', 2 is 'more than half of the days', and 3 is 'Nearly every day'.

17. Over the last two weeks, how often have you been bothered by the following problems?:

| | Not at all | Several days | More than half days | Nearly every day |
|---|------------|--------------|---------------------|---------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid, as if something awful might happen | 0 | 1 | 2 | 3 |

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

| | Not at all | Several days | More than half days | Nearly every day |
|--|------------|--------------|---------------------|---------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. 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 | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |