Challenges experienced by health professionals during the COVID-19 pandemic

\* Required

* 1. Age \*
  2. Gender \*

*Mark only one oval.*

Female Male

* 1. You are a \*

*Mark only one oval.*

Doctor Nurse Field staff

Nursing Aid

Allied Health Professional

* 1. Number of hours worked per week?

<20

20–40

41–60

>60

* 1. Years of work experience \*

Less than 1 year

2 to 5 years

6 to 10 years

11 to 20 years

Over 20 years

* 1. Are you in a leadership role \*

*Mark only one oval.*

Yes No

* 1. Are you currently on medication for any chronic illnesses? \*

*Mark only one oval.*

Yes No

* 1. What is your predominant emotion during the COVID-19 pandemic? \*

*Mark only one oval.*

Happy Sad Fearful Anxious

Other:

* 1. Can you write some thoughts that came to your mind? \*
  2. Have you been experiencing fear in the COVID-19 pandemic? \*

*Mark only one oval.*

Almost Never Sometimes Often

Almost always

* 1. How worried were you during the COVID-19 pandemic? \*

*Mark only one oval.*

Almost Never Sometimes Often

Almost always

* 1. Have you been experiencing sleepless nights in the COVID-19 pandemic? \*

*Mark only one oval.*

Almost never Sometimes Often

Almost always

* 1. Have you been anxious about things around you in the COVID-19 pandemic? \*

*Mark only one oval.*

Almost Never Sometimes Often

Almost always

* 1. Are/Were you experiencing stress in your work place during this pandemic? \*

*Mark only one oval.*

Almost

Never

Sometimes

Often

Almost always

* 1. Are/Were you experiencing stress at your home because this pandemic? \*

*Mark only one oval.*

Almost

Never

Sometimes

Often

Almost always

* 1. Are/Were you scared that you may/might die if you continue/d to work during this pandemic?

*Mark only one oval.*

Yes

No

* 1. Are/Were you scared to come to work during the COVID-19 days?

*Mark only one oval.*

Yes

No

Occasionally

* 1. Have you ever thought of ending your life because of these unpleasant situations due to the pandemic?

*Mark only one oval*

Almost never

Sometimes

Often

Almost always

* 1. What do you do to overcome these unpleasant experiences?

*Mark only one oval*

Talking to friends/colleague

Get involved in favorite hobbies

Pray or spend time in religious activities

Spend time with family

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Which of the following caused the most stress during the COVID-19 pandemic?

*Mark only one oval*

Exposure or infection to the virus

Restrictions associated to the pandemic

Death or illness of patients/coworkers/loved ones

Work-related problems

Stressors related to PPEs/supplies

Family/community opinions related to

COVID-19

Politicization of the pandemic

* 1. Can you describe some of your positive thoughts?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Can you write two reasons (COVID-19 related) which causes most stress?

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