ANNEXURE IV

Study Title

Factors Associated with Mental Health Impact and Perceived Mental Health Care Needs during COVID-19 Pandemic: Spotlight on Health Care Workers

Demographic Variables

What is your name :

Your Phone Number :

In which year you joined health services :

1. Age: _____*(year)*

2. Sex:

- ☐ Male = 0
- ☐ Female = 1

3 । Occupation:

- ☐ Doctor = 0
- ☐ Nurse = 1

4 । Educational Status ----------*(Last Medical Degree obtained)*

5 । Marital Status

- ☐ Married = 0
- ☐ Unmarried = 1
- ☐ Divorced = 2
- ☐ Widowed =3
- ☐ Separated = 4

6 । Living Place:

- ☐ Rural = 0
- ☐ Urban = 1
- ☐ Suburban = 2

7 । Religion

- ☐ Islam = 0
- ☐ Hindu = 1
- ☐ Christian = 2
- ☐ Buddhist = 3
- ☐ Others = 55..... Please mention

8 । Name of the Hospital

_____

9 । How long are you working in the present workplace? ☐☐☐

11 । How many days in a week do you work ? ☐

12 । How many days do you work in a month ? ☐☐

13 । Residence ☐☐

- ☐ Dormitory = 0
- ☐ Hostel = 1
- ☐ Government Quarter = 2
- ☐ Hotel = 3
- ☐ Rented House = 4
- ☐ Own house = 5
- ☐ Relative's house = 6
- ☐ Others = 55..... Please mention

14 । Present Family status ☐

- ☐ Stay alone = 0
- ☐ With friends or colleagues = 1
- ☐ Nuclear Family = 2
- ☐ Joint Family = 3

15 । Is any of your family members suffering from any Non-Communicable Diseases? ☐

- ☐ No = 0
- ☐ Yes = 1

16 । Number of family members suffering from Non-Communicable Diseases ☐☐

17 । Are you suffering from any Non-Communicable Disease? ☐

- ☐ No = 0
- ☐ Yes = 1

18 । If the answer is yes, then choose the type from following options ☐

☐ Diabetes

□ No = 0

□ Yes = 1

□ Hypertension

□ No = 0

□ Yes = 1

□ Heart Disease

□ No = 0

□ Yes = 1

□ Cancer

□ No = 0

□ Yes = 1

□ Respiratory Diseases (COPD)

□ No = 0

□ Yes = 1

□ Others ..... Please mention

□ No = 0

□ Yes = 1

19। Number of family members over Fifty years of age

20। Has any member of your family been diagnosed with COVID-19?

□ No = 0

□ Yes = 1

21। For how long has s/he suffered?

22। Where has s/he been treated?

□ At Home = 0

□ In hospital = 1

□ Clinic = 2

□ Others = 55..... Please mention

23। Where is your hospital (workplace) located?

□ Dhaka = 0

□ Chattogram= 1

□ Sylhet = 2

□ Rajshahi = 3
□ Khulna = 4
□ Barishal = 5
□ Rangpur = 6
□ Mymensingh = 7

A) Possibilities of exposure/risk for COVID-19(Exposure):

(*Put a Tick mark ✓ where applicable*)

Questions	**Yes (1)**	**No (0)**
1. Have you been diagnosed with COVID-19?		
2. Do you manage patients diagnosed with COVID-19?		
3. Has your family been diagnosed with COVID-19?		
4. Have your colleagues/ friends been diagnosed?		
5. Have your neighbors (people living in the same community who may or may not know each other) been diagnosed?		
6. Have anyone living with you with suspected symptoms?		

B) Risk Perception (*Put a Tick mark ✓ where applicable*)

Statement	Yes (1)	No (0)
1. I believed that my job was putting me at great risk		
2. I felt extra stress at work		
3. I was afraid of falling ill with COVID-19		
4. I felt I had little control over whether I would get infected or not		
5. I thought I would be unlikely to survive if I were to get COVID-19		
6. I thought about resigning because of COVID-19		
7. I was afraid I would pass COVID-19 on to others		
8. My family and friends were worried that they might get infected through me		
9. People avoided my family because of my work		

C) Challenges During COVID-19

What challenges are you facing as HCW (select multiple answers)

1. Have you faced any problem in your residence: Either from House lord or Neighbors
   - ☐ No = 0
   - ☐ Yes = 1

2. Have you face any problem while going to the hospital?
   - ☐ No = 0
   - ☐ Yes = 1

3. Have you ever faced problems regarding personal protective equipment?
   - ☐ No = 0
   - ☐ Yes = 1

4. Have you ever confronted any negative social attitude or perceptions?
   - ☐ No = 0
   - ☐ Yes = 1

5. Do you have to work for long hours at hospital?
   - ☐ No = 0
   - ☐ Yes = 1

6. Is there any elderly or younger member of your family having any other risk factors that may increase the risk of COVID-19 infection?

□ No = 0

□ Yes = 1

7. Are you continuing personal chamber practice?

□ No = 0

□ Yes = 1

8. Has your monthly income decreased ?

□ No = 0

□ Yes = 1

9. Others: Mention Other Problems (if any)_____

□ No = 0

□ Yes = 1

D) Self-perceived health status:

How do you perceive your current health status compared to your health status before the outbreak?

(*Put a Tick mark ✓ where applicable*)

□ Getting better = 1

□ Almost unchanged = 2

□ Declining = 3

□ Declining massively = 4

E) Mental Health Impact:

E.1. General Anxiety Disorder-7 (GAD-7) :

Over the last 2 weeks, how often have you been bothered by the following problems?

(use " ✔ " to indicate your answer)

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

*** Remember that no answer in this section is a wrong answer*

E. 2. For Measuring Depression: The 9-item Patient Health Questionnaire

(use " ✔ " to indicate your answer)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly everyday (3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead, or of hurting yourself				
Add the score for each column				
Total Number				

E.3. Experience of Death grief due to COVID-19

(use " ✔ " to indicate your answer)

Questions	**Yes**	**No**
1. Did you experience the death of your patients/colleagues/family members/ or relatives due to COVID-19?		

F. (Coping): (use " ✔ " to indicate your answer)

F.1. Factors that helped in reducing stress during COVID-19 Pandemic				
Questions	**Never (0)**	**Sometimes (1)**	**Often (2)**	**Always (3)**
1. Positive attitude from your colleagues/ hospital authorities				
2. Your patient and infected colleague are getting better				
3. Your hospital provides you with effective safeguards				
4. Hospital's correct guidance for infection prevention				
5. Hospital's correct guidance for infection prevention				

6. Once you get infected, your trust in the hospital will give you proper support				
7. Received free lunch, snacks and tea prepared by the hospital for health workers				
8. Received transportation support from hospital				

F. 2 Personal coping strategies used by the staff to alleviate stress among professionals

Questions	Never (0)	Sometimes (1)	Often (2)	Always (3)
1. Follow strict protective measures, such as hand washing, masks, face masks, protective clothing to protect myself and my family				
2. Do some leisure activities in your free time, such as watching movies, reading, gardening, cooking, other hobbies etc.				
3. Chatted with family and friends to relieve stress, and obtain support				
4. Talking to yourself and motivating to face the COVID-19 outbreak with positive attitude				
5. Avoided doing overtime to reduce exposure to COVID-19 patients in hospital				
6. Avoided media news about COVID-19 and related fatalities				
7. Vented emotions by crying, screaming etc.				
8. I was willing to accept the risks involved because I wanted to help the COVID-19 patients				

9. Seek help from a psychologist/ psychiatrist/ other mental health workers				
10. Accessing mental health resources (leaflets, brochures and books, and psychological assistance methods and techniques) by mental health workers through available online media or TV news or various online platforms, or provided by distributed to hospital?				

G) Perceived Mental Health Care Needs: (use " ✔ " to indicate your answer)

Questions	Yes	No	Maybe
1. Do you think it would be nice to talk to someone about your worries for the COVID 19 viral epidemic?			
2. Do you think it is necessary to get mental health help if one panics in lieu of the Pandemic situation?			
3. Do you think it would be beneficial if mental health professionals help people in dealing with the current COVID19 pandemic situation?			
4. Will you suggest people for obtaining mental health help to people who are highly affected by the COVID-19 pandemic?			

Descriptive Questions

1. If the above mentioned questions don't reflect your significant experience during COVID-19 pandemic, please describe it _____ _____ ____ _____

___ _

_____

_____

_____

___

Thank you for your cooperation

Data Collected by

Name of the Student:..... Roll. No.....

Phone No..... Email: