

## Questionnaire on COVID-19

The study entitled “Knowledge, attitudes, practices and immediate psychological responses - its associated factors during the initial stage of COVID -19 pandemic – a paper-based survey”

### **Part I**

#### **Part-A: Demographics**

1. Name:
2. Age:
3. Gender:

Male

Female

4. Education attainment:

Bachelor

5. Residential area during the COVID-19 outbreak (please specify the city \_\_\_\_\_)

6. Employment status

- Student
- Employed
- Unemployed
- Other

7. Marital status

- Single
- Married

8. Household size:

- 1 person
- 2 persons
- 3-5 persons

- 6 persons or more

**Part-B: Symptoms and physical health status**

1. Did you test for Covid-19?

- Positive
- Negative

2. Were you admitted to the hospital?

- Yes
- No

3. Symptoms of body discomfort during COVID-19 (for more than one symptom)

- Persistent fever
- Chills
- Headache
- Myalgia
- Cough
- Difficulty breathing
- Dizziness
- Sore throat
- Nausea, vomiting, diarrhea

4. Did you suffer from chronic illness?

- No
- Yes (please specify, cough, hair loss, malaise...)

5. Have you directly or indirectly contacted patients suffering from COVID-19?

- Yes
- No

**Part-C: Knowledge and beliefs about COVID-19**

1. Are you aware of the COVID-19 virus type?

- DNA
- RNA

2. Are you aware of how the COVID-19 virus spreads?

- No

- Yes

3. Does the COVID-19 transmit through?

	<b>Agree</b>	<b>Disagree</b>	<b>Don't know</b>
A. Droplets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Via contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Air-borne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Various detecting methods for COVID-19 test?

- RTPCR
- Rapid test
- Self-test

5. How do you mainly obtain health information?

- Internet
- Television
- Radio
- Family members
- Newspaper
- Others (please specify \_\_\_\_\_)

**Part D: Education**

1. What is the most challenging aspect of online learning?

2. In which of the type of learning your concentration was higher?

- Physical learning
- Virtual learning

3. Did you face any difficulty during the online examination?

- Yes
- No

4. Is it an advantage or disadvantage of online examination?

### Part-E: Precautions and prevention safety measures for COVID-19

#### i) Do you do the following during the COVID-19 pandemic

	Never	Occasional	Sometime	Most of the time	Always
1.Covering mouth when coughing and sneezing	0	1	2	3	4
2.Avoid sharing utensils	0	1	2	3	4
3.Washing hands with soap and water	0	1	2	3	4
4.Washing hands immediately, after coughing, rubbing nose or sneezing	0	1	2	3	4
5.Wearing mask regardless the presents or absence of symptoms	0	1	2	3	4
6.Washing hands after touching contaminated objects	0	1	2	3	4
7.Avoiding elevators (lift)	0	1	2	3	4
8.Sitting in one row while having a meal	0	1	2	3	4
9.Avoiding meeting more than 10 people	0	1	2	3	4
10.Maintaining the social distance	0	1	2	3	4

#### ii) Lifestyle changes

1. Did you practice meditation during the COVID-19 pandemic?
  - Yes
  - No
2. How often did you practice exercise and meditation during the pandemic?
  - Frequently
  - Less frequently
  - No
3. Did you take good dietary food?
  - Yes
  - No

**Part-II: Assessment for psychological responses by psychometric scales**

**Scale-1: the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) 14-item scale**

Statements	None of the time	Rarely	Some of the time	Often	All the time
1.I have been feeling optimistic about the future	1	2	3	4	5
2.I have been feeling useful	1	2	3	4	5
3.I have been feeling relaxed	1	2	3	4	5
4.I have been feeling interested in other people	1	2	3	4	5
5.I had energy to spare	1	2	3	4	5
6.I have been dealing with problems well	1	2	3	4	5
7.I have been thinking clearly	1	2	3	4	5
8.I have been feeling good about myself	1	2	3	4	5
9.I have been feeling confident	1	2	3	4	5
10.I have been feeling close to other people	1	2	3	4	5
11.I have been able to make up my own mind about things	1	2	3	4	5
12.I have been feeling loved	1	2	3	4	5
13.I have been interested in new things	1	2	3	4	5
14.I have been feeling cheerful	1	2	3	4	5

1= None of the time, 2 = Rarely, 3 = Some of the time, 4 = Often, 5 = All the time

**Scale-2: Patient Health Questionnaire (PHQ) 9-item scale**

Questions	Not at all	Several days	More than half the days	Almost every day
1.I seemed to have no interest or pleasure in doing work or leisure activities	0	1	2	3
2.I felt depressed and hopeless	0	1	2	3
3.I found it difficult to fall asleep or keep sleeping or slept too much suddenly	0	1	2	3
4.I felt tired or had little energy	0	1	2	3
5.I tended to have no appetite or overeat	0	1	2	3
6.It was difficult to concentrate on such things as reading newspapers or watching Television	0	1	2	3
7.I felt that I was no confidence or I felt like I'm a failure and let myself or my family down	0	1	2	3
8.When someone was watching me, I felt like moving or talking slowly	0	1	2	3
9.I thought that it is better than to die or that I would harm myself anyway	0	1	2	3

Note: new PHQ-9 was included in the survey from 2017 in the community health service.

0 = Not all, 1 = Several days, 2 = More than half the days, 3 = Almost every day

Total scores = Add columns: .....+.....+.....+.....

**Interpreting the score:**

Total score	Interpretation
0-4	No or minimal depression
5-9	Mild depression
10-14	Moderate anxiety
15-19	Severe anxiety
≥20	Higher depression is very severe

**Scale-3: the Generalized Anxiety Disorder (GAD) 7-item scale**

<b>Item content</b>	<b>Not all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
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

0 = Not all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day

Total Scores = Add columns: .....+.....+.....+.....

**Interpreting the score:**

<b>Total Score</b>	<b>Interpretation</b>
≥5	Possible diagnosis of GAD, Confirm by further evaluation
5	Mild anxiety
10	Moderate anxiety
15	Severe anxiety