

COVID-19

Start of Block: Block 1

Q23

Distress and Resilience of Healthcare Professionals during the COVID-19-Pandemic (DARVID): An observational longitudinal questionnaire trial We invite you to participate in our 9-month study on the association of psychological distress and coping strategies of healthcare professionals during the current COVID-19-pandemic in Europe.

Healthcare professionals who participate in this study will help to gain a better understanding of work-related distress, psychological health and resilience factors in the current pandemic outbreak. These results will serve to develop specific interventions to foster the individual and organizational resilience of medical healthcare providers in the future. This is why your contribution is very important.

When you enter the survey, you will be asked to complete questionnaires. This will take between 10 to 15 minutes.

Most of these questionnaires have already been validated. We could not modify questions, thus some statements might sound strange in the current situation. Please answer as accurately as possible. As per study design, it will not be possible to skip questions. We need to collect all the information.

Your participation in this study is voluntary. If you decide at any time not to participate, it will not affect the care, services or benefits to which you are entitled. Answering these questions has no known risks for you. If you interrupt in the answering process you may return later as your answers are temporarily saved for 7 days after your last activity.

All information taken from the study will be coded for analysis to protect each subject's identity. However, we will need your e-mail for further contact. We expect to repeat the survey in the summer and autumn. No identifying information will be used when discussing or reporting data. The investigators will keep all files and data collected safely at the departmental research server according to the Swiss law on human research. Once all data has been fully analyzed it will be kept for 10 years according to local research law.

The Bern Cantonal Ethics Committee has waived the need for ethical approval.

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Q23 I have read the foregoing information. I consent voluntarily to participate in this study.

Yes (1)

No (2)

End of Block: Block 1

Start of Block: Block 13

Q28 All information taken from the study will be coded to protect each subject's name. The study group needs your e-mail to contact you for the summer and fall questionnaires, but never ever identifying information will be used when discussing or reporting data and results of the study.



Q29 Your e-mail address

Q30 The investigators will safely keep password protected all files and data safe at the departmental research server according to the Swiss law on human research. Once all data has been fully analyzed it will be kept for 10 years according to local research law.

End of Block: Block 13

Start of Block: Block 2



Q34 In which country do you currently work?

▼ Afghanistan (1) ... Zimbabwe (1357)

Q32 In which city do you currently work?



Q2 Age in years:

Q3 Your gender?

- Male (1)
- Female (2)
- Other (3)

End of Block: Block 2

Start of Block: Block 12

Q27

We need an informed consent from you. Otherwise you cannot participate.

Your decision to participate in this study is complete voluntary. If you decide to not participate, it will not affect the care, services, or benefits to which you are entitled.

If you decide to participate in this study, please go back and indicate "yes".

End of Block: Block 12

Start of Block: Block 3

Q11 What is your profession?

- Nurse (1)
 - Physician (2)
 - Midwife (3)
 - Pre-hospital Technician (4)
 - Other (what?) (5) _____
-

Q33 Your main working place is:

- ICU (1)
 - Anesthesia/Surgery (2)
 - Emergency room (3)
 - Ward (4)
 - Other (where?) (5) _____
-

Q12 Have you had direct contact (i.e. diagnosed, treated or provided care) with COVID-19 infected patients?

- Yes (1)
 - No (2)
-



Q10 How many years are you working in the healthcare system, since graduation?

Q13 Do you belong to a risk population? (i.e. Over the Age of 65 years, High blood pressure, Diabetes, Cardiovascular disease, Chronic respiratory diseases, Conditions and therapies that weaken the immune system, Cancer)

Yes (1)

No (2)

End of Block: Block 3

Start of Block: Block 4

Q8 Do you share your household with other people?

Yes (1)

No (2)

Q4 Are you in a relationship?

Yes (1)

No (2)

Q5 Do you have children?

Yes (1)

No (2)

Q15 Are you pregnant or are you living together with a pregnant woman?

Yes (1)

No (2)

Q14 Do you have close contact in private to people of the risk population mentioned above?

Yes (1)

No (2)

End of Block: Block 4

Start of Block: Block 14

Q33 Are you infected with COVID-19?

Yes (1)

No (2)

Don't know (4)

Q34 Have you been positively tested for COVID-19 antibodies?

Yes (1)

No (2)

End of Block: Block 14

Start of Block: Block 5

Q17 Below is a list of statement about concerns with respect to COVID-19 (SFI Questionnaire). Please indicate how much you agree with each statement.

	very little (1)	(2)	(3)	(4)	very much (5)
To what extent are you concerned about COVID-19? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you believe that COVID-19 could become a "pandemic" in you current resident country? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely is it that you could become infected with COVID-19? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely is it that someone you know could become infected with COVID-19? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How quickly do you believe contamination from COVID-19 is spreading in your current resident country? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much exposure have you had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

to information about COVID-19? (6)

If you did become infected with COVID-19, to what extent are you concerned that you will be severely ill? (7)

To what extent has the threat of COVID-19 influenced your decisions to be around people? (8)

To what extent has the threat of COVID-19 influenced your travel plans? (9)

To what extent has the threat of COVID-19 influenced your use of safety behaviors (e.g. hand sanitizer)? (10)

End of Block: Block 5

Start of Block: Block 6

Q21 Over **the last 2 weeks**, how often have you been bothered by any of the following problems?

(PHQ-9 Questionnaire)

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

lot more than usual (8)

Thoughts that you would be better off dead or of hurting yourself in some way (9)

End of Block: Block 6

Start of Block: Block 7

Q24 .

0 (Not at all)

10 (Extremely)

I am afraid I will become infected with COVID-19 while on the job. ()	
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Q25 .

0 (Not at all)

10 (Extremely)

How stressful is your current work situation for you? ()	
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End of Block: Block 7

Start of Block: Block 8

Q19

Please read each statement below, and indicate how distressing each difficulty has been for you during the **past 7 days** with respect to **your current work situation**. How much have you been distressed or bothered by these difficulties? (IES-6-questionnaire)

	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
I thought about it when I didn't mean to. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt watchful or on-guard. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other things kept making me think about it. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware that I still had a lot of feelings about it, but I didn't deal with them. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to think about it. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble concentrating. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 8

Start of Block: Block 9

Q25 How do you personally find your current job and work situation in general?

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	
manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unmanageable
meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	meaningful
structured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unstructured
easy to influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	impossible to influence
insignificant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	significant
clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unclear
controllable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	uncontrollable
unrewarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	rewarding
predictable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unpredictable

End of Block: Block 9

Start of Block: Block 10

Q22

For each statement below, please make one selection that best indicates how much you agree with the following statements as they apply to you over the **last 4 weeks**. (CD-RISC

Questionnaire)

If a particular situation has not occurred recently, answer according to how you think you would have felt.

	not true at all (1)	rarely true (2)	sometimes true (3)	often true (4)	true nearly all of the time (5)
I am able to adapt when changes occur. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focused and think clearly. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am not easily discouraged by failure. (8)

I think of myself as a strong person when dealing with life's challenges and difficulties (9)

I am able to handle unpleasant or painful feelings like sadness, fear, and anger. (10)

End of Block: Block 10

Start of Block: Default Question Block

Q16 Finally, please indicate how much you agree at present with each statement. (PVD Questionnaire)

	strongly disagree (1)	(2)	(3)	(4)	(5)	(6)	strongly agree (7)
In general, I am very susceptible to colds, flu and other infectious diseases. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unlikely to catch a cold, flu or other illness, even if it's "going around". (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If an illness is "going around", I will get it. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immune system protects me from most illnesses that other people get. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more likely than the people around me to catch an infectious disease. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My past experiences make me believe I am not likely to get sick even when	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

my friends
are sick. (6)

I have a
history of
susceptibility
to infectious
disease. (7)

I prefer to
wash my
hands pretty
soon after
shaking
someone's
hand. (8)

I avoid using
public
telephones
because of
the risk that i
may catch
something
from the
previous
user. (9)

I do not like
to write with
a pencil
someone
else has
obviously
chewed on.
(10)

I dislike
wearing
used clothes
because you
do not know
what the last
person who
wore it was
like. (11)

I am
comfortable
sharing a
water bottle
with a friend.

(12) It really bothers me when people sneeze without covering their mouths. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not make me anxious to be around sick people. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hands do not feel dirty after touching money. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Default Question Block

Start of Block: Block 11

Q32 Do you have any comments or suggestions?

End of Block: Block 11

Last page:

You have now completed the full questionnaire – Thank you!

Your contribution in this study is of utmost importance to gain insight on healthcare providers' resilience in the present time.

We will ask you to fill in another shorter questionnaire in summer and in autumn.

Kind regards,

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