



It will be sent several times at different times during the lockdown period.

Thank you for the time spent to complete this questionnaire, which will be invaluable in better understanding the psychological effects of the containment period.

Notes: This questionnaire can be filled into 15-30 minutes and can be completed in several stages. For any difficulty(s) encountered, please contact us via the following address: Elodie.ZANTE@ch-le-vinatier.fr

Section A: socio-demographic factors

The following questions are designed to get to know your situation (outside the lockdown)

A1. What is your gender?

male

female

other

A2. Are you pregnant?

yes

no

maybe

A3. Are you in the last trimester of your pregnancy?

Yes

No

A4. How old are you?

Note an integer number



No professional activity (e.g. stay-at-home parent,...)

On disability

Retired

A14. What is your socio-professional category?

farmer or holder

craftsman or merchant

executive or senior intellectual profession (excluding health professionals)

intermediary profession (excluding health professionals)

medical or paramedical profession

social worker

employee (excluding healthcare professionals)

worker

Student

other

A15. What is your profession?

hospital nursing assistant

self-employed caregiver

hospital nurse

self-employed nurse

health executive

medical intern

hospital doctor

self-employed doctor

pharmacist

kinesiotherapist

midwife

dentist

other health professional



A16. What is your education level?

- No degree
- Middle school
- Other Intermediate Degree
- High School Diploma / A-levels
- Other Higher Education Intermediate Degree
- Bachelor's level
- Master level
- Ph.D. level and above

Section B: Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The statements below are about your feelings and thoughts. For each statement, tick the box that best corresponds to your experience this past week.

B1.

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I've been feeling optimistic about the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling useful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling relaxed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling interested in other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've had energy to spare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been dealing with problems well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been thinking clearly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling good about myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling close to other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling confident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been able to make up my own mind about things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling loved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been interested in new things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling cheerful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Section C: Stress visual numeric scale

C1. On a scale ranging from 0 (total absence of stress) to 10 (maximum imaginable stress), what is your level of stress in these 3 different areas since the beginning of the lockdown ?

| | | | | | | | | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| stress level at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| personal stress level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| overall stress level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C2. On a scale from 0 (total absence of stress) to 10 (maximum imaginable stress), what is your stress level since the beginning of the lockdown concerning your delivery?

| | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| level of stress regarding personal and family organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| stress level in relation to the medical follow-up and the delivery process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| overall stress level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section D: history

D1. Before the lockdown, were you hospitalized?

Yes

No

D2. Do you have a chronic illness and/or disability?

Yes

No

D3. Have you ever been treated for a psychiatric problem and/or an addiction problem? (by a psychologist/psychiatrist/addiction specialist)

Yes , currently monitored

Yes, previously monitored

No, never



D4. What type(s) of follow-up(s) do you currently have? What have you had in the past?

| | currently | stopped | never |
|---------------------------|--------------------------|--------------------------|--------------------------|
| psychological monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| psychiatric care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| addictological monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D5. For which symptom(s) did you consult a psychiatrist and/or psychologist?

| | |
|---|--------------------------|
| anxiety / anxiety disorder (generalized anxiety, phobia, OCD...) | <input type="checkbox"/> |
| depression | <input type="checkbox"/> |
| sleep disorders | <input type="checkbox"/> |
| post-traumatic stress disorder | <input type="checkbox"/> |
| addictions | <input type="checkbox"/> |
| hallucinations, delusions, or psychotic disorder | <input type="checkbox"/> |
| eating disorders | <input type="checkbox"/> |
| other behavioural disorders | <input type="checkbox"/> |
| neurodevelopmental disorders (Autism Spectrum Disorders, Attention Deficit Disorder with or without Hyperactivity...) | <input type="checkbox"/> |
| other | <input type="checkbox"/> |

D6. Have you ever been in voluntary or forced lockdown or isolation before?

some examples: imprisonment, spiritual retreat, solitary hiking, quarantine, locking oneself up...

Yes

No

D7. What previous lockdown situation(s) have you experienced and how long did they last?

| | Never | Less than 1 month | From 1 to 6 months | From 6 months to 1 year | More than 1 year |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Disease and/or epidemic context | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work/study setting (voluntary) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work or study context (forced) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Context of imprisonment and/or police custody | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | Never | Less than 1 month | From 1 to 6 months | From 6 months to 1 year | More than 1 year |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Context of aggression and/or forcible confinement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural disaster and/or accident context | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual retreat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A hike or other single-handed sporting activity (sailing...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other situation(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D8. Outside of this lockdown period, how often do you have social interactions with family or friends?

| | Less than once a week | Once a week | Several times a week | Every day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Directly face to face | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| By SMS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On social networks (Facebook, Instagram...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E: coronavirus

E1. Do you agree with lockdown measure applied?

Full agreement

Fairly agree

Neither agree nor disagree

Rather disagree

Strongly disagree

E2. Are you satisfied with your level of information on the lockdown?

Very satisfied

Pretty satisfied

Neither satisfied nor dissatisfied

Rather not satisfied

Not satisfied at all



E3. Did you find official informations about the coronavirus sufficiently clear (mode of transmission, prevention...)?

Very clear

Fairly clear

Neither clear nor fuzzy

Rather blurry

Very fuzzy

E4. Are you in contact with any person(s) likely to be contaminated by the coronavirus?

Choose the answer that best suits your current situation

I am lockdown in my home and I am contaminated

I am lockdown in my home without a contaminated person

I am confined in my home with one or more contaminated person(s)

I am in direct contact with people or equipment suspected of being contaminated outside the facility

I am in direct contact with people outside my home (e.g. at work).

I leave my home but I am not in direct contact with outsiders (on a farm, for example).

E5. Are you concerned about the lack of access to protective materials (masks, hydroalcoholic gels)?

No

Pretty much no

Pretty much

Yes

E6. You would like to have more access to it for

protect you from others outside the home

protect your loved ones in case you become infected

be able to help your loved ones protect themselves

protect yourself and others in the workplace

have something to protect you later on if someone around you becomes infected



F6. What is the surface area of your dwelling during this lockdown period (in m2)?

Divide an area in feet by 10 to convert it to a square (m2) (approximation)

Please note a number of m2 of living space (excluding exteriors)

F7. During the lockdown, do you have access to:

a balcony

a terrace

a private garden

a private swimming pool

sports equipment (e.g. treadmill, exercise bike, etc...)

a private sports field

none of this

F8. During the lockdown, do you live:

in an urban area

in a suburban area

in a rural area

F9. How many people share your accommodation during the lockdown (including you)?

F10. Are your children lockdown with you in the same accommodation?

Yes

No

F11. How many of your children are lockdown with you in the same accommodation?

F12. If you have minor children, does the lockdown affect custody of your children ?

Yes

No

F13. Are there any members of your family lockdown with you, excluding your children?

Yes

No



F14. How many people live with you, excluding your children?

Count all the people who share your roof (including your possible spouse, your possible roommate(s), etc.) excluding your possible child(ren).

F15. Did you change your delivery schedule during the lockdown?

yes

no

F16. What change(s) has/have been decided since the start of the lockdown?

Place of delivery

Arrangements for transport to the place of delivery

Follow-up dates of your pregnancy

How to monitor your pregnancy

The organization of the family around your delivery

Other change(s)

F17. Are you working during the lockdown?

Yes, I'm teleworking

yes, I'm on my work site exclusively

yes, I'm on my work site and teleworking.

No, I'm on short-time work

No, I'm on medical leave

no, I'm on leave or on childcare leave

No, I'm looking for a job

F18. What is your workload during the lockdown period?

less than before containment

same as before containment

higher than before containment

highly variable and unpredictable

F19. Are you afraid to go outside to work during the lockdown?

No

Pretty much no

Pretty much yes

Yes



| | 0 | less than 30 minutes | from 30 minutes to 1 hour | from 1 to 2 hours | from 2 to 3 hours | more than 3 hours |
|--|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| surf the web | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| meditate or relax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| let the thought wander | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ruminating/being the object of anxious fears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take a nap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F23. During the lockdown, do you have any difficulty with:

- maintain a satisfactory sleep/wake rhythm (sleep at regular hours...)
- fall asleep
- feeling rested
- eat at least 2 meals a day
- don't snack more than you're used to
- establishing new routines
- no particular difficulty

F24. What helps you to cope with the lockdown ?

- what people around you are saying
- what the media say
- the conviction of a favourable outcome
- the advancement of knowledge and scientific progress
- religious faith
- other non-religious beliefs (magic thoughts, clairvoyance...)
- past experiences and your ability to cope with difficulties
- stories of similar experiences of others who have made it through
- mutual aid and the implementation of collective actions
- the possible beneficial repercussions that containment can have on the planet (on pollution, nature ...)
- possible positive repercussions of individual confinement (lower petrol prices, teleworking, place of living...)
- the use of substances such as alcohol or cannabis



the use of medicines

none of these proposals

Other

Other

Empty grid for 'Other' response

F25. During the lockdown, how did your consumption / use evolve?

Comparez avec la période précédent le confinement

| | No use of it | No change | Decrease or cessation without craving/withdrawal | Decrease or cessation with craving/withdrawal | Increase (moderate) | Increase (difficult-to-control) |
|--|--------------------------|--------------------------|--|---|--------------------------|---------------------------------|
| coffee, tea and/or energy drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| caloric, fatty, sweet and/or salty foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other drugs (ecstasy, heroin...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anxiolytics (diazepam, alprazolam...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| painkillers (paracetamol, tramadol...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sleeping pills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| screens (TV, smartphone, tablet, computer ...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F26. During the lockdown, how often do you have social interactions with family or friends who are not with you?

| | Less than once a week | Once a week | Several times a week | Every day |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| directly face-to-face | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| on the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| via SMS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| on social networks (Facebook, Instagram, etc...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F27. Do you have support during the lockdown?

Yes

No



F28. Whose support do you have?

- of person(s) lockdown with me under the same roof
- my family (apart from people living under the same roof)
- my friends (apart from people living under the same roof)
- my colleagues
- my neighbours / acquaintances
- medical or social professionals
- associations and/or volunteers
- other source(s) of support

F29. Do you have your pet(s) with you during the lockdown ?

- yes
- no
- not all

Thank you for taking the time to answer all these questions. We wish you good luck for this period.