Determining the anxiety states of physicians and nurses regarding COVID-19

The aim of this study is to determine the anxiety status of PHYSICIANS AND NURSES for COVID-19. The data will be used for scientific purposes. Thank you for your participation.

* Gerekli

1. Your age (in years) *

2. Your gender: *

Yalnızca bir şıkkı işaretleyin.

- male
- female

3. Specify the country and city you live in *

4. What is the number of confirmed COVID-19 cases in your country so far? *

5. What is the current number of cases who died of COVID 19 in your country? *

6. What is the population of the city where you live? *

Yalnızca bir şıkkı işaretleyin.

- <10.000
- 10.000-100.000
- 100.000-1.000.000
- >1.000.000

7. Please mark the appropriate answer for the health care center where you work. *

Yalnızca bir şıkkı işaretleyin.

- Primary care
- Secondary care hospital
- Tertiary care hospital
- Diğer:

8. What is your occupation? *

Yalnızca bir şıkkı işaretleyin.

- ( ) MD
- ( ) Nurse
- ( ) Diğer: _____

9. What is your speciality?

_____

10. How long have you been working in medical service? (years) *

_____

11. Please tick the appropriate box (you can tick multiple answers) *

- [ ] I live alone at home
- [ ] I live with my spouse
- [ ] I live with my spouse and my children
- [ ] There is a person over 60 years old in household

Diğer: [ ] _____

12. Do you think you have enough knowledge about COVID-19? *

Yalnızca bir şıkkı işaretleyin.

- ( ) Yes
- ( ) No
- ( ) Unsure

13. Is there sufficient personal protective equipment to protect you from COVID 19 at your hospital? *

Yalnızca bir şıkkı işaretleyin.

- ( ) Yes
- ( ) No

14. Is hand sanitizer or liquid soap sufficient in your hospital? *

Yalnızca bir şıkkı işaretleyin.

- ( ) Yes
- ( ) No

15. Do you have a role in managing COVID-19? *

Yalnızca bir şıkkı işaretleyin.

- ◯ Yes
- ◯ No

16. What is your role in managing patients with COVID19? (you can tick multiple answers) *

- ☐ Clinician serving to patients with COVID19
- ☐ Managerial role
- ☐ Public-health management
- ☐ Diagnostic issues
- ☐ Clinician serving to patients with COVID19 in the ICU
- ☐ Clinician serving to patients with COVID19 in the ward
- ☐ Clinician serving to patients with COVID19 in the emergency department
- ☐ Nurse serving to patients with COVID19 in the ICU
- ☐ Nurse serving to patients with COVID19 in the ward
- ☐ Nurse serving to patients with COVID19 in the emergency department

Diğer: ☐ _____

17. Please tick the appropriate box (you can tick multiple answers) *

	Yes	No
Do you have a chronic illness?	☐	☐
Is there a drug that you use regularly?	☐	☐
Do you have a psychiatric illness?	☐	☐
Are there people with chronic diseases in your household?	☐	☐

18. Do you think if you have taken enough precautions to prevent COVID transmission to yourself? *

Yalnızca bir şıkkı işaretleyin.

- ◯ Yes
- ◯ No
- ◯ Unsure

19. Below is a list of common symptoms of anxiety according to Beck Anxiety Scale. Please carefully read each item on the list. Indicate how much you have been bothered by that symptom during the past week, including today. *

	Not at all	Mildly but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	☐	☐	☐	☐
Feeling hot	☐	☐	☐	☐
Wobbliness in legs	☐	☐	☐	☐
Unable to relax	☐	☐	☐	☐
Fear of worst happening	☐	☐	☐	☐
Dizzy or lightheaded	☐	☐	☐	☐
Heart pounding/racing	☐	☐	☐	☐
Unsteady	☐	☐	☐	☐
Terrified or afraid	☐	☐	☐	☐
Nervous	☐	☐	☐	☐
Feeling of choking	☐	☐	☐	☐
Hands trembling	☐	☐	☐	☐
Shaky / unsteady	☐	☐	☐	☐
Fear of losing control	☐	☐	☐	☐
Difficulty in breathing	☐	☐	☐	☐
Fear of dying	☐	☐	☐	☐
Scared	☐	☐	☐	☐
Indigestion	☐	☐	☐	☐
Faint / lightheaded	☐	☐	☐	☐
Face flushed	☐	☐	☐	☐
Hot/cold sweats	☐	☐	☐	☐