

# Supplemental to JPN Article

## Survey - Stressors During COVID-19

We believe COVID-19 may have impacted you in several areas of your life - work, home, and school - and we want to understand the impact it has had so that we can begin to help graduate nursing students succeed and graduate during the pandemic.

The survey will take about 15 minutes. You do not have to complete it in one sitting as you have the option to select "Save & Return Later." You are not compensated for taking it and there is no direct benefit to yourself. But the study will help faculty and College administration understand what stressors you are feeling during the COVID-19 pandemic and help them address ways to aid students' success.

Please complete the survey below.

Thank you!

© Reprint and reuse with permission only. Contact [priscilla.nodine@cuanschutz.edu](mailto:priscilla.nodine@cuanschutz.edu)

### DEMOGRAPHICS

Age

- 20-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- Over 50
- Prefer not to answer

Gender that you identify as:

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Other (please explain)
- Prefer not to answer

Other gender: please explain

---

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Graduate Program enrolled in:

- MS
- Post-Master's DNP
- BS-DNP
- PhD

---

MS Specialty

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Clinical Nurse Specialist (CNS) Adult-Gerontology
- Family Nurse Practitioner; Health Care Informatics
- i-LEAD Nursing Leadership and Health Care Systems
- Nurse-Midwifery
- Women's Health Nurse Practitioner
- Pediatric Nurse Practitioner Acute Care
- Pediatric Nurse Practitioner Primary Care
- Psychiatric Mental Health Nurse Practitioner
- Veteran and Military Health Care

---

Post-Master's DNP Specialty

- APRN (Advanced Practice Registered Nurse)
- DNP/MPH (Dual degree Doctor of Nursing Practice and Masters in Public Health)
- PHN (Public Health Nurse)
- VMHC (Veteran and Military Healthcare)
- HSL (Health Systems Leadership)

---

BS-DNP Specialty

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Clinical Nurse Specialist (CNS) Adult-Gerontology
- Family Nurse Practitioner
- i-LEAD Nursing Leadership and Health Care Systems
- Nurse-Midwifery
- Women's Health Nurse Practitioner
- Pediatric Nurse Practitioner Acute Care
- Pediatric Nurse Practitioner Primary Care
- Psychiatric Mental Health Nurse Practitioner

---

PhD Specialty

- Health Care Systems Research
- Caring Science
- Biobehavioral Sciences

---

Household Income

- Less than \$50,000
- \$50,000 to \$99,999
- \$100,000 to \$249,999
- More than \$250,000
- Prefer not to answer

---

Residence status: (okay to select more than one)

- I live alone
- With spouse/significant other
- With children
- With Adult friends/roommates/other adult family members

---

How many children?

- 1
- 2
- 3
- 4
- 5
- More than 5

---

Ages of children living at home (select all that apply)

- Too young for school (e.g., 0-3 years of age)
- Preschool age
- Elementary school age
- Junior high or middle school age
- High school age
- College age
- Beyond college age

How many adult friends/roommates/other adult family members?

- 1  
 2  
 3  
 4  
 5  
 More than 5

Are any adults living with you dependent on your income?

- Yes  
 No

How many adults living with you are dependent on your income?

- 1  
 2  
 3  
 4  
 5  
 More than 5

If you live with spouse/significant other, do they work outside the home?

- Yes  
 No

Does your spouse/significant other work in health care?

- Yes  
 No

In what capacity does your spouse/significant other work?

- Nurse  
 Physician  
 Lab technician  
 Radiology  
 Other (please explain)

Other healthcare capacity

\_\_\_\_\_

### STUDENT EMPLOYMENT PROFILE

Did you work PRIOR to the COVID-19 pandemic (fall semester 2019 to end of February, 2020)?

- Yes  
 No

Average hours/week

\_\_\_\_\_ (Please enter a number between 1 and 50)

Where did you work? (okay to select more than one)

- Hospital  
 Outpatient  
 Other healthcare area (please explain)  
 Non-healthcare area (please explain)

What hospital unit?

\_\_\_\_\_

Hospital other (please explain)

\_\_\_\_\_

What outpatient specialty?

\_\_\_\_\_

Outpatient - other (please explain)

\_\_\_\_\_

Other healthcare area (please explain) \_\_\_\_\_

Non-healthcare work (please explain) \_\_\_\_\_

Have you been working SINCE the onset of the COVID-19 pandemic (after March 9th)?  Yes  No

Where did you work? (okay to select more than one)  Hospital  Outpatient  Other healthcare area (please explain)  Non-healthcare area (please explain)

Average hours/week \_\_\_\_\_ (Please enter a number between 1 and 50)

What hospital unit? \_\_\_\_\_

Hospital - other (please explain) \_\_\_\_\_

What outpatient specialty? \_\_\_\_\_

Outpatient - other (please explain) \_\_\_\_\_

Other healthcare area (please explain) \_\_\_\_\_

Non-healthcare work (please explain) \_\_\_\_\_

Did you have a change in work hours?  Yes  No

Do you feel you had control over the change in work hours?  Yes  No

Compared to your pre-COVID-19 employment, is your income now:  Same  More  Less

Anything you'd like to explain about your income? (optional) \_\_\_\_\_

My spouse/significant other earns \_\_\_\_\_ than was earned pre-COVID-19.  More  Less  The same

Anything you'd like to explain about your spouse/significant other's income? (optional) \_\_\_\_\_

**COVID-19 EXPOSURE/DISEASE**

Have you been in an environment where there are COVID-19 patients or PUI (patients under investigation) at work?  Yes  
 No

Other than patients where you work, have you been exposed to a COVID-19 person or PUI (person under investigation)?  Yes  
 No

Relation of person to you (e.g., significant other/spouse, relative, friend, housemate, neighbor, stranger, etc.) \_\_\_\_\_

Have you been sick with COVID-19-like symptoms?  Yes  
 No

Have you been tested for COVID-19?  Yes  
 No

Did you test positive for COVID-19?  Yes  
 No

Have you been quarantined related to exposure or presumed exposure to COVID-19?  Yes  
 No

My quarantine was:  Mandatory  
 Self-directed

How long was your quarantine? (number of days) \_\_\_\_\_  
(Please enter a number between 1 and 30)

If working, were you compensated for your quarantine?  Yes  
 No

Through which benefit were you compensated for your quarantine?  Short-term disability  
 Sick Leave  
 Crisis Pay  
 Unknown

Any comments about working during COVID-19 while in graduate school? (Optional) \_\_\_\_\_

**DEPRESSION, ANXIETY, AND STRESS MEASURES (DASS-21)**

**This set of questions assesses your current emotional state.**

**Please read each statement and click a number 0, 1, 2 or 3 which indicates how much the statement applied to you OVER THE PAST WEEK. There are no right or wrong answers. Do not spend too much time on any statement.**

**The rating scale is as follows:**

**0 Did not apply to me at all**

**1 Applied to me to some degree, or some of the time**

**2 Applied to me to a considerable degree, or a good part of time**

### 3 Applied to me very much, or most of the time

		0 Did not apply at all	1 To some degree	2 Considerably	3 Very much
1	I found it hard to wind down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I was aware of dryness of my mouth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I couldn't seem to experience any positive feeling at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I found it difficult to work up the initiative to do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I tended to over-react to situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I experienced trembling (e.g., in the hands).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I felt that I was using a lot of nervous energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I was worried about situations in which I might panic and make a fool of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I felt that I had nothing to look forward to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I found myself getting agitated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I found it difficult to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	I felt down-hearted and blue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	I was intolerant of anything that kept me from getting on with what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	I felt I was close to panic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I was unable to become enthusiastic about anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	I felt I wasn't worth much as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I felt that I was rather touchy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	I felt scared without any good reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt that life was meaningless.                   ○                   ○                   ○                   ○

### IMPACT OF THE COVID-19 PANDEMIC (IMPACT of EVENT SCALE-REVISED, IES-R)

This set of questions assesses your response to the difficulties of the COVID-19 pandemic.

Please read each item and click a number 0, 1, 2, 3 or 4 which indicates how distressing each difficulty has been for you over the past SEVEN days with respect to the COVID-19 pandemic (referred to as "the pandemic" in this set of questions).

The rating scale is as follows:

**0 Not at all**

**1 Little bit**

**2 Moderately**

**3 Quite a bit**

**4 Extremely**

		0. Not at all	1. Little bit	2. Moderately	3. Quite a bit	4. Extremely
1	Any reminder brings back ○ feelings about the pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	I have trouble staying asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Other things keep making me ○ think about the pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	I feel irritable and angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I avoid letting myself get upset ○ when I think about the pandemic or am reminded of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	I think about the pandemic when ○ I don't mean to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	I feel as if the pandemic hasn't ○ happened or isn't real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	I stay away from reminders ○ about the pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	Pictures about the pandemic pop ○ into my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	I am jumpy and easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I try not to think about the ○ pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	I am aware that I still have a lot ○ of feelings about the pandemic, but I don't deal with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

13

My feelings about the pandemic  
    are kind of numb.

14 I find myself acting or feeling  
    like I am back at that time.

15 I have trouble falling asleep.

16 I have waves of strong feelings  
 about the pandemic.

17 I try to remove the pandemic  
 from my memory.

18 I have trouble concentrating.

19 Reminders of the pandemic  
    cause me to have physical  
 reactions, such as sweating,  
 trouble breathing.

20 I have dreams about the  
 pandemic.

21 I feel watchful and on-guard.

22 I try not to talk about the  
 pandemic.

**Graduate School and COVID-19**

**In this section, you are asked about school stress before and after COVID-19**

\*\*\*\*\*

**How often were you stressed with each of the following BEFORE COVID-19?**

	0 Never	1 Almost never	2 Sometimes	3 Fairly often	4 Very often	NA
Didactic Course Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate School Clinical Rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNP Project Practicum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse/Significant Other Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting Sick Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member Getting Sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**How often have you been stressed with each of the following SINCE COVID-19?**

	0 Never	1 Almost never	2 Sometimes	3 Fairly often	4 Very often	NA
Didactic Course Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate School Clinical Rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNP Project Practicum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse/Significant Other Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting Sick Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member Getting Sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been able to continue your graduate school clinical rotations since the COVID-19 pandemic?  Yes  No

**What about your graduate schooling has been negatively impacted by the COVID-19 pandemic, if any? (rank 1-5, 1 being most impacted, 5 being least impacted)**

	1	2	3	4	5
Balancing Work-Family-School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic Course Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending Synchronous Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate your level of agreement with each of the following statements about the University of Colorado College of Nursing (CU CON).**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Overall, the staff and administration at CU CON have done a good job helping students adapt to the changes at the institution brought on by the spread of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall, staff and administration <input type="radio"/> concern for me as they respond to the spread of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	at CU CON have shown care and

Overall, faculty at CU CON have

shown care and concern for me as they make changes in their courses in response to COVID-19.

I know whom to contact if I have

questions about how changes at CU CON in response to COVID-19 will affect my educational plans.

**Given the changes at the University of Colorado College of Nursing (CU CON) caused by the spread of COVID-19, how often do you worry about the following?**

	Never	Almost Never	Sometimes	Often	Very Often
Doing well in college now that <input type="radio"/> online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
many or all of your classes are					
Losing friendships and social <input type="radio"/> online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
connections now that classes are					
Accessing and successfully using <input type="radio"/> the technology needed for your online classes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having access to health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your bills (e.g., tuition, <input type="radio"/> medical).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
loans, rent, internet access,					
Having a safe and secure place <input type="radio"/> to sleep every night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having enough to eat <input type="radio"/> day-to-day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Have your plans for continuing your graduate nursing education changed due to COVID-19?  Yes  No  I graduated Spring 2020

How have your plans changed?  I plan to take a break from graduate school, a semester or two off, before continuing.  I plan on discontinuing any plans to go to graduate school.  I am not sure.  Other (please explain).

Other plan change(s): Please explain \_\_\_\_\_

How can your instructors, college administrators, or staff make school less stressful during COVID-19? \_\_\_\_\_

**Silver Linings**

Do you feel that there have been some positives coming out of the COVID-19 pandemic for your personal and family life?

- Yes  
 No

Personal and/or family positives - (please explain)

---

Do you feel that there have been some positives coming out of the COVID-19 pandemic for your work?

- Yes  
 No

Work positives - (please explain)

---

Do you feel that there have been some positives coming out of the COVID-19 pandemic for your graduate schooling?

- Yes  
 No

Grad school positives - (please explain)

---

Any other silver linings you have noticed related to the COVID-19 pandemic that you would like to mention?

---

**Thank you for participating in this survey!**

At the completion of this survey, you will be directed to another site where you will be asked about your willingness to participate in an interview for this research, which will also focus on stressors for graduate nursing students during the COVID-19 pandemic. The questions are brief and open-ended. The interview is anticipated to take about 30-45 minutes.

We are offering a \$15 debit card for those chosen to be interviewed. The interviewer will be a member of the research team and will not be one of your faculty. Your identity will be protected. Thank you for considering!