

This study evaluates the stress level of medical and non-medical personnel  
during Covid-19 pandemic

**THE QUESTIONNAIRES ARE ANONYMOUS**

Age:

Sex:

Profession:

Professional degree:

Seniority level:

During Covid-19 pandemic you worked:

- 1) on Covid-19 Intensive Care ward
- 2) on non-Covid-19 Intensive Care ward
- 3) on both wards

If you worked on the Covid-19 Intensive care ward, please mention the **EXACT** period of  
working of the Covid-19 Intensive care ward:

- 1) ..... days
- 2) ..... weeks
- 3) ..... months

A number of symptoms are presented below, especially experienced by a person after a traumatic event or events. Please tick on every row the intensity at which each symptom has affected you in the last month.

| Symptom  | Not at all | A little | Moderate | Very much |
|--|------------|----------|----------|-----------|
| Annoying memories of the pandemic  |            |          |          |           |
| Nightmares of the pandemic   |            |          |          |           |
| The sensation of reliving the pandemic                                     |            |          |          |           |
| Anxiety or annoyance when seeing or hearing things related to the pandemic |            |          |          |           |
| Avoiding things or situations that are reminiscent of the pandemic         |            |          |          |           |
| Lack of interest in professional or leisure activities                     |            |          |          |           |
| Difficulties in feeling good or close to other people                      |            |          |          |           |
| Emotional numbness   |            |          |          |           |
| Inability to imagine the future  |            |          |          |           |
| Sleeping difficulties  |            |          |          |           |
| Feeling of nervousness, irritability and anger                             |            |          |          |           |
| Difficulty concentrating   |            |          |          |           |
| Inability to relax   |            |          |          |           |

### S.T.A.I. form - X1 –

**INSTRUCTIONS:** A number of statements which people have used to describe themselves are given below. Read each statement and select the appropriate response to indicate **how you feel right now, that is, at this very moment**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

| Nr. | Description                                       | Not at all | A little | Somewhat | Very much so |
|-----|---|------------|----------|----------|--------------|
| 1.  | I feel calm                                       | 1          | 2        | 3        | 4            |
| 2.  | I feel secure                                     | 1          | 2        | 3        | 4            |
| 3.  | I feel tense                                      | 1          | 2        | 3        | 4            |
| 4.  | I feel strained                                   | 1          | 2        | 3        | 4            |
| 5.  | I feel at ease                                    | 1          | 2        | 3        | 4            |
| 6.  | I feel upset                                      | 1          | 2        | 3        | 4            |
| 7.  | I am presently worrying over possible misfortunes | 1          | 2        | 3        | 4            |
| 8.  | I feel satisfied                                  | 1          | 2        | 3        | 4            |
| 9.  | I feel frightened                                 | 1          | 2        | 3        | 4            |
| 10. | I feel uncomfortable                              | 1          | 2        | 3        | 4            |
| 11. | I feel self-confident                             | 1          | 2        | 3        | 4            |
| 12. | I feel nervous                                    | 1          | 2        | 3        | 4            |
| 13. | I feel jittery                                    | 1          | 2        | 3        | 4            |
| 14. | I feel indecisive                                 | 1          | 2        | 3        | 4            |
| 15. | I am relaxed                                      | 1          | 2        | 3        | 4            |
| 16. | I feel content                                    | 1          | 2        | 3        | 4            |
| 17. | I am worried                                      | 1          | 2        | 3        | 4            |
| 18. | I feel confused                                   | 1          | 2        | 3        | 4            |
| 19. | I feel steady                                     | 1          | 2        | 3        | 4            |
| 20. | I feel pleasant                                   | 1          | 2        | 3        | 4            |

### S.T.A.I. form – X2 –

**INSTRUCTIONS:** A number of statement which people have used to describe themselves are given below. Read each statement and select the appropriate response to indicate **how you generally feel**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

| Nr. | Description   | Almost never | Sometimes | Often | Almost always |
|-----|---|--------------|-----------|-------|---------------|
| 1.  | I am in a good mood   | 1            | 2         | 3     | 4             |
| 2.  | I get tired quickly   | 1            | 2         | 3     | 4             |
| 3.  | I want to cry   | 1            | 2         | 3     | 4             |
| 4.  | I wish I could be as happy as others seem to be   | 1            | 2         | 3     | 4             |
| 5.  | I often miss some things because I cannot decide fast enough                            | 1            | 2         | 3     | 4             |
| 6.  | I feel rested   | 1            | 2         | 3     | 4             |
| 7.  | I am "calm, cool and collected"   | 1            | 2         | 3     | 4             |
| 8.  | I feel the difficulties piling up so that I cannot overcome them                        | 1            | 2         | 3     | 4             |
| 9.  | I worry too much over something that really does not matter                             | 1            | 2         | 3     | 4             |
| 10. | I am happy  | 1            | 2         | 3     | 4             |
| 11. | I am inclined to take things too seriously  | 1            | 2         | 3     | 4             |
| 12. | I lack self-confidence  | 1            | 2         | 3     | 4             |
| 13. | I feel secure   | 1            | 2         | 3     | 4             |
| 14. | I try to avoid a critical moment or a difficulty  | 1            | 2         | 3     | 4             |
| 15. | I feel depressed  | 1            | 2         | 3     | 4             |
| 16. | I am content  | 1            | 2         | 3     | 4             |
| 17. | Some unimportant thought runs through my mind and bothers me                            | 1            | 2         | 3     | 4             |
| 18. | I take disappointments so keenly that I cannot put them out of my mind                  | 1            | 2         | 3     | 4             |
| 19. | I am a steady person  | 1            | 2         | 3     | 4             |
| 20. | I get in a state of tension or turmoil as I think over my recent concerns and interests | 1            | 2         | 3     | 4             |