

## DETERMINATION OF THE LEVEL OF ANXIETY AND BURNOUT LEVEL RELATED TO COVID 19.

1. With this questionnaire, the coronavirus (Covid-19) anxiety and burnout level of healthcare workers who are considered to be at high risk during coronavirus (Covid-19) pandemic will be evaluated within the scope of planning of interventions to psychosocial crisis. After this study, it is planned to develop necessary intervention programs. In the questionnaire you will answer, no personal identification information was requested from you. The data will be used for scientific purposes.

2. Required \* I have read the above information and ..... to participate in this study.

I approve

I don't approve

3. Date:

4. Your age :

5. Gender

Female

Male

6. Marital Status

Single

Married

## 7. Working fields

- Pediatric Emergency Clinic
- Adult Emergency Clinic
- Intensive care
- Pandemic field
- Polyclinic
- Laboratory
- 112 Worker
- Family Health Center
- Service
- Administration
- Public Health Center
- Radiology unit
- Dental unit

## 8. Work area

- Doctor
- Health officer
- Nurse
- Cleaning staff
- Postal
- Laboratory Technician / Operator
- Radiology Technician / Operator
- Att/paramedic
- Other
- Dentist
- Dental technician

## 9. How many years have you been working?

10. How is your working system?

- I am on duty
- I work in working hours

11. Do you smoke?

- Yes
- No

12. Do you use alcohol?

- Yes
- No

13. 13. Do you have a chronic disease?

- Yes
- No

14. Do you have a regular medication use history? (Except psychiatric medications)

- Yes
- No

15. Is there an individual who is living at home together with you over 65 years old or with a chronic disease?

- Yes
- No

16. People you live with;

- Alone
- Nuclear family
- Extended family
- Other

17. Do you have a child?

- Yes
- No

18. Do you have a psychiatric disease diagnosis?

- Yes
- No

19. Do you use a regular psychiatric medication?

- No
- Yes

20. Have you trained on Covid-19?

- No
- Yes

21. Do you think that current events about Covid-19 affect you spiritually?

- No
- Yes
- I am undecided

22. Do you provide care / service to a patient with suspected / definitive covid19?

- Yes
- No

23. Do you think there is enough personal protective equipment (mask, apron, glasses) and disinfectant in the hospital / where you work?

- Yes
- No

24. Do you believe that existing protective equipment protects you?

- Yes
- No

25. How many times have you been washing your hands a day lately/how many times do you use a disinfectant?

26 Are you afraid of being infected with COVID-19??

- Yes
- No

27. Below are some of the symptoms that people experience when they are anxious or worried. Please read each item carefully. Then, using the scale below, mark how much the symptoms in each item have disturbed you for the past week, including today.

**0) None**   **1. Mild level**        **2. Medium Level**    **3. Serious level**

28. Numbness or tingling anywhere in your body

- 0
- 1
- 2
- 3

29. Weakness in the legs, tremors

- 0
- 1
- 2
- 3

30. Inability to relax

- 0
- 1
- 2
- 3

31. Fear of bad things going to happen

- 0
- 1
- 2
- 3

32. Dizziness and lightheadedness

- 0
- 1
- 2
- 3

33. Heart palpitations

- 0
- 1
- 2
- 3

34. Sense of losing balance

- 0
- 1
- 2
- 3

35. Being terrified

- 0
- 1
- 2
- 3

36. Nervousness

- 0
- 1
- 2
- 3

37. Feeling like being drowning

- 0
- 1
- 2
- 3

38. Trembling in hands

- 0
- 1
- 2
- 3

39. Shakiness

- 0
- 1
- 2
- 3

40. Fear of losing control

- 0
- 1
- 2
- 3

41. Difficulty in breathing

- 0
- 1
- 2
- 3

42. Fear of death

- 0
- 1
- 2
- 3

43. Being seized by fear

- 0
- 1
- 2
- 3

44. Indigestion or discomfort in the stomach

- 0
- 1
- 2
- 3

45. Unconsciousness

- 0
- 1
- 2
- 3

46. Flushing of the face

- 0
- 1
- 2
- 3



47. Sweating (not dependent on heat)

- 0
- 1
- 2
- 3

48. Hot / hot flashes

- 0
- 1
- 2
- 3

49. Below are some sentences that people use to express their mood. Please read each sentence carefully and indicate how often you feel by marking the option that suits you.

- 1) Never
- 2) Several times a year
- 3) Several times a month
- 4) Several times a week
- 5) Everyday

50. "I feel emotionally away from my job."

- 1
- 2
- 3
- 4
- 5

51. "I feel exhausted at the end of the workday."

- 1
- 2
- 3
- 4
- 5

52. "I feel tired when I have to get up in the morning and meet a new working day."

- 1
- 2
- 3
- 4
- 5

53. "I can understand how my patients feel about many things."

- 1
- 2
- 3
- 4
- 5

54. "I feel that I treat some of my patients as if they were an object devoid of personality."

- 1
- 2
- 3
- 4
- 5

55. "Working with people all day is really a stress for me."

- 1
- 2
- 3
- 4
- 5

56. "I deal with my patients' problems effectively."

- 1
- 2
- 3
- 4
- 5

57. "I feel my work is exhausting me."

- 1
- 2
- 3
- 4
- 5

58. "I feel that I have a positive impact on other people's lives with my work."

- 1
- 2
- 3
- 4
- 5

59. "I have been feeling stiff towards people since I started this profession."

- 1
- 2
- 3
- 4
- 5

60. "I am troubled because this job emotionally makes me stiff."

- 1
- 2
- 3
- 4
- 5

61. "I feel very energetic."

- 1
- 2
- 3
- 4
- 5

62. "I think my job disappointed me."

- 1
- 2
- 3
- 4
- 5

63. "I feel that I'm working over my strength in my job."

- 1
- 2
- 3
- 4
- 5

64. "I really don't care what happens to some patients."

- 1
- 2
- 3
- 4
- 5

65. "Working directly with people causes me a lot of stress."

- 1
- 2
- 3
- 4
- 5

66. "I can easily provide a comfortable atmosphere to my patients."

- 1
- 2
- 3
- 4
- 5

67. "After working closely with my patients, I feel refreshed."

- 1
- 2
- 3
- 4
- 5

68. "I have accomplished many valuable jobs in this profession."

- 1
- 2
- 3
- 4
- 5

69. "I feel so helpless."

- 1
- 2
- 3
- 4
- 5

70. "I deal with the emotional problems in my job very calmly."

- 1
- 2
- 3
- 4
- 5

71. "I feel that the patients blame me for some of their problems."

- 1
- 2
- 3
- 4
- 5

## DETERMINATION OF THE LEVEL OF ANXIETY AND BURNOUT LEVEL RELATED TO COVID 19

With this questionnaire, the coronavirus (Covid-19) anxiety and burnout level of healthcare workers who are considered to be at high risk during coronavirus (Covid-19) pandemic will be evaluated within the scope of planning of interventions to psychosocial crisis. After this study, it is planned to develop necessary intervention programs. In the questionnaire you will answer, no personal identification information was requested from you. The data will be used for scientific purposes.

72. Required \* I have read the above information and ..... to participate in this study.

- I approve
- I don't approve

73. Date:

74. Your Age :

75. Gender

- Female
- Male

76. Marital Status

- Single
- Married

## 77. Working fields

- Pediatric Emergency Clinic
- Adult Emergency Clinic
- Intensive care
- Pandemic field
- Polyclinic
- Laboratory
- 112 Worker
- Family Health Center
- Service
- Administration
- Public Health Cent
- Radiology unit
- Dental unit

## 78. Work area

- Doctor
- Health officer
- Nurse
- Cleaning staff
- Postal
- Laboratory Technician / Operator
- Radiology Technician / Operator
- Att/paramedic
- Other
- Dentist
- Dental technician

## 79. How many years have you been working?

80. How is your working system?

- I am on duty
- I work in working hours

81. Do you smoke?

- Yes
- No

82. Do you use alcohol?

- Yes
- No

83. Do you have a chronic disease?

- Yes
- No

84. Do you have a regular medication use history? (Except psychiatric medications)

- Yes
- No

85. Is there an individual who is living at home together with you over 65 years old or with a chronic disease?

- Yes
- No

86. People you live with;

- Alone
- Nuclear family
- Extended family
- Other

87. Do you have a child?

- Yes
- No



89. Do you have a psychiatric disease diagnosis?

- Yes
- No

90. Do you use a regular psychiatric medication?

- No
- Yes

91. Have you trained on Covid-19?

- No
- Yes

92. Do you think that current events about Covid-19 affect you spiritually?

- No
- Yes
- I am undecided

93. Do you provide care / service to a patient with suspected / definitive covid19?

- Yes
- No

94. Do you think there is enough personal protective equipment (mask, apron, glasses) and disinfectant in the hospital / where you work?

- Yes
- No

95. Do you believe that existing protective equipment protects you?

- Yes
- No

96. How many times have you been washing your hands a day lately/how many times do you use a disinfectant?

97. Are you afraid of getting infected with COVID-19?

- Yes
- No

98. Below are some of the symptoms that people experience when they are anxious or worried. Please read each item carefully. Then, using the scale below, mark how much the symptoms in each item have disturbed you for the past week, including today.

**0) None**                      **1. Mild level**                      **2. Medium Level** **3. Serious level**

99. Numbness or tingling anywhere in your body

- 0
- 1
- 2
- 3

100.            Weakness in the legs, tremors

- 0
- 1
- 2
- 3

101.            Inability to relax

- 0
- 1
- 2
- 3

102.            Fear of bad things going to happen

- 0
- 1
- 2
- 3

103. Dizziness and lightheadedness

- 0
- 1
- 2
- 3

104. Heart palpitations

- 0
- 1
- 2
- 3

105. Sense of losing balance

- 0
- 1
- 2
- 3

106. Being terrified

- 0
- 1
- 2
- 3

107. Nervousness

- 0
- 1
- 2
- 3

108. Feeling of being drowning.

- 0
- 1
- 2
- 3

109. Trembling in hands

- 0
- 1
- 2
- 3

110. Shakiness

- 0
- 1
- 2
- 3

111. Fear of losing control

- 0
- 1
- 2
- 3

112. Difficulty in breathing

- 0
- 1
- 2
- 3

113. Fear of death

- 0
- 1
- 2
- 3

114. Being seized by fear

- 0
- 1
- 2
- 3

115. Indigestion or discomfort in the stomach

- 0
- 1
- 2
- 3

116. Unconsciousness

- 0
- 1
- 2
- 3

117. Flushing of the face

- 0
- 1
- 2
- 3

118. Sweating (not dependent on heat)

- 0
- 1
- 2
- 3

119. Hot / hot flashes

- 0
- 1
- 2
- 3

120. Below are some sentences that people use to express their mood. Please read each sentence carefully and indicate how often you feel by marking the option that suits you.

- 1) Never
- 2) Several times a year
- 3) Several times a month
- 4) Several times a week
- 5) Everyday

121. "I feel emotionally away from my job."

- 1
- 2
- 3
- 4
- 5

122. "I feel exhausted at the end of the workday."

- 1
- 2
- 3
- 4
- 5

123. "I feel tired when I have to get up in the morning and meet a new working day."

- 1
- 2
- 3
- 4
- 5

124. "I can understand how my patients feel about many things."

- 1
- 2
- 3
- 4
- 5

125. "I feel that I treat some of my patients as if they were an object devoid of personality."

- 1
- 2
- 3
- 4
- 5

126. "Working with people all day is really a stress for me."

- 1
- 2
- 3
- 4
- 5

127. "I deal with my patients' problems effectively.."

- 1
- 2
- 3
- 4
- 5

128. "I feel my work is exhausting me."

- 1
- 2
- 3
- 4
- 5

129. "I feel that I have a positive impact on other people's lives with my work."

- 1
- 2
- 3
- 4
- 5

130. "I have been feeling stiff towards people since I started this profession."

- 1
- 2
- 3
- 4
- 5

131. "Bu I have been feeling stiff towards people since I started this profession."

- 1
- 2
- 3
- 4
- 5

132. "I feel very energetic."

- 1
- 2
- 3
- 4
- 5



133. "I think my job has disappointed me."

- 1
- 2
- 3
- 4
- 5

134. "I feel that I'm working over my strength in my job."

- 1
- 2
- 3
- 4
- 5

135. "I really don't care what happens to some patients."

- 1
- 2
- 3
- 4
- 5

136. "Working directly with people causes me a lot of stress."

- 1
- 2
- 3
- 4
- 5

137. "I can easily provide a comfortable atmosphere to my patients."

- 1
- 2
- 3
- 4
- 5

138. "After working closely with my patients, I feel refreshed."

- 1
- 2
- 3
- 4
- 5

139. "I have accomplished many valuable jobs in this profession."

- 1
- 2
- 3
- 4
- 5

140. "I feel so helpless."

- 1
- 2
- 3
- 4
- 5

141. "I deal with the emotional problems in my job very calmly."

- 1
- 2
- 3
- 4
- 5

142. "I feel that patients blame me for some of their problems."

- 1
- 2
- 3
- 4
- 5

