

Sociodemographic Questionnaire:

Please tick the appropriate response

1. Age: a) 18-24 years b) 25-34 years c) 35-44 years d) 45-54 years e) 55-64 years f) > 65 years
2. Gender: a) Male b) Female
3. Nationality:
4. Family Status: a) Single b) Single, family living in home country c) Married but living alone d) Married living with wife e) Married living with spouse and children.
5. Occupation: a) Doctor b) Nurse c) Allied Health Care Staff d) Administration Staff
6. Place of work:
7. Number of years working in HMC
8. Did you get infected with COVID-19? Yes or No
If yes
 - a) When did you get infected?
 - b) During phase of infection where you at a) Home quarantine b) Quarantine facility c) Admitted to Hospital?
 - c) Any of family members/relatives or friends got infected from you? Yes/ No
 - d) Did you need ICU admission? Yes/ No
9. Any previous mental health issues? Yes/ No
10. Anyone in your family suffering with any mental health problems? Yes/ No
11. Any worries about finances? Yes/ No
12. How satisfied are you with procedures and policies around testing for COVID-19 for healthcare workers or staff?
- 13.) If you were experiencing mental health problems, would you mind other people knowing about it?
- 14) Have you suffered from any of these conditions over the last 4 weeks or more on a regular basis? Yes or No



- extreme tiredness (fatigue)
- shortness of breath
- chest pain or tightness
- problems with memory and concentration ("brain fog")
- difficulty sleeping (insomnia)
- fast heartbeat/ pounding heartbeat
- dizziness
- pins and needles
- joint pain
- depression and anxiety
- tinnitus, earaches
- feeling sick,
- diarrhoea,
- stomach aches,
- loss of appetite
- a high temperature,
- cough,
- headaches,
- sore throat,
- changes to sense of smell or taste
- rashes

