S1 File. Personal and Occupational Information (English)

Personal and Occupational Information.

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| **Personal and Occupational Information** | **Choose the option that best reflects your reality.** |
| **Age** | 18-22. 23-27. 28-32. 33-37. 38-42. 43-47. 48-52. 53-57. 58-62. 63 or more. |
| **Sex** | Male. Female. Does not apply. |
| **Profession** | Physiotherapy. Medicine. Nursing. Nursing Technician. Nutrition. Psychology. Not a health care profession. Social Services. Phonoaudiology. Pharmacist |
| **Exposition History** | So far, how many hours per week have you been in contact with environments containing infected patients during the pandemic? I had no exposition to infected patients. Up to 24 hours. Between 24-48 hours. Over 48 hours. |
| **Psychiatric Disease History** | Yes, I have a history of psychiatric disease. If yes, which of the following: Mood Disorder(s). Anxiety Disorder(s). Other.  No, I don’t have a history of psychiatric disease. |
| **Previous COVID-19 Infection**  | Yes.If yes, in which patient setting have you been taken care of? Outpatient. Inpatient. ICU.No. |
| **Family History of COVID-19 Infection** | Yes.If yes, in which patient setting have your relative(s) been taken care of? Outpatient. Inpatient. ICU. Relative perished due to COVID-19.No. |
| **Are you watching (or following online) more news than usual?** | Yes.No. |
| **Do you live with anyone who is in one of the risk groups for COVID-19 infection? (elderly, immunosuppressed, neonate, etc)**  | Yes.No. |
| **Have you sought accommodation away from home during the pandemic?** | Yes.No. |
| **\*Do you feel that your mental health is impaired during the pandemic? (e.g., sadness, difficult to sleep, stress, anxiety, suicidal thoughts, lack of pleasure, aggressiveness)** | Yes.No. |