



UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL
INSTITUTO DE PSICOLOGIA

FLÁVIA DE MORAES

O Impacto da Pandemia de SARS-Cov-2 na Vida de Acadêmicos da Área da Saúde

PORTO ALEGRE

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TCC apresentado ao Curso de Psicologia da Universidade Federal do Rio Grande do Sul, como requisito para a obtenção do título de psicólogo.

Orientador: Gustavo Gauer
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BANCA EXAMINADORA

Prof^o. Dr. Gustavo Gauer (Orientador)
Universidade Federal do Rio Grande do Sul

Prof^a. Dra. Gisele Gus Manfro (Coorientadora)
Universidade Federal do Rio Grande do Sul

Prof^o. Dr. Francine Gonçalves (Examinador Externo)
FACEFI – Faculdade do CEFI

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“Eu ficarei bem satisfeito se os que quiserem me fazer objeções não se apressarem e se esforçarem para entender tudo o que eu escrevi antes de me julgarem por uma parte: pois o todo se sustenta e o fim serve para demonstrar o começo”.

René Descartes
(Lettre à Mersenne – circa 1640)

RESUMO

Introdução: Evidências do impacto na saúde mental dos alunos, incluindo associações entre ansiedade ou depressão e mecanismos de enfrentamento inadequados ou status de hábito não saudável, surgiram durante a pandemia de COVID-19. No entanto, pouco se sabe sobre os possíveis preditores de saúde mental ou sintomas psiquiátricos em estudantes brasileiros da área de saúde neste período. **Objetivo:** Avaliar possíveis preditores de ansiedade e sintomas depressivos, como medida de desfechos psiquiátricos, e qualidade de vida, como parâmetro de funcionalidade geral em estudantes brasileiros da área de saúde durante a pandemia de COVID-19. **Métodos:** Estudo transversal realizado com estudantes brasileiros de graduação na área de saúde de maio a dezembro de 2020. Os participantes foram recrutados por meio das redes sociais e responderam a um questionário aberto online de 71 itens explorando características demográficas, comportamentos pessoais durante a pandemia (CRISIS), ansiedade (GAD-7), depressão (PHQ-9) e qualidade de vida (QLESQ). Buscamos potenciais preditores de sintomas psiquiátricos e saúde mental nesses indivíduos, usando modelos de regressão de Poisson robustos. **Resultados:** Modelos multivariados mostraram depressão e ansiedade como fatores de alto risco para baixa qualidade de vida, e abuso de medicamentos como fator de risco para maior ansiedade e baixa qualidade de vida. A psicoterapia foi uma estratégia eficaz de enfrentamento da ansiedade, e a prática de meditação ou mindfulness e atividade física melhorou a qualidade de vida dos alunos. **Conclusões:** Nosso estudo fornece informações importantes sobre os fatores de risco e estratégias de enfrentamento associados aos impactos psicológicos da pandemia COVID-19 que devem ser úteis para refletir e projetar intervenções apropriadas.

Palavras-chave: Acadêmicos da saúde, ansiedade, depressão, qualidade de vida, Covid-19

ABSTRACT

Background: Evidences of the impact on students mental health, including associations between anxiety or depression and inadequate coping mechanisms or unhealthy habit status emerged during COVID-19 pandemic. However, little is known about possible predictors of mental health or psychiatric symptoms in Brazilian healthcare students during this period. **Objective:** To evaluate possible predictors of anxiety and depressive symptoms, as a measure of psychiatric outcomes, and quality of life, as a parameter of overall functionality in Brazilian healthcare students during the COVID-19 pandemic. **Methods:** Cross-sectional study conducted with Brazilian undergraduate healthcare students from May to December 2020. Participants were recruited through social media and answered a 71-item open online questionnaire exploring demographic characteristics, personal behaviors during the pandemic (CRISIS), anxiety (GAD-7), depression (PHQ-9) and quality of life (QLESQ). We searched for potential predictors of psychiatric symptoms and mental health in these individuals, using robust Poisson regression models. **Results:** Multivariate models showed depression and anxiety as high-risk factors to poor quality of life, and medication abuse as a risk factor to higher anxiety and poor quality of life. Psychotherapy was an effective coping strategy for anxiety, and meditation or mindfulness practice and physical activity improved the quality of life of the students. **Conclusions:** Our study provides important information about the risk factors and coping strategies associated with psychological impacts of the COVID-19 pandemic that should be helpful to reflect and to design appropriate interventions.

Key words: Undergraduate students., anxiety, depression, quality of life, Covid-19 pandemic.

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1. INTRODUÇÃO

Em 11 de março a OMS declarou formalmente a doença de coronavírus 2019 (COVID-19) como uma pandemia¹, evidenciando-se, assim, a provável incapacidade de conter sua propagação internacionalmente. Diante deste cenário, o Ministério da Saúde desenvolveu a Ação Estratégica “O Brasil Conta Comigo”^{2,3} que tem como objetivo integrar estudantes de graduação em Medicina que estejam cursando os últimos dois anos da graduação, e estudantes de enfermagem, fisioterapia e farmácia que estejam no último ano do curso para auxiliar no enfrentamento da pandemia do coronavírus nos serviços de saúde do SUS, por meio da realização do estágio curricular obrigatório.

Os estudantes de medicina estão alocados exclusivamente nas áreas de clínica médica, pediatria e saúde coletiva, no apoio às famílias e aos grupos de risco, e os alunos dos demais cursos citados na portaria N° 492, de 23 de março de 2020, trabalharão em áreas compatíveis com seus estágios, cabendo ao estabelecimento de saúde fornecer equipamentos de proteção individual aos alunos participantes.

Nesta situação sem precedentes, talvez uma das repercussões mais sub-reconhecidas e duradouras esteja no impacto na saúde física e emocional destes estudantes.

É preciso enfatizar que muitos alunos neste momento podem apresentar sentimentos altruístas, de busca por mais conhecimento, de reconhecimento, agregando valor tanto ao seu momento acadêmico quanto aos seus valores pessoais. Todavia há outra parcela de alunos que podem sentir-se receosos quanto ao fato de aceitar o estágio proposto e contrair o vírus, uma vez que muitos estudantes moram com outras pessoas (familiares, amigos) e, estando na linha de frente no combate à COVID-19, há maior chance de contaminação, gerando medo e ansiedade por serem possíveis vetores da transmissão do vírus para dentro de suas casas, contaminando outras pessoas.

2 HIPÓTESE

Acadêmicos da área da saúde que estão atuando no enfrentamento da pandemia do coronavírus nos serviços de saúde do SUS apresentam sinais de instabilidade emocional, incluindo sintomas de ansiedade, sintomas depressivos, bem como alterações na qualidade de vida.

3 OBJETIVOS

O objetivo desse projeto é avaliar o impacto da pandemia do COVID-19 sobre as tarefas cotidianas e acadêmicas, bem como avaliar a regulação emocional, estratégias de coping e sintomas relacionados ao estresse, à ansiedade e à depressão em estudantes da área da saúde que estão atuando no enfrentamento da pandemia do coronavírus, através da aplicação de questionários e instrumentos psicométricos autoaplicáveis.

4 ARTIGO

O resultado desta pesquisa deste Trabalho de Conclusão e Curso foi redigido em forma de artigo e submetido à Revista Trends in Psychiatry and Psychotherapy. Segue artigo.

Psychiatric outcomes and overall functionality in healthcare students during the COVID-19 pandemic

Flávia de Moraes^{1,3}, Angelica de Baumont^{1,2}, Carolina Blaya Dreher^{1,2}, Gustavo Gauer⁴, Gisele Gus Manfro^{1,2}

¹Anxiety Disorders Program, Hospital de Clínicas de Porto Alegre (HCPA), Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil

²Graduate Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul (UFRGS)

³Undergraduate Program in Psychology, Universidade Federal do Rio Grande do Sul (UFRGS)

⁴Graduate Program in Psychology, Universidade Federal do Rio Grande do Sul (UFRGS)

Corresponding author:

* Correspondence regarding this manuscript should be directed to:

Flávia de Moraes

Rua Ramiro Barcelos, 2350 - Rio Branco, Porto Alegre - RS, 90035-007, Centro de Pesquisa Clínica do Hospital de Clínicas de Porto Alegre. Telephone: +55 51 3359-7604. E-mail: flaviademoraes01@gmail.com

Compliance with Ethical Standards:

Ethical Approval

The study protocol (CAAE: 31873520.5.0000.5327) was approved by the Ethics Committee of Hospital de Clínicas de Porto Alegre.

Informed Consent:

Informed Consent form was provided in the first page of the online questionnaire comprising information about the study objectives, confidentiality, anonymity of the participants, and the voluntary participation.

Conflicts of interest: Flávia de Moraes received a research assistant scholarship from the Brazilian National Council for Scientific and Technological Development (CNPq), Angelica de Baumont received a Coordination for the Improvement of Higher Education Personnel (CAPES) postdoctoral scholarship, and Gisele Gus Manfro received a Brazilian National Council for Scientific and Technological Development CNPq senior scholarship (306249/2017-0).

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Data Availability: Data supporting the findings of this study are available from the corresponding author upon reasonable request.

ABSTRACT

Background: There are evidences that COVID-19 pandemic impacted student's mental health, including associations between anxiety or depression, inadequate coping mechanisms or unhealthy habit. However, little is known about possible predictors of mental health or psychiatric symptoms in Brazilian healthcare students during this period. **Objective:** To evaluate possible predictors of anxiety and depressive symptoms, as a measure of psychiatric outcomes, and quality of life, as a parameter of overall functionality in Brazilian healthcare students during the COVID-19 pandemic. **Methods:** Cross-sectional study conducted with Brazilian undergraduate healthcare students from May to December 2020. Participants were recruited through social media and answered a 71-item open online questionnaire exploring demographic characteristics, personal behaviors during the pandemic (CRISIS), anxiety (GAD-7), depression (PHQ-9) and quality of life (QLESQ). We searched for potential predictors of psychiatric symptoms and mental health in these individuals using Poisson regression models. **Results:** Multivariate models showed depression and anxiety as high-risk factors to poor quality of life, and medication abuse as a risk factor to higher anxiety and poor quality of life. Psychotherapy was an effective coping strategy for anxiety, and meditation or mindfulness practice and physical activity improved the quality of life of the students. **Conclusions:** Our study provides important information about the risk factors and coping strategies associated with psychological impacts of the COVID-19 pandemic that should be helpful to reflect and to design appropriate interventions.

Key words: Anxiety, depression, quality of life, Covid-19 pandemic, undergraduate students.

Introduction

The World Health Organization (WHO) declared the novel coronavirus (COVID-19) as a pandemic in March 2020 (1), which led to anxiety, physical and mental health distress (2–4). By that time, there were no vaccines or medications with known efficacy to treat the condition, so mitigation actions as social distance were used across different countries, inducing a significant and negative impact on the mental health of the general population, including the Brazilian population (5–8).

Undergraduate health students had a higher exposure risk to the coronavirus infection as compared with the general population when keeping their regular curricular internship in hospitals and healthcare units (9). Thus, as a measure to protect academics and reduce the risk of contagion among the population, classes and face-to-face internships were canceled at universities. Even so, many healthcare students have chosen to keep their curricular internship, as possible, motivated by altruistic feelings or by the search for recognition or knowledge improvement (10). On the other hand, some students might feel afraid about contracting and spreading the virus when working on the front line against COVID-19 (11).

In this unprecedented situation, pieces of evidence had emerged about the long-lasting impact on the physical and mental health of students, particularly those from healthcare. Some of these recent studies have shown the association between anxiety or depression and inadequate coping mechanisms or unhealthy habits among healthcare students during the pandemic (6, 9, 12–15). Among Brazilian students, there was a high prevalence of stress, anxiety, and depression in this period (16, 17), however, no difference was shown compared to the period before the pandemic (16). Some of these students reported alcohol (5, 18) and substance abuse (7). In contrast, physical activity could be adopted by students as a method to improve positive emotions and mental well-being, offering protection against depression and anxiety and thus, improving their quality of life (17, 18).

Despite these findings, little is known about mental health in Brazilian healthcare students during the pandemic, or about possible predictors of psychiatric symptoms and mental overall functionality in this population. Thus, this study aimed to conduct a survey-based assessment of possible predictors of anxiety and depressive symptoms, as a measure of psychiatric outcomes, and quality of life, as a parameter of overall functionality in Brazilian healthcare students during the COVID-19 pandemic.

Methods

Study design and participants

This study was a cross-sectional online survey conducted among Brazilian undergraduate healthcare students from May 2020 to December 2020. The study was performed using questionnaires through Google forms, a free tool for online surveys offered by Google. The survey followed the Checklist for Reporting Results of Internet E-Surveys (CHERRIES), a checklist of recommendations for authors to ensure complete descriptions of Web-based surveys (19) (see Supplemental Table S5).

Undergraduate healthcare students were recruited through social media (WhatsApp, Instagram, and Facebook) and e-mail groups to participate in the research by answering the online open-source questionnaire (see supplementary information), constituting a convenience sample. The participants were able to review and change their answers through a back button.

The participation was voluntary, with no monetary incentive and anonymous, and the electronic informed consent was available for each subject who agreed to participate after a detailed and clear description of the main purposes of the study.

This research was approved by the Ethics Committee of the Hospital de Clínicas de Porto Alegre (No. 20200265) and conducted in accordance with the provisions of the Declaration of Helsinki. All consent terms, as well as the data collected, were treated in secrecy and confidentiality, stored in a local electronic device, and erased all records by a virtual or shared environment. Therefore, all documents will be under the responsibility of the main researcher.

The survey was based on the literature and all the technical functionality of the electronic questionnaire was tested by the researchers before the link with the questionnaire was available. The items were not randomized or alternated.

We included undergraduate healthcare students aged above 18 living in Brazil and excluded students from other academic areas. The sample size was estimated by WINPEPI v. 11.65, expecting a minimal difference of one point in the GAD-7 between distinct health undergraduate courses, with a significance level of 5% and power of 80%, totaling 432 students.

Instruments

We developed a 71-item self-applied questionnaire in seven pages comprised of two parts: First, a custom-designed questionnaire based on the CRISIS Survey (20) that explored demographic characteristics and personal or close social network exposure to Covid-19, as well as personal protective behaviors during the pandemic. We have included 12 questions extracted from CRISIS, evaluating living, health habits, worries, eating behavior, coping, and use of tobacco or other drugs.

The second part investigated the anxiety and depressive symptoms, as a measure of psychiatric outcomes, and quality of life, as a parameter of overall functioning. Depression symptoms were assessed by Patient Health Questionnaire-9 (PHQ-9), a validated screening tool for detecting risk of depression, constituted by a self-applied 9-item scale arranged on a four-point response option (21,22). Anxiety symptoms were evaluated by Generalized Anxiety Disorder 7-item (GAD-7), organized on a four-point response option for assessing, diagnosing, and monitoring anxiety symptoms (23–25). Finally, we used the Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ), a 16-item scale to assess the level of satisfaction and pleasure in eight areas of the last days functioning (26,27).

Statistical analysis

All Statistical analyses were performed using Statistical Software for Social Sciences (SPSS) for Windows, version 21.0 (SPSS Inc., Chicago, IL, USA), and the level of significance was set at 0.05.

Sample characteristics were described as means (standard deviations), median (minimum and maximum), or percentages. We assessed normal distribution of quantitative data using Kolmogorov-Smirnov test and histogram visualization.

We tested associations of anxiety ($GAD-7 \geq 10$) and depression ($PHQ-9 \geq 10$) using Chi-squared tests for categorical variables, independent samples T-tests, or Mann-Whitney U sum tests for continuous variables. We also search for variables associated with quality of life (QLESQ total scores), through T-tests or

Spearman's correlations. Results of bivariate analysis were reported as mean (standard deviation) or percentages.

For multivariable analysis, we used Poisson regression with robust variance to model associations between anxiety ($GAD-7 \geq 10$), depression ($PHQ-9 \geq 10$), or quality of life (QLESQ total scores) and independent variables. We included independent variables in the model if $p < 0.05$ on bivariate analysis, or based on previous studies on mental outcomes during the pandemic (4,9–11,28–32).

All independent variables in the multiple linear regression were tested for multicollinearity. Results are reported as prevalence ratios or Beta and 95% confidence intervals (95%CI).

Additionally, attempting to understand whether participants from different healthcare undergraduate courses would differ in terms of mental health characteristics and disorders, as well as behaviors during the pandemic, participants were distributed into four groups according to their undergraduate course: nursing, pharmacy, medicine, and other health courses. We compared continuous variables among groups with One-way ANOVA or Mann-Whitney U test and categorical variables with Chi-square tests. Results were reported as mean (standard deviation) or percentages.

Results

Participants' demographic and clinical characteristics

A total of 462 health students were included, most women (369 females; 79.9%), aged between 16 and 61 years. Most participants were from Rio Grande do Sul State (78.3%), residents in urban areas (66.9%), and only 16.2% reported living alone. The majority of our sample was comprised by medical students (42.6%) and 72.1 % of all samples are interning at hospital or at healthcare units.

The rate of students with moderate to severe anxiety was 39.4 % ($GAD-7 \geq 10$), and 51.5% reported depressive symptoms ($PHQ-9$ score ≥ 10) (Table 1). More detailed information on the demographic and COVID-19-related characteristics of the participants is outlined in Table 1.

Psychiatric outcomes

The presence of severe anxiety ($GAD-7 \geq 10$) was associated with low quality of life, depressive symptoms, the use of medication, alcohol, and medication abuse as a coping strategy, and severe fear of the infection in bivariate analysis. Physical activity, living in urban areas, and no fear of contagion was associated with a lower frequency of anxiety (Supplementary table S1). Being a female, older, with severe anxiety, living in rural areas, under medication or psychotherapy, using alcohol as a coping strategy, and severe fear of COVID-19 were associated with depressive symptoms. Physical activity and quality of life were associated with a lower frequency of depression (Supplementary table S2).

Multivariate Poisson regression analysis using the presence of anxiety as the outcome showed that participants from nursing undergraduate courses had a higher prevalence (35.2 %) of anxiety in comparison to medical students. Pharmacotherapy abuse was associated with a 31.6% higher prevalence of anxiety, and depression was associated with four times greater prevalence of anxiety. Psychotherapy and quality of life were associated with a lower prevalence of anxiety symptoms (Table 2).

In multivariate analysis using depressive symptoms as an outcome, medication use was associated with a 28.1% higher prevalence of depression, psychotherapy with a 23.8% higher prevalence, and presence of

anxiety, twice the prevalence of anxiety. Moderate fear in comparison to severe fear, older age, and higher quality of life were associated with a lower prevalence of depression (Table 3).

Quality of life assessment

We used bivariate analysis to evaluate factors associated with impact on quality of life. Being female, with anxiety or depression, being on psychotherapy as a coping strategy, abuse of alcohol, the use of medication, or fear of contagion were associated with worse quality of life indices. On the other hand, higher quality of life was associated with meditation or mindfulness practice and physical activity (Supplementary table 3).

Multivariate analysis showed meditation or mindfulness practices and physical activity as coping strategies associated with higher quality of life among healthcare students (twice and four times, respectively). This model also demonstrated anxiety and depression associated with lower quality of life (twice and six times, respectively). Also, fear of contagion (mild, moderate, or severe), suspected of COVID-19, and the use of medication was associated with lower quality of life (Table 4).

Comparison among undergraduate health courses

When we compared GAD-7 scores by course, we observed that students from nursing had higher anxiety level rates than the “other courses” group (53.8%, $p = 0.005$, Figure 1). Although more than 50% of the students were depressed, there were no statistically significant differences in PHQ-9 rating scores among the different healthcare courses. Other comparisons among student groups are described in table S4.

Discussion

In this study, we assessed mental health in Brazilian healthcare students, searching for possible factors associated with anxiety and depressive symptoms, as a measure of psychiatric outcomes and quality of life, as a parameter of overall functioning in this population. We identified potential risk factors for worsening these psychiatric outcomes, as well as factors that would potentially reduce these risks and improve the student’s quality of life.

The Covid-19 pandemic raised several concerns, such as doubts, fear, social and personal isolation. For healthcare undergraduate students, there are concerns about risks, adaptations of their internship’s work, and different ways of dealing in the workplace and the world (12,14,15,33). In this pandemic situation, many universities closed and switched to online teaching and telehealth, leading healthcare students to distress (6,13,34,35). Despite the social isolation needs and the compromised healthcare learning, the involvement of healthcare students as frontline health workers gave some training and purpose. Given these circumstances, the impact of Covid-19 on mental health and habits is an increasingly important topic to consider.

We were able to identify higher rates of depression and anxiety in undergraduate students than some previous studies using the same scales for screening these disorders during the pandemic (6,14,34,36). Undergraduate students are recognized as a vulnerable population, suffering from higher levels of anxiety and depression(37), but there seems to be a marked difference between the prevalence of these disorders in Brazilian students, compared to students of other countries (14,38–40), which could explain our findings. Moreover, some of these studies investigated university students in general, not specifically from the healthcare area (6, 36, 41). Non-healthcare students might be less prone to psychological problems compared with medical students (42).

We identified associations between alcohol and medication abuse and psychiatric symptoms or low quality of life. In multivariate analysis, medication abuse was associated with higher anxiety and poor quality of life. Recent studies suggested an increase in psychotropic drug consumption in the pandemic period, particularly between university and medical students (33,34,37,43). Our findings highlight the importance of these habits and their consequences to mental health. Moreover, fear of contagion was an important risk factor to worsen the quality of life of the students in their work. The increase in consumption of alcohol and fear of contagion leads us to rethink about some mental distress, coping, and behaviors during the pandemic (34,44,45).

In contrast to these adverse factors, some strategies are already described as protective factors to stressful environments and anxiety (3,18,46–52). In our multivariate analysis, psychotherapy was a potential coping strategy for anxiety. Many studies indicate that cognitive behavioral therapy is an effective technique for anxiety disorders (53–57), not only on face to face setting but also on online format (58,59). On the other hand, psychotherapy was associated with the presence of depression in multivariate analysis, and with poor quality of life in bivariate analysis, which was not confirmed in multivariate analysis. Possibly this association could not be considered risk factors, but a consequence of the presence of symptoms and an initial search for treatment in depressive students (60,61). The cross-sectional design of our study could not lead to a causal conclusion. Other effective coping strategies identified in our study were meditation or mindfulness practice and physical activity, which greatly enhanced resilience, and improved the student's quality of life. These procedure strategies are important protective factors of mental health (51,62–65).

Whereas some studies discussed the presence of high rates of anxiety and depression in medical students (9,14,33,66,67), there is very little data considering other health courses (33,67). So, we compared the differences between participants in the medical, nursing, and pharmacy courses, and the other courses. We found a higher prevalence of anxiety in nursing students, and a high rate of internship in this group, corroborating with studies already published addressing mental health and quality of life in nursing students (15,33,68,69). Interestingly, multivariate analysis demonstrated a highest risk for anxiety related to the nursing course. Consistently, a Spanish study reported that final nursing graduate students felt highly committed to being interning during the COVID-19 pandemic, reporting more anxiety than usual (10).

This study had some limitations to acknowledge. First, we adopted the online convenience sampling strategy, which was not based on a random selection. Although the results are from the healthcare students' population, it is difficult to generalize the results to these students who do not have access to social networks. However, considering the pandemic context, we believe it is the most viable strategy. Second, sample variability was limited to students from few universities across the country and could not represent the totality of the Brazilian reality. Third, this study was performed on a limited group of courses, which makes it difficult to generalize our results to other courses. Fourth, the majority of participants were female, and the possibility of sampling bias should be considered, nevertheless detected gender differences were considered in multivariate analysis. Finally, as this is a cross-sectional study, causal inferences cannot be effectively demonstrated.

On the other hand, our study provides important information about the risk factors and coping strategies associated with emotional distress, symptoms, and quality of life that could help design appropriate coping mental interventions. Thereby, this study can further corroborate in future research on some psychological aspects of the healthcare student population.

Conclusion

The rapid spread of COVID-19 is associated with distress among healthcare students. The pandemic has a significant adverse impact on mental health and influenced live style. Our study showed that the COVID-19 pandemic may affect the mental health and the well-being of healthcare students. We also provided important information about the risk factors and coping strategies associated with psychological impacts of the COVID-19 pandemic that should be helpful to design appropriate mental interventions. There is a need to help students to deal with this stressful event, supporting the development of self-care practices among students and special care of the psychological outcomes in order to create more resilient health care students during times of uncertainty.

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Figure 1. Percentual of severe anxiety comparing courses and internship (n=462).

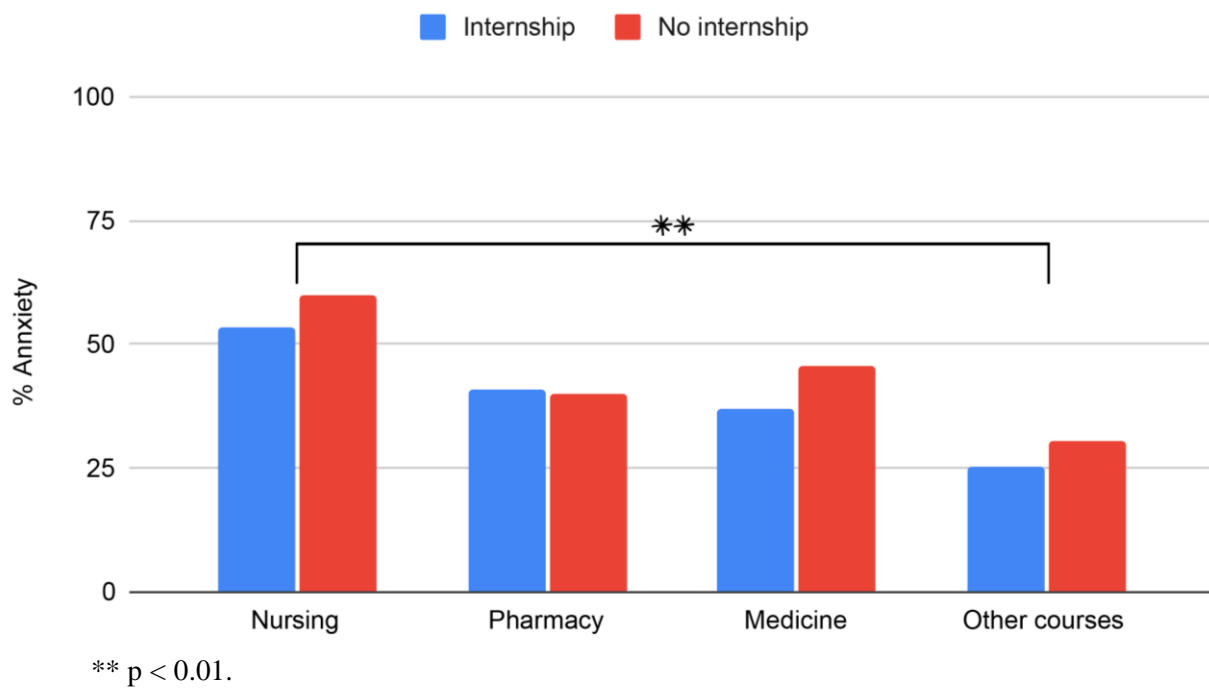


Table 1. Descriptive data of participants.

Variables	
Gender, female (%)	369 (79.9%)
Age, median (minimum - maximum)	23 (16 - 61)
State (%)	
Rio Grande do Sul	362 (78.3%)
São Paulo	40 (8.7%)
Other states	60 (13%)
Undergraduate course (%)	
Nursing	80 (17.3%)
Pharmacy	84 (18.2%)
Medicine	197 (42.6%)
Other courses	101 (21.9%)
Living alone (%)	75 (16.2%)
Be interning (%)	333 (72,1%)
Place of residence (%)	
Urban	309 (66.9%)
Rural	153 (33.1%)
Living alone (%)	75 (16.2%)
Substance use	
Alcohol	133 (28.8%)
Medication	67 (14.5%)
Other substances	29 (6.3%)
Anxiety, n (%)	
GAD-7 < 10	280 (60.6%)
GAD-7 ≥ 10	182 (39.4%)
Depression, n (%)	
PHQ-9 < 10	224 (48.5%)
PHQ-9 ≥ 10	238 (51.5%)
Quality of Life (QLESQ) score, mean (SD)	43.92 (8.58)

Table 2. Multivariate Poisson regression model for anxiety in health students (n=462).

<i>Parameter</i>	<i>Exp (B)^a</i>	95% Confidence Interval		<i>p</i>
		<i>Lower</i>	<i>Upper</i>	
(Intercept)	0.344	0.144	0.823	0.016*
Undergraduate course				
Other courses	0.710	0.515	0.978	0.036*
Pharmacy	1.130	0.868	1.472	0.364
Nursing	1.352	1.072	1.705	0.011*
Medicine	1	.	.	.
Gender				
Female	1.067	0.827	1.378	0.618
Male	1	.	.	.
Be interning				
No	1.088	0.873	1.356	0.454
Yes	1	.	.	.
Living alone				
Yes	1.137	0.883	1.464	0.320
No	1	.	.	.
Fear of contagion				
Severe fear	0.624	0.364	1.069	0.086
Moderate fear	0.913	0.645	1.293	0.608
Little fear	0.988	0.797	1.224	0.910
No fear	1	.	.	.
<i>Coping strategies</i>				
Diaphragmatic breathing				
Yes	0.949	0.748	1.205	0.669
No	1	.	.	.
Physical activity				
Yes	1.021	0.794	1.314	0.871
No	1	.	.	.
Medication				
Yes	0.889	0.696	1.137	0.349
No	1	.	.	.
Psychotherapy				
Yes	0.757	0.594	0.966	0.025*
No	1	.	.	.
<i>Substance use</i>				
Alcohol				
Yes	1.169	0.959	1.424	0.122
No	1	.	.	.
Medication				
Yes	1.316	1.042	1.663	0.021*
No	1	.	.	.
Place of residence				
Rural	1.108	0.903	1.360	0.325
Urban	1	.	.	.
Depression				

PHQ-9 ≥ 10	4.270	2.843	6.412	<0.001* **
PHQ-9 <10	1	.	.	.
Quality of life				
QLESQ	0.976	0.960	0.993	0.005**

Anxiety was defined as Generalized Anxiety Disorder 7-item (GAD-7) ≥ 10 .

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. " Prevalence ratio.

PHQ-9, Patient Health Questionnaire-9; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Table 3. Multivariate Poisson regression model for depression in health students (n=462).

<i>Parameter</i>	<i>Exp (B)^a</i>	95% Confidence Interval		<i>p</i>
		<i>Lower</i>	<i>Upper</i>	
(Intercept)	4.44	1.842	10.701	0.001**
Undergraduate course				
Other courses	1.148	0.936	1.408	0.185
Pharmacy	0.95	0.761	1.185	0.647
Nursing	0.922	0.76	1.119	0.411
Medicine	1	.	.	.
Age	0.977	0.959	0.995	0.015*
Gender				
Female	1.08	0.859	1.358	0.509
Male	1	.	.	.
Be interning				
No	1.042	0.889	1.223	0.611
Yes	1	.	.	.
Fear of contagion				
No fear	1.172	0.83	1.654	0.367
Little fear	0.782	0.602	1.017	0.066
Moderate fear	0.798	0.672	0.948	0.010*
Severe fear	1	.	.	.
<i>Coping strategies</i>				
Physical activity				
Yes	1.009	0.836	1.218	0.924
No	1	.	.	.
Medication				
Yes	1.281	1.055	1.554	0.012*
No	1	.	.	.
Psychotherapy				
Yes	1.238	1.053	1.456	0.010*
No	1	.	.	.
<i>Substance use</i>				
Alcohol				
Yes	0.982	0.836	1.153	0.820
No	1	.	.	.
Medication				
Yes	0.741	0.602	0.91	0.004**
No	1	.	.	.
Place of residence				
Rural	1.187	1.019	1.383	0.028*
Urban	1	.	.	.
Anxiety				
GAD-7 ≥10	2.039	1.658	2.507	< 0.001***
GAD-7 <10	1	.	.	.
Quality of life				
QLESQ	0.952	0.938	0.966	< 0.001***

Depression was defined as Generalized Anxiety Disorder 7-item (GAD-7) ≥ 10.

* p<0.05, ** p<0.01, *** p<0.001. ^a Prevalence ratio.

GAD-7, Generalized Anxiety Disorder 7-item; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Table 4. Multivariate Poisson regression model for quality of life in health students (n=462).

<i>Parameter</i>	<i>B^a</i>	95% Confidence Interval		<i>p</i>
		<i>Lower</i>	<i>Upper</i>	
(Constant)	50.753	46.709	54.797	< 0.001***
Undergraduate course				
Other courses	-0.359	-1.906	1.187	0.648
Pharmacy	1.374	-2.314	0.973	0.423
Nursing	-0.670	-0.264	3.011	0.100
Gender				
Female	-1.410	-2.867	0.046	0.058
Internship	0.780	-0.534	2.094	0.244
Fear of contagion				
Little fear	-5.998	-8.42	-3.576	< 0.001***
Moderate fear	-7.416	-9.531	-5.301	< 0.001***
Severe fear	-8.407	-10.753	-6.06	< 0.001***
<i>Coping strategies</i>				
Meditation /mindfulness	1.904	0.352	3.456	0.016*
Physical activity	4.032	2.783	5.28	< 0.001***
Medication	-1.792	-3.372	-0.212	0.026*
Psychotherapy	0.106	-1.252	1.464	0.878
<i>Substance use</i>				
Alcohol	-0.465	-1.759	0.828	0.480
Medication	-2.746	-4.606	-0.887	0.004**
Suspected COVID-19	-2.597	-1.172	-4.022	< 0.001***
Anxiety				
GAD-7 >10	-2.301	-3.752	-0.85	0.002**
Depression				
PHQ-9 >10	-5.993	-7.427	-4.559	< 0.001***

Quality of life was estimated using QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

* p<0.05, ** p<0.01, *** p<0.001. ^a Total effect of each variable on QLESQ.

GAD-7, Generalized Anxiety Disorder 7-item; PHQ-9, Patient Health Questionnaire-9.

Supplemental Table S1. Differences between anxious and non-anxious students (n=462).

		No anxiety (n=280)	Anxiety (n=182)	P
		(GAD-7 < 10)	(GAD-7 ≥10)	
Gender, n (%)				0.070
	Female	216 (77.1%)	153 (84.1%)	
	Male	64 (22.9%)	29 (15.9%)	
Age, median (minimum - maximum)		23 (16-61)	23 (19-43)	0.177
Quality of life (QLESQ), mean (SD)		47.08 (7.78)	39.05 (7.42)	<0.001***
Depression, n (%)				<0.001***
	PHQ-9 < 10	198 (70.7%)	26 (14.3%)	
	PHQ-9 ≥ 10	82 (29.3%)	156 (85.7%)	
Place of residence, n (%)				0.018*
	Urban	199 (71.1%)	110 (60.4%)	
	Rural	81 (28.9%)	72 (39.6%)	
Internship, n (%)				0.969
	No	78 (27.9%)	51 (28%)	
	Yes	202 (72.1%)	131 (72%)	
Living alone, n (%)				0.250
	No	239 (85.4%)	148 (81.3%)	
	Yes	41 (14.6%)	34 (18.7%)	
Coping strategies, n (%)				0.043*
	<i>Diaphragmatic breathing</i>	99 (35.4%)	48 (26.4%)	
	<i>Progressive muscle relaxation</i>	24 (8.6%)	14 (7.7%)	0.737
	<i>Meditation/ Mindfulness</i>	46 (16.4%)	29 (15.9%)	0.888
	<i>Yoga</i>	25 (8.9%)	16 (8.8%)	0.960
	<i>Physical activity</i>	105 (37.5%)	45 (24.7%)	0.004**
	<i>Medication</i>	48 (17.1%)	59 (32.4%)	<0.001***
	<i>Psychotherapy</i>	79 (28.2%)	47 (25.8%)	0.573
Substance use, n (%)				0.004**
	<i>Alcohol</i>	67 (23.9%)	66 (36.3%)	
	<i>Medication</i>	19 (6.8%)	48 (26.4%)	<0.001***
	<i>Cannabis</i>	14 (5.0%)	11 (6.0%)	0.628
	<i>Cocaine</i>	2 (0.7%)	2 (1.1%)	0.648
Suspected COVID-19				0.147
	No	228 (81.4%)	138 (75.8%)	
	Yes	52 (18.6%)	44 (24.2%)	
Fear of contagion				0.001**
	Severe fear	46 (16.4%) _a	53 (29.1%) _b	
	Moderate fear	150 (53.6%) _a	97 (53.3%) _a	
	Little fear	51 (18.2%) _a	22 (12.1%) _a	
	No fear	33 (11.8%) _a	10 (5.5%) _b	

Chi-squared test was applied for testing categorical variable differences between anxiety status. Independent samples Mann-Whitney U sum test was used to test differences of age between groups. Independent samples T-test was used to examine differences of quality of life (QLESQ) between groups. Each subscript letter

denotes a subset of categories whose column proportions do not differ significantly from each other at the 0.05 level.* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. PHQ-9, Patient Health Questionnaire-9; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Supplemental Table S2. Differences between depressive and non-depressive students (n=462).

	No depression (n=224) (PHQ-9 < 10)	Depression (n=238) (PHQ-9 ≥10)	p
Gender, n (%)			
Female	168 (75%)	201 (84.5%)	0.011*
Male	56 (25%)	37 (15.5%)	
Age, mean (SD)	24 (16 - 61)	23 (19 - 61)	0.009*
Quality of life (QLESQ), mean (SD)	48.91 (7.5)	39.22 (6.69)	<0.001***
Anxiety, n (%)			
GAD-7 < 10	198 (70.7%)	26 (14.3%)	<0.001***
GAD-7 ≥ 10	82 (29.3%)	156 (81.7%)	
Place of residence, n (%)			
Urban	166 (74.1%)	143 (60.1%)	0.001**
Rural	58 (25.9%)	95 (39.9%)	
Internship, n (%)			
No	61 (27.2%)	68 (28.6%)	0.748
Yes	163 (72.8%)	170 (71.4%)	
Living alone, n (%)			
No	192 (85.7%)	195 (81.9%)	0.271
Yes	32 (14.3%)	43 (18.1%)	
Coping strategies, n (%)			
<i>Diaphragmatic breathing</i>	79 (35.3%)	68 (28.6%)	0.122
<i>Progressive muscle relaxation</i>	17 (7.6%)	21 (8.8%)	0.629
<i>Meditation/ Mindfulness</i>	39 (17.4%)	36 (15.1%)	0.506
<i>Yoga</i>	16 (7.1%)	25 (10.5%)	0.204
<i>Physical activity</i>	87 (38.8%)	63 (26.5%)	0.005**
<i>Medication</i>	24 (10.7%)	83 (34.9%)	<0.001***
<i>Psychotherapy</i>	47 (21%)	79 (33.2%)	0.003**
Substance use, n (%)			
<i>Alcohol</i>	54 (24.1%)	79 (33.2%)	0.031*
<i>Medication</i>	14 (6.3%)	53 (22.3%)	<0.001***
<i>Cannabis</i>	13 (5.8%)	12 (5%)	0.718
<i>Cocaine</i>	0 (0%)	4 (1.7%)	0.124
Suspected COVID-19			
No	185 (82.6%)	181 (76.1%)	0.083
Yes	39 (17.4%)	57 (23.9%)	
Fear of contagion			
Severe fear	27 (12.1%) _a	72 (30.3%) _a	<0.001***
Moderate fear	128 (57.1%) _b	119 (50%) _b	
Little fear	43 (19.2%) _b	30 (12.6%) _b	
No fear	26 (11.6%) _b	17 (7.1%) _b	

Chi-squared test was applied for testing categorical variable differences between anxiety status. Independent samples Mann-Whitney U sum test was used to test differences of age between groups. Independent samples T-test was used to examine differences of quality of life (QLESQ) between groups. Each subscript letter denotes a subset of categories whose column proportions do not differ significantly from each other at the 0.05

level. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. GAD-7, Generalized Anxiety Disorder 7-item; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Supplemental Table S3. Associations between variables and quality of life in health students (n=462).

		Quality of life, mean (SD)	p
Gender			
	Female	43.33 (8.10)	0.01*
	Male	46.25 (9.99)	
Anxiety			
	GAD-7 < 10	47.08 (7.78)	<0.001***
	GAD-7 ≥ 10	39.05 (7.42)	
Depression			
	PHQ-9 < 10	48.91 (7.50)	<0.001***
	PHQ-9 ≥ 10	39.22 (6.68)	
Place of residence			
	Urban	44.36 (8.72)	0.117
	Rural	43.03 (8.26)	
Internship			
	No	44.52 (8.57)	0.347
	Yes	43.68 (8.59)	
Living alone			
	No	43.85 (8.59)	0.699
	Yes	44.27 (8.57)	
Coping strategies			
	<i>Diaphragmatic breathing</i>	No	0.255
		Yes	
	<i>Progressive muscle relaxation</i>	No	0.934
		Yes	
	<i>Meditation/ Mindfulness</i>	No	0.021*
		Yes	
	<i>Yoga</i>	No	0.151
		Yes	
	<i>Physical activity</i>	No	<0.001***
		Yes	
	<i>Medication</i>	No	<0.001***
		Yes	
	<i>Psychotherapy</i>	No	0.029*
		Yes	
Substance use			
	<i>Alcohol</i>	No	0.003**
		Yes	
	<i>Medication</i>	No	<0.001***
		Yes	
	<i>Cannabis</i>	No	0.704
		Yes	
	<i>Cocaine</i>	No	0.984
		Yes	
Suspected COVID-19			

No	44.64 (7.81)	0.003**
Yes	41.14 (10.64)	
Fear of contagion		
Severe fear	40.11 _a (7.77)	<0.001***
Moderate fear	43.51 _b (7.68)	
Little fear	45.95 _b (8.47)	
No fear	51.53 _c (9.88)	

Independent samples T-test was used to examine differences of quality of life (QLESQ) between groups. Each subscript letter denotes a subset of categories whose column proportions do not differ significantly from each other at the 0.05 level. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. GAD-7, Generalized Anxiety Disorder 7-item; PHQ-9, Patient Health Questionnaire-9; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Supplemental Table S4. Differences among undergraduate courses (n=462).

		Nursing (n=80)	Pharmacy (n=84)	Medicine (n=197)	Other courses (n=101)	p
Gender, n (%)						
	Female	68 (85.0%)	67 (79.8%)	153 (77.7%)	81 (80.2%)	0.591
	Male	12 (15.0%)	17 (20.2%)	44 (22.3%)	20 (19.8%)	
Age, mean (SD)		24.35 (5.03)	26.46 (7.42)	24.33 (4.69)	26.12 (7.40)	0.091
Anxiety, n (%)						
	GAD-7 < 10	37 (46.3%) _a	50 (59.5%) _{a, b}	120 (60.9%) _{a, b}	73 (72.3%) _b	0.005**
	GAD-7 ≥ 10	43 (53.8%) _a	34 (40.5%) _{a, b}	77 (39.1%) _{a, b}	28 (27.7%) _b	
Depression, n (%)						
	PHQ-9 < 10	35 (43.8%)	48 (57.1%)	93(47.2%)	48 (47.5%)	0.333
	PHQ-9 ≥ 10	45 (56.3%)	36 (42.9%)	104 (52.8%)	53 (52.5%)	
Quality of life (QLESQ), mean (SD)		42.51 (8.62)	45.35 (8.26)	44.09 (8.84)	43.50 (8.23)	0.189
Place of residence, n (%)						
	Urban	58 (72.5%)	55 (65.5%)	122 (61.9%)	74 (73.3%)	0.154
	Rural	22 (27.5%)	29 (34.5%)	75 (38.1%)	27 (26.7%)	
Internship, n (%)						
	No	5 (6.3%) _a	30 (35.7%) _{b, c}	48 (24.4%) _c	46 (45.5%) _b	<0.001** *
	Yes	75 (93.8%) _a	54 (64.3%) _{b, c}	149 (75.6%) _c	55 (54.5%) _b	
Living alone, n (%)						
	No	67 (83.8%)	72 (85.7%)	157 (79.7%)	91 (90.1%)	0.132
	Yes	13 (16.3%)	12 (14.3%)	40 (20.3%)	10 (9.9%)	
Coping strategies, n (%)						
	<i>Diaphragmatic breathing</i>	18 (22.5%) _a	24 (28.6%) _{a, b}	63 (32.0%) _{a, b}	42 (41.6%) _b	0.045*
	<i>Progressive muscle relaxation</i>	8 (10.0%) _{a, b}	2 (2.4%) _b	14 (7.1%) _{a, b}	14 (13.9%) _a	0.033*
	<i>Meditation/ Mindfulness</i>	11 (13.8%)	13 (15.5%)	38 (19.3%)	13 (12.9%)	0.459
	<i>Yoga</i>	7 (8.8%)	3 (3.6%)	23 (11.7%)	8 (7.9%)	0.176
	<i>Physical activity</i>	26 (32.5%) _{a, b}	16 (19.0%) _b	68 (34.5%) _{a, b}	40 (39.6%) _a	0.022*
	<i>Medication</i>	18 (22.5%)	22 (26.2%)	49 (24.9%)	18 (17.8%)	0.495
	<i>Psychotherapy</i>	25 (31.3%) _a	9 (10.7%) _b	56 (28.4%) _a	36 (35.6%) _a	0.001**
Substance use, n (%)						
	<i>Alcohol</i>	25 (31.3%) _{a, b}	14 (16.7%) _b	68 (34.5%) _a	26 (25.7%) _{a, b}	0.020*
	<i>Medication</i>	7 (8.8%)	14 (16.7%)	33 (16.8%)	13 (12.9%)	0.324
	<i>Cannabis</i>	4 (5.0%)	4 (4.8%)	12 (6.1%)	5 (5.0%)	0.957
	<i>Cocaine</i>	0 (0.0%)	3 (3.6%)	1 (0.5%)	0 (0.0%)	0.072
Suspected COVID-19						
	No	61 (76.3%)	74 (88.1%)	148 (75.1%)	83 (82.2%)	0.072

	Yes	19 (23.8%)	10 (11.9%)	49 (24.9%)	18 (17.8%)	
Fear of contagion						0.003**
	Severe fear	17 (21.3%) _a	15 (17.9%) _a	38 (19.3%) _a	29 (28.7%) _a	
	Moderate fear	46 (57.5%) _a	45 (53.6%) _a	97 (49.2%) _a	59 (58.4%) _a	
	Little fear	7 (8.8%) _a	18 (21.4%) _a	35 (17.8%) _a	13 (12.9%) _a	
	No fear	10 (12.5%) _a	6 (7.1%) _a	27 (13.7%) _a	0 (0.0%) _b	

Chi-squared test was applied for testing categorical variable differences between undergraduate course groups. Kruskal-Wallis rank sum test was used to test differences of age between groups. One-way ANOVA and Tukey post-hoc test was used to examine differences of quality of life (QLESQ) between groups. Each subscript letter denotes a subset of categories whose column proportions do not differ significantly from each other at the 0.05 level. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. GAD-7, Generalized Anxiety Disorder 7-item. PHQ-9, Patient Health Questionnaire-9; QLESQ, Quality of Life Enjoyment and Satisfaction Questionnaire.

Supplemental Table S5 – Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

<i>Checklist Item</i>	<i>Explanation</i>	<i>Page Number</i>
Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.)	6
IRB approval	Mention whether the study has been approved by an IRB.	1
Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	5
Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	5
Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	5
Open survey versus closed survey	An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).	5
Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	5
Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	5
Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	5
Context	Describe the Web site (for mailing list/newsgroup) in	not

	<p>which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site</p>	applicable
Mandatory/voluntary	<p>Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?</p>	5
Incentives	<p>Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?</p>	5
Time/Date	<p>In what timeframe were the data collected?</p>	4
Randomization of items or questionnaires	<p>To prevent biases items can be randomized or alternated.</p>	4
Adaptive questioning	<p>Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.</p>	?
Number of Items	<p>What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.</p>	5
Number of screens (pages)	<p>Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.</p>	5
Completeness check	<p>It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if “yes”, how (usually JavaScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as “not applicable” or “rather not say”, and selection of one response option should be enforced.</p>	not applicable
Review step	<p>State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the</p>	5

	respondents if they are correct).	
Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	not applicable
View rate (Ratio of unique survey visitors/unique site visitors)	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.	not applicable
Participation rate (Ratio of unique visitors who agreed to participate/unique first survey page visitors)	Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called “recruitment” rate.	not applicable
Completion rate (Ratio of users who finished the survey/users who agreed to participate)	The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate “informed consent” page or if the survey goes over several pages. This is a measure for attrition. Note that “completion” can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word “completeness rate”.)	not applicable
Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	not applicable
IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users	not applicable

	with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	
Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	not applicable
Registration	In “closed” (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	5
Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?	6
Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.	not applicable
Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.	not applicable

This checklist has been modified from Eysenbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). *J Med Internet Res.* 2004 Sep 29;6(3):e34 [erratum in *J Med Internet Res.* 2012; 14(1): e8.]. Article available at <https://www.jmir.org/2004/3/e34/>; erratum available <https://www.jmir.org/2012/1/e8/>. Copyright ©Gunther Eysenbach. Originally published in the Journal of Medical Internet Research, 29.9.2004 and 04.01.2012.

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5 CONCLUSÃO E PERSPECTIVAS/ DISCUSSÃO GERAL

A rápida disseminação do COVID-19 está associada à angústia entre os estudantes de saúde e esta pandemia mostrou um impacto adverso significativo na saúde mental, influenciando, inclusive, o estilo de vida entre estes acadêmicos.

O estudo mostrou que a pandemia COVID-19 pode afetar a saúde mental e o bem-estar de estudantes da área de saúde, fornecendo informações importantes sobre os fatores de risco e estratégias de enfrentamento associados aos impactos psicológicos da pandemia COVID-19 que devem ser úteis para projetar intervenções mentais apropriadas. Dessa forma, observa-se o quanto é necessário ajudar os alunos a lidar com este evento estressante, apoiando o desenvolvimento de práticas de autocuidado entre os alunos, com supervisão contínua e atenção especial aos resultados psicológicos, a fim de possibilitar aos alunos da área da saúde sentirem-se mais resilientes em momentos de incerteza.

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APÊNDICE A – TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO

Título do Projeto: IMPACTO NA VIDA DE ACADÊMICOS DA SAÚDE QUE ESTÃO ATUANDO NO ENFRENTAMENTO DO COVID19 (CORONAVIRUS)

Você está sendo convidado(a) a participar de uma pesquisa cujo objetivo é avaliar o impacto nas tarefas cotidianas e acadêmicas devido ao COVID19, bem como a regulação emocional, estratégias de coping e sintomas relacionados ao estresse, à ansiedade e à depressão em estudantes da área da saúde que estão atuando no enfrentamento da pandemia do coronavírus, através da aplicação de questionários e instrumentos psicométricos autoaplicáveis.

Esta pesquisa está sendo realizada pelo Programa de Transtornos de Ansiedade-PROTAN do Hospital de Clínicas de Porto Alegre (HCPA), seguindo as determinações da Resolução Nº 466/12 do Conselho Nacional de Saúde e em conformidade com a Resolução CNS Nº 510 de 2016 sobre pesquisa envolvendo seres humanos.

Se você aceitar o convite, sua participação na pesquisa envolverá responder algumas perguntas sobre você, como você está se sentindo e sobre sua saúde mental em relação a sua atuação como estagiário durante o período de pandemia da COVID-19. O tempo para responder todos os instrumentos é de aproximadamente 10 a 15 minutos.

Algumas questões podem causar desconforto, incluindo sentimentos de tristeza e ansiedade. Busque ajuda e converse com alguém de confiança se você não estiver se sentindo bem. A todo momento, lembretes para buscar ajuda e telefones do CVV serão fornecidos durante o preenchimento dos instrumentos. Porém, participando desta pesquisa, você estará contribuindo para identificar como os acadêmicos da saúde estão enfrentando as atividades acadêmicas e as dificuldades emocionais associadas com a pandemia da COVID-19.

Sua participação na pesquisa é totalmente voluntária, ou seja, não é obrigatória. Caso você decida não participar, ou ainda, desistir de participar e retirar seu consentimento a qualquer momento, não haverá nenhum prejuízo ao atendimento que você recebe ou possa vir a receber na instituição.

Não está previsto nenhum tipo de pagamento pela sua participação na pesquisa e você não terá nenhum custo com respeito aos procedimentos envolvidos.

Os questionários são anônimos, não havendo possibilidade de sua identidade ser associada com suas respostas na publicação dos resultados desta pesquisa.

Os dados coletados durante a pesquisa serão sempre tratados confidencialmente. Os resultados serão apresentados de forma conjunta, sem a identificação dos participantes, ou seja, o seu nome não aparecerá na publicação dos resultados.

Caso você tenha aceitado receber um feedback de suas respostas e fornecido um e-mail para contato, você saberá como foi seu desempenho. Se suas respostas indicarem que você pode estar se sentindo triste e ansioso(a), no e-mail de feedback haverá orientações detalhadas de como você pode buscar ajuda ou auxílio profissional, assim como o que poderia fazer para ajudar a se sentir melhor. Se você expressar algum tipo de risco relacionado à morte ou a suicídio, será orientado a ligar para o Centro e Valorização da Vida (CVV). Desde já você está convidado a assistir os vídeos psicoeducativos do programa de transtornos de ansiedade

para promoção de saúde mental e bem-estar., no canal do YouTube do Hospital de Clínicas de Porto Alegre (HCPA).

Caso você tenha dúvidas, poderá entrar em contato com a pesquisadora responsável Gisele Gus Manfro, pelo telefone 33598294 com a pesquisadora Flávia de Moraes pelo telefone (51) 99969-4402, pelo email pesquisa.protan@gmail.com ou com o Comitê de Ética em Pesquisa do Hospital de Clínicas de Porto Alegre (HCPA), pelo telefone (51) 33597640, ou no 2º andar do HCPA, sala 2229, de segunda à sexta, das 8h às 17h.

Esse Termo é assinado em duas vias, sendo uma para o participante e outra para os pesquisadores. Assim que você clicar na caixa de marcação abaixo, uma via desse documento em arquivo digital, no formato PDF e assinada pelo pesquisador principal, poderá ser acessada em um link específico para download. É de fundamental importância que você guarde uma cópia desse documento em seus arquivos.

Nome do participante da pesquisa

Assinatura

Flávia de Moraes

APÊNDICE B – Instrumento de coleta de dados

Modelo - Questionário: O Impacto na vida de acadêmicos na pandemia - Formulários Google

IMPACTO NA VIDA DE ACADÊMICOS DA SAÚDE

Você está sendo convidado a participar de uma pesquisa que tem por objetivo avaliar o impacto da pandemia do COVID-19 sobre as tarefas cotidianas e acadêmicas, bem como avaliar os sintomas relacionados ao estresse, à ansiedade, à depressão e à qualidade de vida em estudantes da área da saúde que estão atuando no enfrentamento da pandemia do coronavírus, através da aplicação de questionários e instrumentos psicométricos autoaplicáveis na forma online.

Se você tem interesse em participar da pesquisa clique aqui e você será direcionado (a) para o Termo de Consentimento Livre e Esclarecido, documento que contém mais informações sobre a pesquisa. A participação na pesquisa será por meio de resposta a um questionário sobre como está lidando com questões acadêmicas, sociais e emocionais durante seu estágio acadêmico no período de pandemia.

Se após a leitura do Termo de Consentimento você decidir participar da pesquisa, responda à pergunta: Você concorda em participar da pesquisa?

Ao responder Sim você será direcionado para o questionário. O tempo médio de resposta é de 7 minutos.

Agradecemos o seu tempo e atenção. Equipe de pesquisa.

*Obrigatório

Continuar

Marcar apenas uma oval.

Sim

Antes de iniciar, você deve ler o Termo de Consentimento Livre e Esclarecido (TCLE) que irá explicar sobre algumas questões da pesquisa e, caso deseje continuar, deverá assinalar seu consentimento.

Nº do projeto CAAE 31873520.5.0000.5327

Título do Projeto: IMPACTO NA VIDA DE ACADÊMICOS DA SAÚDE QUE ESTÃO ATUANDO NO ENFRENTAMENTO DO COVID19 (CORONAVIRUS)

Você está sendo convidado(a) a participar de uma pesquisa cujo objetivo é avaliar o impacto nas tarefas cotidianas e acadêmicas devido ao COVID19, bem como os sintomas relacionados ao estresse, à ansiedade, à depressão e à qualidade de vida em estudantes da área da saúde que estão atuando no enfrentamento da pandemia do coronavírus, através da aplicação de questionários e instrumentos psicométricos autoaplicáveis. Esta pesquisa está sendo realizada pelo Programa de Transtornos de Ansiedade-PROTAN do Hospital de Clínicas de Porto Alegre (HCPA).

Se você aceitar o convite, sua participação na pesquisa envolverá responder algumas perguntas em formulário online sobre você, como você está se sentindo e sobre sua saúde mental em

relação a sua atuação como estagiário durante o período de pandemia da COVID-19. O tempo para responder todos os instrumentos é de aproximadamente 3 a 5 minutos.

Os possíveis riscos ou desconfortos decorrentes de sua participação são a sensação de desconforto, incluindo sentimentos de tristeza e ansiedade. Busque ajuda e converse com alguém de confiança se você não estiver se sentindo bem. Você poderá entrar em contato com os pesquisadores nos telefones e e-mail abaixo citados caso queira ajuda especializada. Caso sinta que esteja correndo risco e esteja fora dos horários disponíveis dos pesquisadores, busque ajuda no CVV.

Os possíveis benefícios decorrentes da participação na pesquisa são a contribuição para identificar como os acadêmicos da saúde estão enfrentando as atividades acadêmicas, as dificuldades emocionais associadas com a pandemia da COVID-19 e como estão buscando o equilíbrio emocional e apoio social.

Sua participação na pesquisa é totalmente voluntária, ou seja, não é obrigatória. Caso você decida não participar, ou ainda, desistir de participar e retirar seu consentimento, não haverá nenhum prejuízo ao atendimento que você recebe ou possa vir a receber na instituição.

Não está previsto nenhum tipo de pagamento pela sua participação na pesquisa e você não terá nenhum custo com respeito aos procedimentos envolvidos.

Caso ocorra alguma intercorrência ou dano, resultante de sua participação na pesquisa, você receberá todo o atendimento necessário, sem nenhum custo pessoal.

Os dados coletados durante a pesquisa serão sempre tratados confidencialmente. Os resultados serão apresentados de forma conjunta, sem a identificação dos participantes, ou seja, o seu nome não aparecerá na publicação dos resultados.

Caso você tenha dúvidas em relação a esta pesquisa ou a este Termo, antes de decidir participar você poderá entrar em contato com o pesquisador responsável Gisele Gus Manfro, pelo telefone 33598294, com a pesquisadora Flávia de Moraes pelo telefone (51) 99969-4402, pelo email pesquisa.protan@gmail.com ou com o Comitê de Ética em Pesquisa do Hospital de Clínicas de Porto Alegre (HCPA), pelo telefone

(51) 33597640, email cep@hcpa.edu.br ou no 2º andar do HCPA, sala 2229, de segunda à sexta, das 8h às 17h.

Você concorda em participar da pesquisa *
Marcar apenas uma oval.

Sim, concordo em participar da pesquisa

INFORMAÇÕES BÁSICAS

Primeiramente, antes de começarmos com as perguntas principais, nós gostaríamos de obter algumas informações gerais sobre você.

1. Qual sua idade?*

2. Especifique seu sexo: *

Marque todas que se aplicam.

Masculino

Feminino

Outro:

3. Especifique seu gênero: *

Marque todas que se aplicam.

Masculino

Feminino

Outro:

4. Qual seu estado? *

Acre

Alagoas

Amapá

Amazonas

Bahia

Ceará

Espírito Santo

Goiás

Maranhão

Mato Grosso

Mato Grosso do Sul

Minas Gerais

Pará

Paraíba

Paraná

Pernambuco

Piauí

Rio de Janeiro

Rio Grande do Norte

Rio Grande do Sul

Rondônia

- Roraima
- Santa Catarina
- São Paulo
- Sergipe
- Tocantins

5. Qual sua graduação?*

Marque todas que se aplicam.

- Enfermagem
- Farmácia
- Fisioterapia
- Medicina
- Outro:

6. Você está estagiando voluntariamente? *

Marque todas que se aplicam.

- Sim
- Não

7. Caso esteja atuando **NÃO VOLUNTARIAMENTE**, qual o motivo que o levou a estar estagiando?

Marque todas que se aplicam.

- não se aplica
- pela pontuação para a residência
- obrigatoriedade do curso/comgrad/professor
- obrigado pela família
- causar boa impressão social
- Outro:

8. Sua universidade é:*

Marque todas que se aplicam.

- Pública Federal
- Pública Estadual
- Particular

9. Qual dessas opções melhor descreve o lugar que você mora? *

Marque todas que se aplicam.

- Cidade grande
- Periferia de cidade grande
- Cidade pequena

- Pequeno município/Vilarejo
- Área Rural

10. Você está envolvido diretamente com o combate ao COVID-19? *

Marque todas que se aplicam.

- Sim
- Não
- não sei

11. Você está em contato com alguma pessoa infectada? *

Marque todas que se aplicam.

- Sim
- Não
- não sei

12. Você está ou esteve em quarentena por suspeita de COVID-19? *

Marque todas que se aplicam.

- Sim
- Não

13. O quanto você tem medo de ser infectado pelo coronavírus (COVID-19)? *

Marque todas que se aplicam.

- Muito medo
- Medo moderado
- Pouco medo
- Não tenho medo

14. Com quem você está coabitando durante o confinamento? *

Marque todas que se aplicam.

- Estou sozinho(a)
- Com meus pais
- com meus avós
- com meu marido/companheiro/namorado
- com meu(s) filho(s)
- com meu(s) pet(s)
- com outras pessoas

15. Como está atualmente o relacionamento com a(s) pessoa(s) que você está coabitando? *

Marque todas que se aplicam.

- melhor
- pior
- igual como era antes

16. Você tem mantido contato social com aproximação física com outras pessoas? *

Marque todas que se aplicam.

- sim
 não

17. Você tem mantido contato social com outras pessoas, por meio de plataformas online? *

Marque todas que se aplicam.

- sim
 não

18. Após o início das atividades de enfrentamento ao coronavírus você sentiu nas últimas duas semanas? *

Marque todas que se aplicam.

	raramente	ocasionalmente	frequentemente	Muito frequente	sempre
alegria					
gratidão					
tédio					
raiva					
esperança					
irritabilidade					
solidão					
dificuldade para se concentrar					
ansiedade					
alterações físicas					

19. Após o início das atividades de enfrentamento ao coronavírus, você tem conseguido manter uma rotina com horários estabelecidos para cada tarefa (acordar e dormir, refeições, trabalho/estudo, descanso, atividade física, etc.)? *

Marque todas que se aplicam.

- não, estou sem rotina
 um pouco para algumas tarefas sim,
 estou seguindo uma rotina

20. Após o início atividades de enfrentamento ao coronavírus, você percebeu alteração no seu padrão de sono? *

Marque todas que se aplicam

- sim, demoro para pegar no sono sim, acordo no meio da noite
 sim, estou dormindo muito (mais que 10 horas por dia)
 não

21. Você tem horários para se alimentar? *

Marque todas que se aplicam.

- sim
 não

22. Se você respondeu sim na pergunta anterior, tem respeitado esses horários?*

Marque todas que se aplicam.

sim

não

22. Se você respondeu sim na pergunta anterior, tem respeitado esses horários?*

Marque todas que se aplicam.

sm

não

23. Após o início das atividades de enfrentamento ao coronavírus, você percebeu alteração na quantidade de alimentos que tem ingerido? *

Marque todas que se aplicam.

sim,estou comendo mais sim,

estou comendo menos

não, continuo comendo a mesma quantidade

24. Percebeu alguma mudança no tipo de alimento que tem ingerido? *

Marque todas que se aplicam.

sim

não

25. Os tipos de alimentos que você tem ingerido são: *

Marque todas que se aplicam.

alimentos mais calóricos (com mais gordura e açúcar, por ex. bolos, doces, bolachas, industrializados...)

alimentos mais saudáveis (com pouco açúcar, ricos em nutrientes, por ex. frutas, salada, legumes...)

tanto alimentos saudáveis, quanto alimentos calóricos

26. Seu peso aumentou desde o início do confinamento? *

Marque todas que se aplicam.

sim

não

não sei dizer

27. Você tem praticado atividade física nas últimas 2 semanas? *

Marque todas que se aplicam.

sim

não

28. Quantas vezes por semana? *

Marque todas que se aplicam.

Não se aplica

uma vez por semana

duas a três vezes por semana

quatro a cinco vezes por semana

Outro:

29. Após o início das atividades de enfrentamento ao coronavírus, você tem meditado? *

Marque todas que se aplicam.

- sim
 não

30. Quantas vezes por semana? *

Marque todas que se aplicam.

- Não se aplica
 uma vez por semana
 duas a três vezes por semana
 quatro a
 cinco vezes por semana
 todos os dias

31. Você tem alguma religião?*

Marque todas que se aplicam.

- sim
 não

32. Se sim, qual?*

Marque todas que se aplicam.

- não se aplica
 católica
 espírita
 evangélica
 judaica
 outra
 não quero referir

33. Após o início das atividades de enfrentamento ao coronavírus, você tem rezado ou feito orações? *

Marque todas que se aplicam.

- sim
 não
 não quero referir

34. Você tem utilizado alguma das estratégias abaixo para manejar a ansiedade durante as atividades de enfrentamento ao coronavírus? (Pode marcar mais de uma alternativa) *

Marque todas que se aplicam.

- não, nenhuma respiração diafragmática
 relaxamento muscular progressivo
 meditação/mindfulness
 yoga
 atividade física
 medicamento
 psicoterapia
 Outro:

35. Após o início das atividades de enfrentamento ao coronavírus, você percebeu maior consumo de cigarro (nicotina)? *

Marque todas que se aplicam.

- eu não fumo
- sim, estou fumando mais que habitualmente
- não, fumo habitualmente

36. Após o início das atividades de enfrentamento ao coronavírus, você percebeu maior consumo de substâncias como álcool, drogas e/ou medicações? *

Marque todas que se aplicam.

- sim
- não

37. Se sim, qual substância?*

Marque todas que se aplicam.

- não se aplica
- álcool
- maconha
- cocaína
- medicamento
- Outro:

38. Quantas vezes por semana você tem feito o uso? *

Marque todas que se aplicam.

- não se aplica
- uma vez por semana
- 2-3 vezes por semana
- 4-5 vezes por semana
- todos os dias

Como você está se sentindo nas DUAS (2) ÚLTIMAS SEMANAS?

1. Sentiu-se nervoso, ansioso, inquieto*

Marque todas que se aplicam.

- raramente
- alguns dias
- mais da metade dos dias
- quase todos os dias
- todos os dias

2. Não conseguiu parar de se preocupar ou controlar suas preocupações *

Marque todas que se aplicam.

- raramente
- alguns dias
- mais da metade dos dias
- quase todos os dias
- quase todos os dias

3. Se preocupou demais com diferentes coisas *

Marque todas que se aplicam.

- raramente
- alguns dias
- mais da metade dos dias
- quase todos os dias
- todos os dias

4. Dificuldade em relaxar *

Marque todas que se aplicam.

- raramente
- alguns dias
- mais da metade dos dias
- quase todos os dias
- todos os dias

5. Ficou tão agitado(a) que foi difícil ficar parado(a) *

Marque todas que se aplicam.

- raramente
- alguns dias
- mais da metade dos dias
- quase todos os dias
- todos os dias

6. Ficou facilmente aborrecido(a) irritado(a) *

Marque todas que se aplicam.

- raramente alguns dias
- mais da metade dos dias
- quase todos os dias quase todos os dias

7. Sentiu-se com medo, como se algo ruim pudesse acontecer *

Marque todas que se aplicam.

- raramente alguns dias
 mais da metade dos dias
 quase todos os dias
 todos os dias

Durante as DUAS ÚLTIMAS SEMANAS, com que frequência você foi incomodado(a) por qualquer um dos problemas abaixo?

1. Pouco interesse ou pouco prazer em fazer as coisas *

Marque todas que se aplicam.

- nenhuma vez vários dias
 mais da metade dos dias
 quase todos os dias

2. Se sentir “para baixo”, deprimido/a ou sem perspectiva *

Marque todas que se aplicam.

- nenhuma vez
 vários dias
 mais da metade dos dias
 quase todos os dias

3. Dificuldade para pegar no sono ou permanecer dormindo, ou dormir mais do que de costume*

Marque todas que se aplicam.

- nenhuma vez
 vários dias
 mais da metade dos dias
 quase todos os dias

4. Se sentir cansado/a ou com pouca energia *

Marque todas que se aplicam.

- nenhuma vez
 vários dias
 mais da metade dos dias
 quase todos os dias

5. Falta de apetite ou comendo demais **Marque todas que se aplicam.*

- nenhuma vez vários dias
- mais da metade dos dias
- quase todos os dias

6. Se sentir mal consigo mesmo/a — ou achar que você é um fracasso ou que decepcionou sua família ou você mesmo/a **Marque todas que se aplicam.*

- nenhuma vez
- vários dias
- mais da metade dos dias
- quase todos os dias

7. Dificuldade para se concentrar nas coisas, como ler o jornal ou ver televisão **Marque todas que se aplicam.*

- nenhuma vez
- vários dias
- mais da metade dos dias
- quase todos os dias

8. Lentidão para se movimentar ou falar, a ponto das outras pessoas perceberem? Ou o oposto, estar tão agitado/a ou irrequieto/a que você fica andando de um lado para o outro muito mais do que de costume **Marque todas que se aplicam.*

- nenhuma vez vários dias
- mais da metade dos dias quase
- todos os dias

9. Pensar em se ferir de alguma maneira ou que seria melhor estar morto/a **Marque todas que se aplicam.*

- nenhuma vez vários dias
- mais da metade dos dias
- quase todos os dias

10. Se você assinalou qualquer um dos problemas, indique o grau de dificuldade que os mesmos lhe causaram para realizar seu trabalho, tomar conta das coisas em casa ou para se relacionar com as pessoas?*

- Marque todas que se aplicam.*
- nenhuma dificuldade
- alguma dificuldade
- muita dificuldade
- extrema dificuldade

O quanto você esteve satisfeito/satisfeita durante os últimos 7 dias com:

1. Sua saúde física *

- Marque todas que se aplicam.*
- muito insatisfeito(a) insatisfeito(a)
- nem satisfeito(a), nem insatisfeito(a) satisfeito(a)
- muito satisfeito(a)

2. seu humor*

- Marque todas que se aplicam.*
- muito insatisfeito insatisfeito
- nem satisfeito nem insatisfeito satisfeito
- muito satisfeito

3. Seu trabalho*

- Marque todas que se aplicam.*
- muito insatisfeito insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

4. Suas atividades domésticas *

- Marque todas que se aplicam.*
- muito insatisfeito insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

5. Seus relacionamentos sociais **Marque todas que se aplicam.*

- muito insatisfeito insatisfeito
- nem satisfeito nemsatisfeito satisfeito
- muito satisfeito

6. Seus relacionamentos familiares **Marque todas que se aplicam.*

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

7. Suas atividades físicas **Marque todas que se aplicam.*

- muito insatisfeito insatisfeito
- nem satisfeito nemsatisfeito
- satisfeito
- muito satisfeito

8. sua capacidade de realizar tudo que tem que ser feito no seu dia-a-dia **Marque todas que se aplicam.*

- muito insatisfeito
- insatisfeito
- nem satisfeito nemsatisfeito
- satisfeito
- muito satisfeito

9. Seu desejo, interesse e/ou desempenho sexual **Marque todas que se aplicam.*

- muito insatisfeito
- insatisfeito
- nem satisfeito nemsatisfeito
- satisfeito
- muito satisfeito

10. Sua situação econômica *

Marque todas que se aplicam.

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

11. Sua condição de habitação/moradia*

Marque todas que se aplicam.

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

12. sua capacidade de andar sem se sentir tonto/a, cambaleante ou cair *

Marque todas que se aplicam.

- muito insatisfeito insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

13. Sua vista, isto é, sua capacidade de enxergar suficientemente bem para realizar trabalhos ou passatempos*

Marque todas que se aplicam.

- muito insatisfeito insatisfeito
- nem satisfeito nemsatisfeito satisfeito
- muito satisfeito

14. Sua sensação de bem-estar geral *

Marque todas que se aplicam.

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

15. Sua medicação? *

Marque todas que se aplicam.

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito
- Não faço uso de medicação

16. De um modo geral, como você avaliaria sua satisfação e seu prazer de viver durante os últimos 7 dias? *

Marque todas que se aplicam.

- muito insatisfeito
- insatisfeito
- nem satisfeito nem insatisfeito
- satisfeito
- muito satisfeito

Agradecimento

Agradecemos por seu tempo e por sua colaboração.

Estaremos dando continuidade a este projeto com ações de promoção da saúde emocional. Acompanhe as mídias sociais do Hospital de Clínicas de Porto Alegre (HCPA).

Lembre-se: Entre em contato se estiver sentindo-se desconfortável ou em sofrimento neste momento de pandemia. Se está passando por muito sofrimento, por favor, entre em contato com Centro de Valorização da vida (CVV) pelo fone 188 ou <https://www.cvv.org.br/>.

Por favor, caso queira fazer algum comentário sobre esse questionário e/ou assuntos relacionados, escreva abaixo.
