

Title of the study

The Psychological Burden of the COVID-19 Pandemic and Its Associated Factors among the Frontline Doctors of Bangladesh: A Cross-sectional Study

Investigators

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Extended Data File

- **Consent Form** (English Version)
- **Interview Questionnaire** (English Version)



Faculty of Public Health
Department of Noncommunicable diseases (NCD)
Bangladesh University of Health Sciences

Consent Form (English)

Participant ID:

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Informed Consent Form

Dear Respected Doctors,

Greetings!

You are welcome to participate in a study titled "**The Psychological burden of the COVID-19 pandemic and its associated factors among the frontline doctors of Bangladesh**" which is being entirely conducted through online using messenger. The objective of this study is to generate evidences for Bangladeshi health workers (frontline doctors) regarding the psychological impact of COVIC-19 pandemic. This is an initiative of Department of Noncommunicable Diseases, Bangladesh University of Health Sciences (BUHS). The BUHS is the first Medical University of Bangladesh in private sector and owned by world renowned Bangladesh Diabetic Association (BADAS). We are cordially inviting you to participate to develop evidence for doctor's community of Bangladesh. It is a self-administered questionnaire having three parts. First part (Question 1 to 12) is your basic information. Second part (Questions 13 to 25) is for screening of any disorder. Third part (26-29) is to find-out the risk factors. It will take only 5-10 minutes to complete the questionnaire. Your participation in this study is voluntary and you can withdraw yourself at any stage of data collection. All the data provided by you will be kept confidential. Your identity will remain anonymous. Your identification number will be assigned to generate a random number using google. Your participation in this online survey will indicate your informed consent.

Questionnaire

PART A : Preliminary Information About Participants
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Information	
A	Email address

PART B : Sociodemographic & Professional Information

No	Questions	Answer	Code
1	Mention your gender please	1. Men 2. Women	<input type="checkbox"/>
2	How old are you according to last birthday?completed year	
3	What is your marital status?	1. Never married 2. Married 3. Separated 4. Divorced 5. Widowed	<input type="checkbox"/>
4	What is the highest level of education you have completed?	1. Bachelor (MBBS) 2. Post-graduate (In-course) 3. Post-graduation clinical (FCPS/MD/MS/other) 4. Post-graduation public health 5. Post-graduation basic subject	<input type="checkbox"/>
5	What is the area of your health profession?	1. Clinical 2. Non-clinical	<input type="checkbox"/>
6	How will you classify your service?	1. Government 2. Private 3. Autonomous 4. Other (like personal chamber)	<input type="checkbox"/>
7	What is your professional class?	1. General practitioner 2. Medical officer /Assistant surgeon 3. Research assistant/associate/physician 4. Academician (Lecturer Upto Professor) 5. Clinician (Registrar Upto Professor) 6. Others	<input type="checkbox"/>
8	Which is your primary working place?	1. Private chamber/Diagnostic center 2. Medical college 3. University 4. Hospital 5. NGOs/private organization 6. Government office (Ministry/DG health/Secretariat) 7. Others	<input type="checkbox"/>
9	At which level of health system you are providing the health service?	1. Primary (Upazila & below) 2. Secondary (district hospital) 3. Tertiary (Medical college hospital) 4. Specialized 5. Others	<input type="checkbox"/>
10	Does your job involve shifting duty?	1. Yes 2. No	<input type="checkbox"/>

11	How many days of a week you provide the service?days	
12	Do you believe that your service center has sufficient stuff and equipment?	1. Yes 2. No	<input type="checkbox"/>

PART C : Screening of Anxiety & Depression

Over the last 2 weeks, how often have you been bothered by the following problems in relation to COVID-19 pandemic?

No	Questions	Answer	Code	Score
13	Feeling nervous, anxious or on edge	1. Not all (0) 2. Several days (1) 3. More than half the days (2) 4. Nearly every day (3)	<input type="checkbox"/>	<input type="checkbox"/>
14	Not being able to stop or control worrying	1. Not all (0) 2. Several days (1) 3. More than half the days (2) 4. Nearly every day (3)	<input type="checkbox"/>	<input type="checkbox"/>
15	Little interest or pleasure in doing things	1. Not all (0) 2. Several days (1) 3. More than half the days (2) 4. Nearly every day (3)	<input type="checkbox"/>	<input type="checkbox"/>
16	Feeling down, depressed, or hopeless	1. Not all (0) 2. Several days (1) 3. More than half the days (2) 4. Nearly every day (3)	<input type="checkbox"/>	<input type="checkbox"/>

PART D: Screening of Sleep Disturbance

No	Questions	Answer	Code	Score
17	Thinking about the past month, to what extent has poor sleep troubled you in general?	1. Not at all (4) 2. A little (3) 3. Somewhat (2) 4. Much (1) 5. Very much noticeable (0)	<input type="checkbox"/>	<input type="checkbox"/>
18	Thinking about a typical night in the last month, how many nights a week do you have a problem with your sleep?	1. 0 - 1 night (4) 2. 2 nights (3) 3. 3 nights (2) 4. 4 nights (1) 5. 5 - 7 nights (0)	<input type="checkbox"/>	<input type="checkbox"/>

PART E: Screening of Fear

No	Questions	Answer	Code	Score
19	I am most afraid of coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>
20	It makes me uncomfortable to think about coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>

21	My hands become clammy when I think about coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>
22	I am afraid of losing my life because of coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>
23	When watching news and stories about coronavirus-19 on social media, I become nervous or anxious.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>
24	I cannot sleep because I'm worrying about getting coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>
25	My heart races or palpitates when I think about getting coronavirus-19.	1. Strongly disagree (1) 2. Disagree (2) 3. Neither agree nor disagree (3) 4. Agree (4) 5. Strongly agree (5)	<input type="checkbox"/>	<input type="checkbox"/>

PART F: Screening of Probable Risk factors

No	Questions	Answer	Code
26	Do you have any of the following diseases? <ul style="list-style-type: none"> ○ Diabetes ○ HTN ○ Asthma ○ COPD ○ Heart diseases ○ Chronic kidney disease ○ Thyroid disorder 	1. Yes 2. No	<input type="checkbox"/>
27	If Q. No 26 is Yes, mention the name of the disease	_____	
28	Do you currently use tobacco products daily?	1. Yes 2. No	<input type="checkbox"/>
29	Are you currently living in an area where at least 1 COVID-19 case has detected?	1. Yes 2. No	<input type="checkbox"/>

THANK YOU