Psychological Reactions among Adults during the COVID-19 Pandemic: A Cross-Sectional Survey in Atyrau, Kazakhstan

Table S1: Questionnaire on subjective fatigue rating scale (MFI - 20).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Sentences | Answers | | | | | | |
| 1 | I feel good | True | 1 | 2 | 3 | 4 | 5 | False |
| 2 | Physically I am capable of a little | True | 5 | 4 | 3 | 2 | 1 | False |
| 3 | I feel active | True | 1 | 2 | 3 | 4 | 5 | False |
| 4 | Everything I do, gives me pleasure | True | 1 | 2 | 3 | 4 | 5 | False |
| 5 | I feel tired | True | 5 | 4 | 3 | 2 | 1 | False |
| 6 | I think I'm all kinds of things during the day | True | 1 | 2 | 3 | 4 | 5 | False |
| 7 | When I do something, I can concentrate on that | True | 1 | 2 | 3 | 4 | 5 | False |
| 8 | Physically I can do a lot | True | 1 | 2 | 3 | 4 | 5 | False |
| 9 | I'm afraid of things I need to do | True | 5 | 4 | 3 | 2 | 1 | False |
| 10 | I think that the day perform a very few cases | True | 5 | 4 | 3 | 2 | 1 | False |
| 11 | I can focus | True | 1 | 2 | 3 | 4 | 5 | False |
| 12 | I'm feeling rested | True | 1 | 2 | 3 | 4 | 5 | False |
| 13 | I need a lot of effort to focus attention | True | 5 | 4 | 3 | 2 | 1 | False |
| 14 | Physically I feel in poor condition | True | 5 | 4 | 3 | 2 | 1 | False |
| 15 | I Have a lot of plans | True | 1 | 2 | 3 | 4 | 5 | False |
| 16 | I'm such a Downer | True | 5 | 4 | 3 | 2 | 1 | False |
| 17 | I had very little time to do | True | 5 | 4 | 3 | 2 | 1 | False |
| 18 | I feel like I do nothing | True | 5 | 4 | 3 | 2 | 1 | False |
| 19 | My thoughts easily dissipate | True | 5 | 4 | 3 | 2 | 1 | False |
| 20 | Physically I feel in excellent condition | True | 1 | 2 | 3 | 4 | 5 | False |

Key to the scale:

General asthenia (questions # 1, 5, 12, and 16)

Reduced activity (questions # 3, 6, 10, and 17)

Reduced motivation (questions # 4, 9, 15, and 18)

Physical asthenia (questions # 2, 8, 14, and 20)

Mental asthenia (questions # 7, 11, 13, and 19)

Table S2: Questionnaire on your health status-9 (PHQ-9): How often in the last 2 weeks have you been bothered by the following issues?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sentences | Not once | For several days | More Than a week | Almost every week |
| You didn't want to do anything | 0 | 1 | 2 | 3 |
| You were in a bad mood, depressed, or experienced feeling hopeless | 0 | 1 | 2 | 3 |
| You've had trouble falling asleep, you've had intermittent sleep, or you've been sleeping too much | 0 | 1 | 2 | 3 |
| You were tired, or you had little strength | 0 | 1 | 2 | 3 |
| You had a bad appetite or overeating | 0 | 1 | 2 | 3 |
| You thought badly of yourself: you thought you were a failure, or you were disappointed in yourself, or you thought you let your family | 0 | 1 | 2 | 3 |
| You found it difficult to concentrate (for example, reading a newspaper or watching TV) | 0 | 1 | 2 | 3 |
| Did you move or speak so slowly that others noticed it? Or, on the contrary, you were so fussy or agitated that you moved much more than usual | 0 | 1 | 2 | 3 |
| Have you ever thought that you would be better off dead, or that you would do yourself some harm | 0 | 1 | 2 | 3 |

Results by columns: \_\_\_\_\_\_ + \_\_\_\_\_\_\_ + \_\_\_\_\_\_\_ + \_\_\_\_\_\_\_ = Overall result: \_\_\_\_\_\_\_\_\_

If you answered positively to any of the questions, do you rate how difficult it was for you to work, do household chores, or communicate with people because of these problems?

|  |  |  |  |
| --- | --- | --- | --- |
| Not hard at all? A little hard? | A little  difficult | Very  difficult | Extremely difficult |
| □ | □ | □ | □ |

Table S3: Questionnaire on GAD-7: How often in the last 14 days have you been bothered by the following issues.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sentences | Not once | For several days | More Than a week | Almost every |
| You were nervous, anxious, or very stressed | 0 | 1 | 2 | 3 |
| You were unable to calm down or control your excitement | 0 | 1 | 2 | 3 |
| You were too worried about various things | 0 | 1 | 2 | 3 |
| You had a hard time relaxing | 0 | 1 | 2 | 3 |
| You were so fussy that it was hard to sit still | 0 | 1 | 2 | 3 |
| You were easily angry or annoyed | 0 | 1 | 2 | 3 |
| You were afraid that something terrible was going to happen | 0 | 1 | 2 | 3 |

Results on the scale: \_\_\_\_\_\_ = \_\_\_\_\_\_\_ + \_\_\_\_\_\_ + \_\_\_\_\_\_

Table S4: Questionnaire on physical symptoms (PHQ-15): How much have you been bothered by any of the issues listed below over the past 4 weeks.

|  |  |  |  |
| --- | --- | --- | --- |
| Parameters | Not bothered  at all | Slightly disturbed | Very disturbed |
| Stomach pain | 0 | 1 | 2 |
| Back pain | 0 | 1 | 2 |
| Pain in the hands, feet, or joints (in the knees, thighs, etc.) | 0 | 1 | 2 |
| Menstrual pain or other problems with your menstrual cycle  FOR WOMEN ONLY | 0 | 1 | 2 |
| Headaches | 0 | 1 | 2 |
| Chest pain | 0 | 1 | 2 |
| Dizziness | 0 | 1 | 2 |
| Loss of consciousness | 0 | 1 | 2 |
| Increased and rapid heartbeat | 0 | 1 | 2 |
| Shortness of breath | 0 | 1 | 2 |
| Pain or problems during sexual intercourse | 0 | 1 | 2 |
| Constipation, tendency to diarrhea or diarrhea | 0 | 1 | 2 |
| Nausea, gas, or upset stomach | 0 | 1 | 2 |
| Feeling tired or weak | 0 | 1 | 2 |
| Sleep disorders | 0 | 1 | 2 |

Results on the scale: \_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_

Table S5: Questionnaire on PSM-25 (Lemur-Tessier-Fillion).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Parameters | Never | Extremely rare | Very rare | Rarely | Sometimes | Often | Very often | Constantly (daily) |
| 1 | A state of tension and extreme agitation (agitation) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 2 | A feeling of a lump in the throat and / or dry mouth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3 | I am overworked. I don't have time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 4 | I hastily swallowed food or forget to eat | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 5 | After work, I can't disconnect from the thoughts of unfinished business, problems, plans; I get stuck on the experiences of working situations and unresolved issues, think about their ideas again and again | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 6 | I feel lonely and/or misunderstood | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 7 | I suffer from physical ailments; I have dizziness, headaches, tension and discomfort in the region of the cervical, back pain, stomach cramps | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | I absorbed (a) dark thoughts is worn-out (a) anxiety | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | I suddenly throw hot and cold | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 10 | I forget about appointments or chores that need to do or solve | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 11 | I often have a bad mood; I can easily cry of resentment or show aggression rage | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 12 | I'm feeling tired man | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 13 | In difficult situations, I tightly clench my teeth (or clench my fists) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 14 | I am calm (at) and serene (on)\* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 15 | it's hard to breathe and/or I have a sudden breath | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 16 | I have problems with digestion and bowel (pain, colic, upset or constipation) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 17 | I'm excited (a), concerned (a), excited (a) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 18 | I startle easily; noise or rustle making me wince | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 19 | I need more than half an hour to fall asleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 20 | I downed (a) confused; I'm not thinking clearly; I'm lacking focus and I can't focus | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 21 | I look tired; the bags or circles under the eyes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 22 | I feel the weight on his shoulders | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 23 | uptight (a), I need to constantly move; I can't stand or sit in one place | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 24 | I find it hard to control his actions, emotions, mood or gestures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 25 | I feel the tension\* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

\* Reverse questions.

Instruction manual:

A number of statements describing the mental state are proposed. Please evaluate your condition over the past week using an 8-point scale. To do this, circle a number from 1 to 8 on the questionnaire form next to each statement, which most accurately defines your feelings. There are no incorrect or erroneous answers. Answer as sincerely as possible. The test will take approximately five minutes to complete.

Processing and interpretation of results. The sum of all responses is calculated — an integral indicator of mental tension (IPN). Question 14 is evaluated in reverse order. The more PPN, the higher the level of psychological stress.

PPN more than 155 points — a high level of stress, indicates a state of maladaptation and mental discomfort, the need to use a wide range of tools and methods to reduce neuropsychic tension, psychological relief, changes in thinking style and life.

PPN in the range of 154-100 points is the average level of stress.

A low stress level, PPN less than 100 points, indicates a state of psychological adaptation to workloads.