**Appendix**

**Questionnaire**

We would kindly ask you to read the following questions carefully and answer every one of them since, for the final processing of data, it is very important for us to have the questionnaire filled out in its entirety. The questionnaire is anonymous, all the information is confidential and it will only be used for scientific purposes. The results will be analyzed and shown in the research paper, and with the aim of providing support to you and improving your working conditions.

I agree to participate in this study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your brief signature, e.g. your initials).

Thank you for taking the time to participate in this study.

|  |
| --- |
| **Socio-demographic characteristics** |
| Sex  | 1. Male
2. Female
 |
| Age (years) | 1. < 30
2. 31-40
3. 41-50
4. > 51
 |
| Residence | 1. Rural
2. Urban
 |
| Household | 1. Alone
2. With family
 |
| Your job includes what type of teaching? | 1. Classroom teaching
2. Subject teaching
 |

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| --- |
| **Health condition, preventive measures and information about COVID-19** |
| Data on your personal health  | 1. Completely healthy
2. I have a chronic disease or/and psychiatric disorders (cancer disease, chronic disease, hypertension and cardiovascular disease, immunodeficiency and autoimmune disease, Diabetes mellitus, obesity, anxiety, depression, psychotic disorder, etc. )
 |
| Data on the health of your family members | 1. Мy family members are completely healthy
2. A member or members of my family have a chronic and/or psychiatric disorder (cancer disease, chronic disease, hypertension and cardiovascular disease, immunodeficiency and autoimmune disease, Diabetes mellitus, obesity, anxiety, depression, psychotic disorder, etc.)
 |
| Did you have any contact with persons who were infected with the coronavirus?  | 1. No/ I did not have any contact with the virus, nor did my family members have any contact with a diseased person or one that tested positive for COVID-19
2. Yes/ I had close contact with an infected person, my family members had contact with a diseased person or one that tested positive for COVID-19, my family members had COVID-19, that is, they tested positive for COVID-19
 |
| Your COVID-19 status. So far, have you had COVID-19, that is to say, have you had a positive PCR test? | 1. Negative/ I have not been infected, in other words, I have not had COVID-19 symptoms, I have not been tested, or I have been tested but tested negative
2. Positive/ I have been infected and this was proven by a test; I have not had any symptoms, but I had a positive PCR test
 |
| Did you comply with recommendations made by medical professionals and did you comply with the prescribed measures of prevention? | 1. No/ I did not comply with anything, I lived as before the pandemic
2. Yes/ I mainly complied with all the recommendations and measures
 |
| Are you satisfied with the preventive measures taken in your environment?  | 1. Dissatisfied
2. Satisfied
 |
| Do you follow the information relating to COVID-19? | 1. No/ I do not follow the events relating to COVID-19, I know only the things that I hear of by chance or incidentally
2. Yes/ I follow regularly the information relating to COVID-19 and I look for additional information by myself
 |
| Are you satisfied with information about COVID-19 given by the media? | 1. Dissatisfied
2. Satisfied
 |

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| --- |
| **Teacher concerns**  |
| Are you worried about your life and health and the life and health of your family members because of COVID-19? | 1. No
2. Yes
 |
| Are you worrid about the beginning of the new school year and about working in the pandemic conditions? | 1. No
2. Yes
 |
| If you had the right of choice, you would choose to organize the upcoming school year in form of... | 1. Online
2. Face-to-face
3. Combined
 |

**GAD-7**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by the following problems?** | **Not at all** | **Several days**  | **More than half the days**  | **Nearly every day** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Worrying too much about different things  | 0 | 1 | 2 | 3 |
| Trouble relaxing  | 0 | 1 | 2 | 3 |
| Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| Becoming easily annoyed or irritable  | 0 | 1 | 2 | 3 |
| Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

Column totals: -------- + -------- + ------- + ------

 = Total Score \_\_\_\_\_