

## **Section 1: The consent form**

Name of research study: Screening for mental health status in medically related groups

Principal investigator: Liu Tieqiao, Wu Qiuxia

We cordially invite you to participate in this survey, the following items to give you a brief introduction to the survey, before you decide whether to participate in this survey, please read the following content as carefully as possible.

### 1. Purpose of the survey:

We investigated mental health status and its potential related factors in a multi-population setting and made recommendations to target these factors in order to improve the health of our healthcare workers.

### 2. Survey content:

Depression, anxiety, sleep, workplace violence and other conditions, we will provide the results after the questionnaire and accordingly provide free targeted advice and suggestions, please answer each question carefully and wait a few seconds after submission to generate results feedback.

### 3. Survey method:

Using online anonymous survey, all questionnaires are generally completed in less than 10 minutes.

This questionnaire is suitable for the following groups of people: (1) age 16 and above; (2) college students or other occupational groups, men and women are not limited; (3) normal intelligence, can correctly understand the questionnaire.

This questionnaire is not suitable for the following groups of people: (1) age 16 or younger; (2) inability to read Simplified Chinese text; (3) unwillingness to provide an electronic consent form.

### 4. Confidentiality:

(1) All questionnaire completion will be anonymous, and no information that identifies

you will be involved in the data analysis, publication of the study, or public release.

(2) All questionnaires will be managed by the Data Committee of this research group and will not be leaked.

5. Possible benefits and risks:

(1) After the questionnaire is completed, you will immediately receive a report of your current assessment and suggestions for response;

(2) If you use your mobile phone to fill in the questionnaire, please make sure that you have enough time to complete it at one time; please keep your internet connection during the filling in period, network interruption may require you to fill in the questionnaire again or lead to the generation of incorrect results;

(3) In answering some of the sensitive questions in the questionnaire may make you feel uncomfortable.

6. Voluntary principle:

Participation in this survey is completely voluntary. At any time, you can terminate the survey, we will respect your decision. In the survey you can refuse to answer questions you do not want to answer, but we hope that you can truthfully fill out the questionnaire so that the results are as true and reliable as possible. If you have any questions about this survey, you can contact the person in charge of this study: 15116332291 (Dr Wu Qiuxia).

Participant's Statement:

I have read this informed consent form, had the opportunity to ask questions and all questions have been answered. I understand that participation in this study is voluntary.

I have read the informed consent form and volunteer to participate in this survey (check this box to be automatically entered into the questionnaire).

I do not agree to participate in this survey (check this box to automatically withdraw from the questionnaire).

**Section 2:**

1. your age \_\_\_\_\_.

2. your gender:  male  female

3. your relationship status:  single  partnered

4. your monthly income:

<615 CNY  616-1,310 CNY  1,311-2,086 CNY  >2,086 CNY

5. You are?

college students  medical students  physician  nurse  civil servants

enterprise workers  laborer  businessmen  retirees  unemployed

others

Note: Selecting different options in question 5 will jump to different questionnaires, this study focuses on medical students, therefore, only the questionnaire for medical students is presented.

**Section 3:**

6. Your current level of education:

Junior College  Undergraduate  postgraduate

7. Have you ever been on clinical training (internship)?

Yes  No

8. "Have you ever experienced workplace violence (verbal abuse or physical aggression) from patients or their family members/visitors?"

No  verbal abuse

physical aggression  both verbal abuse and physical aggression

9. Have you ever thought about suicide in the past 12 months?

Yes  No

10. Have you ever been diagnosed with mental disorders by a doctor?

Yes  No

### **Learning Burnout of Undergraduates Scale (LBUS)**

Please select the appropriate option for each of the following statements according to how well it matches you, and choose only one option for each item.

1. I have my own learning methods and plans that I can put into practice.

completely disagree  disagree  I am not sure  agree  completely agree

2. I feel that what I've learnt is useless.

completely disagree  disagree  I am not sure  agree  completely agree

3. Professional knowledge comes easy to me.

completely disagree  disagree  I am not sure  agree  completely agree

4. Waking up early in the morning and feeling tired at the thought of facing a day of study.

completely disagree  disagree  I am not sure  agree  completely agree

5. It's hard for me to stay enthusiastic about learning for long.

completely disagree  disagree  I am not sure  agree  completely agree

6. I am able to deal with my emotional problems calmly when studying.

completely disagree  disagree  I am not sure  agree  completely agree

7. I'm exhausted after a long day of studying.

completely disagree  disagree  I am not sure  agree  completely agree

8. Until now, my university studies have enabled me to demonstrate my abilities to the full.

completely disagree  disagree  I am not sure  agree  completely agree

9. I'm tired of studying.

completely disagree  disagree  I am not sure  agree  completely agree

10. I rarely study after school.

completely disagree  disagree  I am not sure  agree  completely agree

11. I can handle a college course.

completely disagree  disagree  I am not sure  agree  completely agree

12. I doze off a lot when I'm studying.

completely disagree  disagree  I am not sure  agree  completely agree

13. I'm interested in my major.

completely disagree  disagree  I am not sure  agree  completely agree

14. I don't think I have enough patience when it comes to my studies.

completely disagree  disagree  I am not sure  agree  completely agree

15. It was easy for me to get my degree.

completely disagree  disagree  I am not sure  agree  completely agree

16. I only read for exams.

completely disagree  disagree  I am not sure  agree  completely agree

### **The 8-item Patients Health Questionnaire (PHQ-8)**

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

Not at all  Several days  More than half the days  Nearly every day

2. Feeling down, depressed, or hopeless

Not at all  Several days  More than half the days  Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

Not at all  Several days  More than half the days  Nearly every day

4. Feeling tired or having little energy.

Not at all  Several days  More than half the days  Nearly every day

5. Poor appetite or overeating

Not at all  Several days  More than half the days  Nearly every day

6. Feeling bad about yourself -- or that you are a failure or having let yourself or your family down

Not at all  Several days  More than half the days  Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

Not at all  Several days  More than half the days  Nearly every day

8. Moving or speaking so slowly that other people could have noticed. Or the opposite

-- being so fidgety or restless that you have been moving a lot more than usual

Not at all  Several days  More than half the days  Nearly every day

### **The 7-item Generalized Anxiety Disorder Scale (GAD-7)**

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge

Not at all  Several days  More than half the days  Nearly every day

2. Not being able to stop or control worrying

Not at all  Several days  More than half the days  Nearly every day

3. Worrying too much about different things

Not at all  Several days  More than half the days  Nearly every day

4. Trouble relaxing

Not at all  Several days  More than half the days  Nearly every day

5. Being so restless that it's hard to sit still

Not at all  Several days  More than half the days  Nearly every day

6. Becoming easily annoyed or irritable

Not at all  Several days  More than half the days  Nearly every day

7. Feeling afraid as if something awful might happen

Not at all  Several days  More than half the days  Nearly every day

## **The Epworth Sleepiness Scale (ESS)**

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

### 1. Sitting and reading

- No chance of dozing    Slight chance of dozing
- Moderate chance of dozing    High chance of dozing

### 2. Watching TV

- No chance of dozing    Slight chance of dozing
- Moderate chance of dozing    High chance of dozing

### 3. Sitting inactive in a public place (e.g., a theater or a meeting)

- No chance of dozing    Slight chance of dozing
- Moderate chance of dozing    High chance of dozing

### 4. As a passenger in a car for an hour without a break

- No chance of dozing    Slight chance of dozing
- Moderate chance of dozing    High chance of dozing

### 5. Lying down to rest in the afternoon when circumstances permit

- No chance of dozing    Slight chance of dozing
- Moderate chance of dozing    High chance of dozing

6. Sitting and talking to someone

No chance of dozing  Slight chance of dozing

Moderate chance of dozing  High chance of dozing

7. Sitting quietly after a lunch without alcohol

No chance of dozing  Slight chance of dozing

Moderate chance of dozing  High chance of dozing

8. In a car, while stopped for a few minutes in traffic

No chance of dozing  Slight chance of dozing

Moderate chance of dozing  High chance of dozing

### **The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)**

1. how often do you have a drink containing alcohol?

Never  monthly or less  two to four times a month

Two to three times a week  four or more times a week

2. how many drinks containing alcohol do you on a typical day when you are drinking?

(A drink containing 10g of alcohol is called a "glass", e.g. 340ml of 5% alcohol by volume beer, a small glass (15ml) of spirits, a glass of wine or liquor.)

1 or 2 glass  3 or 4 glass  5 or 6 glass  7 or 9 glass  10 or more glass

3. how often do you have six or more drinks on one occasion?

Never  less than monthly  monthly  weekly  daily or almost daily