



Copy of Levels of anxiety and stress among parents and school teachers during the COVID-19 outbreak

We are a group of researchers from universities across the UAE, and we are evaluating the levels of stress and anxiety associated with the recent corona virus also known as COVID-19 outbreak among parents and school teachers around the world. The findings from this research will further improve our preparedness and awareness campaigns as well as tailor interventions and services to the needs of different communities.

Kindly take a few minutes to answer the questions in the survey below, keeping in mind that all responses will remain confidential and you will not be identified in any way.

At the end of the survey, you can choose to provide (or not to provide) your email address for participation in a lucky draw for Apple AirPods.

Thanking you for your time and efforts. Your participation is highly valued.

For any further information or questions please feel free to contact Prof. Rabih Halwani at rhalwani@sharjah.ac.ae or Dr. Basema Saddik at bsaddik@sharjah.ac.ae.

For any ethical concerns please contact Dr. Suhail AlAmad at salamad@sharjah.ac.ae

Prof. Rabih Halwani, Dr. Basema Saddik, Dr. Ammar AlBanna, Dr. Amal Hussein, Dr. Iffat ElBarazi, Dr. Fatemeh Sharif-Askari.

*** 1. Please indicate your willingness to participate in this survey**

- I am a parent, and I ACCEPT to participate in this survey
- I am a teacher, and I ACCEPT to participate in this survey
- I am neither a parent nor a teacher and I ACCEPT to participate in this survey
- I do NOT ACCEPT to participate in this survey



Copy of Levels of anxiety and stress among parents and school teachers during the COVID-19 outbreak

* 2. What is your gender?

Female

Male

* 3. What is your age in years?

18-24

45-54

25-34

55-64

35-44

65+

* 4. What is your educational level?

Primary

Bachelor's degree

Lower secondary

Post-graduate education

Higher secondary

* 5. Where are you located?

Inside the UAE

Outside the UAE (please specify)

6. Which emirate are you from?

- Abu Dhabi Ajman Umm Al-Quwain
 Dubai Ras Al Khaimah I am not in the UAE
 Sharjah Fujairah
 Other (please specify)

* 7. What is your employment status?

- Employed Not employed
 Home duties

* 8. What is your monthly family income (Dir-hams)/ select other below if different currency)?

- less than 5000 10,000-19,999 more than 40,000
 5,000-9,999 20,000-39,000
 Other (please specify in your local currency)

* 9. Do you have health/medical insurance?

- No
 Yes
 Other (please specify)

* 10. What is your marital status?

- Single Divorced/separated
 Married Widowed

* 11. Do you have children?

- No
 Yes (How many?)

* 12. What are the ages of your children? (Select all that apply)

Infants/toddlers (0 to 3 years)

Adolescents (13 to 18 years)

Preschoolers (3 to 5 years)

Young adults (19 to 21 years)

School age (6 to 12 years)

I don't have children

* 13. Which level of schooling are they at? (Select all that apply)

No school/at home

Higher secondary

Childcare

University

Primary

I don't have children

Lower secondary

Other (please specify)



Copy of Levels of anxiety and stress among parents and school teachers during the COVID-19 outbreak

The next few questions will assess your knowledge and beliefs about the recent COVID-19 outbreak

* 14. What do you think about each of the following statements about COVID-19?

	True	False	Don't know
There is no specific treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of social responsibility by staying at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 15. What do you think of the following statements?

	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
There is likelihood of catching COVID-19 during the current outbreak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is likelihood of surviving COVID-19 if infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a likelihood that I develop severe illness if I catch COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 16. Please describe how often you have personally followed the practices below since the recent COVID-19 outbreak

	Always	Most of the time	Occasionally	Never
Covering mouth when coughing or sneezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using hand sanitizer more frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing hands with soap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing face mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding crowded areas (e.g. malls)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding handshakes/personal contact with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Copy of Levels of anxiety and stress among parents and school teachers during the COVID-19 outbreak

The next FEW questions will assess your levels of anxiety and worry in regards to the recent Corona outbreak. Please take your time considering your most suitable choices.

* 17. Since the COVID-19 outbreak, 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 18. If you checked off any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 19. I feel less anxious with the introduction of the following precautionary measures

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Online learning at educational institutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Airport screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel bans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of hand sanitizers in public places (e.g. malls, banks, restaurants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancellation of social events (e.g. sports, concerts, social gatherings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary closure of public places (e.g. gyms, museums, parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 20. What is your opinion about the following statements describing the public fear that is associated with the recent COVID-19 outbreak?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The public fear is justifiable/ appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The fear is dysfunctional (has caused unnecessary absence from school or work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 21. How worried have you felt over the past few weeks about the following?

	Extremely worried	Very worried	Somewhat worried	Little worried	Not worried at all	N/A
I am worried about catching COVID-19 myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about one of my parents catching COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about one of my children catching COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about what COVID-19 can do to me health-wise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about social isolation/quarantine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about the loss of income if infected with COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about transmitting COVID-19 from my workplace to my family members/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 22. For the next question, it would help us if you answered all items as best you can even if you are not absolutely certain.

Since the COVID-19 outbreak, I have noticed the following changes in my child/ren's behavior.

	Not true	Somewhat true	Certainly true	N/A
Often complains of headaches, stomach aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has many worries, often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often unhappy, down-hearted or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. If you answered "somewhat true" or "certainly true" to any of the previous questions, how many of your children displayed these behaviours?

- 1 2 3 4 5+
 Not Applicable

* 24. Which of the following practices have you undertaken to help reduce anxiety in your children/family during the COVID-19 outbreak?

	Always	Most of the time	Occasionally	Never	N/A
I have openly discussed the COVID-19 with my children/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have educated my child/ren about proper protective measures (e.g. hand hygiene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have reassured my child/ren that they are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have limited my child/ren's exposure to news coverage of COVID-19, including social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have created a schedule for learning and fun activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have tried to maintain a regular routine at home (e.g. dinner, bedtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Copy of Levels of anxiety and stress among parents and school teachers during the COVID-19 outbreak

* 25. If a vaccine is developed for COVID-19 in the near future, how likely are you:

	Very likely	Somewhat likely	Not very likely	Not likely at all	I don't know	N/A
To take the vaccine yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To vaccinate your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 26. Do you suffer from any of the following pre-existing medical conditions? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (please specify) | |

* 27. Have you or your family members experienced any of the following symptoms over the last 2 weeks?
(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Myalgia |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (please specify) | |

* 28. What measures have you taken over the last few weeks for any flu like symptoms? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Vitamin C | <input type="checkbox"/> Oral Steroids (e.g. Corticosteroids, cortisone, prednisone) |
| <input type="checkbox"/> Flu medications (e.g. Tamiflu) | <input type="checkbox"/> Herbal remedies |
| <input type="checkbox"/> Anti-inflammatory drugs (e.g. Aspirin, Ibuprofen (Advil, Nurofen)) | <input type="checkbox"/> No measures taken |
| <input type="checkbox"/> Analgesics and anti-pyretics (e.g. Paracetamol, Tylenol, Panadol) | |
| <input type="checkbox"/> Other (please specify) | |

* 29. My child/ren are up to date with their vaccinations

- No
- Yes
- I don't have children

* 30. Do you smoke?

- No
- Yes
- I used to smoke but I have now quit smoking



Copy of Levels of anxiety and stress among parents and school teachers during the
COVID-19 outbreak

* 31. What do you smoke? (Select all that apply)

- Cigarettes
 Shisha
 Midwakh
 Vaping
 Other (please specify)

* 32. Have your smoking habits changed since the COVID-19 outbreak?

- No
 Yes (please specify what changes you have made)

33.

Thank you for completing this survey. We appreciate your time and efforts. If you would like to participate in a lucky draw for Apple AirPods, please provide your email address below.