**Survey questionnaire**

Choose only one option

1. Have you been tested for COVID-19? Yes / No

If yes, was the result positive/negative?

2. Has any of your family and/or friends tested positive for COVID-19?

Yes / No / I don’t know

3. Do you have any direct interactions with COVID-19 positive patients?

Yes / No / I don’t know

State your response on a scale of 1 to 5 (*With 1 being lowest and 5 being the maximum*)

4. How likely are you to contract COVID-19?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

5. I worry about surviving, if contracted with COVID-19

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

6. I worry that I have been infected with COVID-19

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

7. I worry about the poor relationship between family members, friends and me because of COVID-19 pandemic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

8. I am concerned about my family members contracting COVID-19

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

9. I worry that the COVID-19 outbreak hinders with my acquisition of theoretical knowledge

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

10. I worry that the COVID-19 outbreak affects my acquisition of practical / clinical skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

11. I worry that the COVID-19 outbreak would affect my grades in the end of year examination

12. I worry that the COVID-19 outbreak would affect my future prospects in medical carrier

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |