

**Questionnaire;** Stress and burnout experience among healthcare workers post third COVID-19 wave in India; findings of a cross-sectional study

\*Please confirm if you have filled the consent form and approved your participation

Yes  No

\*Please confirm, if you were involved in direct patient care during the 3<sup>rd</sup> wave of COVID-19 in India.

Yes  No

General instructions: Please tick most suitable option provided and tick only one option always. We assure confidentiality of your responses. Hence, we kindly request you to respond promptly. Thank you

Survey informations			
1	Date of filling the survey form		
2	On average how much time it took to fill this form?		
3	Please mention the district of your clinical practice and State?		
4	Do you suffer from any physical ailments?	Yes <input type="radio"/> No <input type="radio"/>	

5	What is age?	In years	
6	Please specify your sex?	Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/>	
7	Please choose your appropriate marital status?	Not married yet <input type="radio"/> Married <input type="radio"/> Divorced/singled <input type="radio"/>	
8	Do you have children? If yes specify the number please?	Yes <input type="radio"/> No <input type="radio"/> If yes, _____ number	
9	Please select your profession from the list	Surgeon <input type="radio"/> Physician <input type="radio"/> Medical resident <input type="radio"/> Dentists <input type="radio"/> Dentistry resident <input type="radio"/> Nurse <input type="radio"/> Physiotherapist <input type="radio"/>	

		Technician <input type="radio"/>	
		Others: <u>please specify</u> _____	
10	Please specify your overall work experience?	_____ years	
11	What are your working hours during the 3 <sup>rd</sup> wave of COVID19 in a typical week?	_____ hours/week	
12	Did you work as a frontline worker during the 3 <sup>rd</sup> wave of COVID19?	Yes <input type="radio"/> No <input type="radio"/>	
13	Which of the following work shifts best applies to your work shift during the 3 <sup>rd</sup> wave of COVID19?	Day shift <input type="radio"/> Night shift <input type="radio"/> Both/Alternative <input type="radio"/>	
14	Were you test positive for COVID-19 in the now/past?	Yes <input type="radio"/> No <input type="radio"/>	
15	Please specify, your BMI category based on your recent measurements?	Underweight <input type="radio"/> Normal <input type="radio"/> Overweight <input type="radio"/> Obese <input type="radio"/>	

**The Copenhagen Burnout Inventory; Part 1 Personal burnout**

"feelings of exhaustion and fatigue on a personal level"

*Please tick one option only*

	Always	Often	Sometime s	Seldom	Never/almost never
<i>How often do you feel tired</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>How often are you physically exhausted?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>How often are you emotionally exhausted?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>How often do you think: "I can take it anymore"?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>How often do you feel worn out?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>How often do you feel weak and susceptible to illness?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The Copenhagen Burnout Inventory; Part 2 Work burnout**

Work burnout is a state of prolonged physical and Psychological exhaustion, which is perceived as related to the person's work.

	Always	Often	Sometime s	Seldom	Never/almost never
<i>Is your work emotionally exhausting?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Do you feel burnt out because of your work?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Does your work frustrate you?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you feel worn out at the end of the working day?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Are you exhausted in the morning at the thought of another day at work?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you feel that every working hour is tiring for you?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you have enough energy for family &amp; friends during leisure time?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The Copenhagen Burnout Inventory; Part 3 Client burnout**

state of Prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients

	To very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
<i>Do you find it hard to work with client</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you feel it frustrating to work with client?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Does it drain your energy to work with client?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you feel that you give more than you get back when you work with clients?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Are you tired of working with clients?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do you sometimes wonder how long you will be able to continue working with clients?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time and responses