

Coping with COVID-19

Consent

1. I have been informed about the study “Coping with COVID-19” and I give consent to participate in this study:

Yes ☐0 No ☐1

2. I give consent that my answers will be handled as described in the information letter:

Yes ☐0 No ☐1

Coping

What do/did you do to handle the situation during the “COVID-19 time”, if you feel/felt stressed, sad, or depressed or have/had other reactions?

	Never – 0	Sometimes –1	Quite often –2	Very often –3
3. Have you thought that your life is part of a greater whole?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Have you thought or felt that a spiritual force exists in you to help you deal with the situation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Has nature been an important resource for you in how to deal with your stress/sadness or other negative feelings?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Has being alone and having the chance to contemplate helped you deal with the situation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Have you listened to the sounds of surrounding nature?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Have you walked or engaged in any activities outdoors that give/gave you a spiritual feeling?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Have you regularly meditated to deal with your stress/sadness or other negative feelings?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Have you sought spiritual help from a religious leader?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Have you thought that COVID-19 was caused by an evil power?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Have you wondered whether God has left you or become angry that God is not present to help you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Have you had the feeling of a strong connection with God?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Have you visited a church, synagogue, mosque, temple, or other religious place?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Have you prayed to God or another religious figure to make things better?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Have you listened to religious or spiritual music?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Do/did you think that you have/had done your best and now it is only God who is in control?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	Never – 0	Sometimes –1	Quite often –2	Very often –3
18. Have you tried to gain control of the situation directly without the help of God or another religious figure?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Do you believe in God or another religious figure?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Do you think there is a higher power or benevolent power?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Would you say that you come from a religious family?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Background questions

28. What is your current work/student status?

- 1 ☐ Employed full-time
- 2 ☐ Employed part-time
- 3 ☐ On-campus student
- 4 ☐ Distance-learning student

29. What year were you born?

30. What is your gender?

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Neither of the above

31. What is your highest education level?

- 1 ☐ Lower than elementary school
- 2 ☐ Elementary School or equivalent
- 3 ☐ High School or equivalent
- 4 ☐ University or equivalent

32. What is your current civil status?

- 1 ☐ Married
- 2 ☐ Divorced
- 3 ☐ Engaged
- 4 ☐ Widowed
- 5 ☐ Single
- 6 ☐ other (please briefly specify).....

33. Do you have children?

- ☐ 0 Yes
- ☐ 1 No

34. What characterizes the place you live?

- ☐ 0 Capital
- ☐ 1 Medium–large city, not capital

- ☐ 2 Small town close to a large city
- ☐ 3 Small town far from a large city

35. What is your country of birth? (Please write).....

36. Country of residence: (Please write)