## **APPENDICES**

When answering, rely solely on your		18) Bad habits:		
own opinion!		a) smoking (including vape, snus)		
f you want, you can choose more	USUAL OFFICE	b) alcohol		
han 1 option.	10) How often do you visit relatives?	c) no bad habits		
)Your Age:	a) Every week	d) other		
,	b) Once a month			
	c) Every 3 months	-		
) How long have you been working	<ul> <li>d) Several times a year</li> </ul>			
or this company?	11) Who do you live with:	19) The presence of stress factors		
	a) I live by myself	causes by:		
) Are you satisfied with working in	b) I live with my husband/wife	a) conflicts at home		
he usual office?	c) I live with a friend	b) conflicts at work		
) Yes	d) other	<ul> <li>c) conflicts with friends/partner</li> <li>d) no conflicts</li> </ul>		
) no	101.0	d) no connects		
2 Nonstius amount of working in	<ul> <li>12) Do conflicts ever occur at home?</li> <li>a) every day</li> </ul>	20) Concentration of attention in		
<ul> <li>3 Negative aspects of working in he usual office:</li> </ul>	<ul> <li>b) 1-3 times a week</li> </ul>	case of working at home:		
	c) Several times a month	a) I can concentrate completely		
	d) extremely rare, almost never	without much difficulty.		
		<li>b) to focus, I need to put a lot of effort.</li>		
2 Desitive accepts of working in	<ol> <li>How many hours a day do you devote to your family</li> </ol>	c) it's extremely hard for me to		
<ul> <li>) 3 Positive aspects of working in he usual office:</li> </ul>	(wife/husband/children)?	concentrate.		
ne usuar onice.	Specify the hours per day:	d) I can't concentrate at all.		
		<ol><li>the quality of the work performed:</li></ol>		
	14) Sleep duration:	<ul> <li>a) I cope with my work easily</li> </ul>		
) Are you satisfied with your inancial condition?	<ul> <li>a) less than 6 hours</li> <li>b) 6-8 hours</li> </ul>	<ul> <li>b) sometimes I ask for help</li> </ul>		
Yes	c) 8-10 hours	c) I should train my professional		
) No	d) more than 10 hours	skills		
) Other		d) I find it difficult to solve work		
	15) Sleep disorder:	tasks		
) How much time do you devote to	<ul> <li>a) there are no violations</li> <li>b) it is difficult to fall aclean</li> </ul>	22) How many hours a day do you		
our hobby? ) everyday	<ul> <li>b) it is difficult to fall asleep</li> <li>c) I often wake up at night</li> </ul>	spend in front of computer screen		
) 3 times a week	<ul> <li>d) I wake up early then cannot fall</li> </ul>	a) 1-3 hours		
) 2-4 times a month	asleep	b) 3-6 hours		
i) once a month	e) sometimes I can't sleep all night	c) 6-9 hours		
) it so hard for me to allocate time	f) other	d) more than 9 hours		
for this no hobbies	16) How many hours a day do I	23)Underline positive emotions th		
/ no noobles	spend outdoors:	you experience during work:		
) Physical activity (gym, classes at	a) less than 1 hour			
nome, sections):	b) 1-3 hours	joy, satisfaction, interest,		
) daily	c) more than 3 hours	acceptance, pleasure, serenity.		
) 3 times a week	d) not every day	acceptance, preasure, serenity.		
) several times a month () extremely rare	17) The regularity of eating:	Underline negative emotions that		
a second the second the second s	a) 3 times a day	you experience during work:		
) How much time do you spend	b) 3-5 times a day			
vith your friends?	c) less than 3 times a day	sadness, anxiety, fear, alertness,		
) I see them every day	d) uncontrolled eating	discontent, disappointment.		
<ul> <li>1-3 times a week</li> <li>several times a month</li> </ul>		manufactoria and providence of the		
<ul> <li>several times a month</li> <li>extremely rare, almost never</li> </ul>		Other		
) other				

Figure 1 Social survey Usual Office

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When answering, rely solely on your own opinion!	HOME OFFICE
f you want, you can choose more	
han 1 option.	<ol><li>How often do you visit relative</li></ol>
	a) Every week
L)Your Age:	b) Once a month
	c) Every 3 months
) How long have you have working	<ul> <li>d) Several times a year</li> </ul>
2) How long have you been working or this company?	11) Who do you live with:
or this company?	a) I live by myself
	<ul> <li>b) I live with my husband/wife</li> </ul>
3) Are you satisfied with working at	c) I live with a friend
nome?	d) other
a) Yes	
o) no	<ol><li>Do conflicts ever occur at hom</li></ol>
	<ul> <li>a) Every day</li> </ul>
<ol> <li>3 Negative aspects of working at</li> </ol>	<li>b) 1-3 times a week</li>
nome:	<li>c) Several times a month</li>
	<ul> <li>d) Extremely rare, almost never</li> </ul>
	13) How many hours a day do you
	devote to your family
<ul> <li>3 Positive aspects of working at</li> </ul>	(wife/husband/children)?
nome:	Specify the hours per day:
	14) Sleep duration:
	a) less than 6 hours
<ol><li>Are you satisfied with your</li></ol>	b) 6-8 hours
inancial condition?	c) 8-10 hours
a) Yes	d) more than 10 hours
) No	15) Sleep disorder:
:) Other	a) there are no violations
) How much time do you devote to	<li>b) it is difficult to fall asleep</li>
our hobby?	c) I often wake up at night
a) everyday	d) I wake up early then cannot fail
a) 3 times a week	asleep
) 2-4 times a month	<ul> <li>e) sometimes I can't sleep all night</li> </ul>
d) once a month	f) other
e) it so hard for me to allocate time	
for this	16) How many hours a day do I
) no hobbies	spend outdoors:
	a) less than 1 hour
<ol><li>Physical activity (gym, classes at</li></ol>	b) 1-3 hours
nome, sections):	<ul> <li>c) more than 3 hours</li> <li>d) not every day</li> </ul>
a) daily	d) not every day
<li>b) 3 times a week several times a month</li>	17) The regularity of eating:
<ul> <li>several times a month</li> <li>extremely care</li> </ul>	<ul> <li>a) 3 times a day</li> </ul>
<ol> <li>extremely rare</li> </ol>	b) 3-5 times a day
) How much time do you spend	c) less than 3 times a day
with your friends?	d) uncontrolled eating
a) I see them every day	
b) 1-3 times a week	18) Bad habits:
1 1-3 times a week	a) smoking (including vape, snus)
:) several times a month	
	b) alcohol
) several times a month	<ul> <li>b) alcohol</li> <li>c) no bad habits</li> </ul>

19) The presence of stress factors causes by: a) conflicts at home b) conflicts at work c) conflicts with friends/partner d) no conflicts 20) Concentration of attention in case of working at home: a) I can concentrate completely without much difficulty. b) to focus, I need to put a lot of effort. c) it's extremely hard for me to concentrate. d) I can't concentrate at all. 21) the quality of the work performed: a) I cope with my work easily b) sometimes I ask for help c) I should train my professional skills d) I find it difficult to solve work tasks 22) How many hours a day do you spend in front of computer screen: a) 1-3 hours b) 3-6 hours c) 6-9 hours d) more than 9 hours 23) Have you experienced any difficulties getting used to new work conditions/computer programs that are necessary for working remotely a) Yes, b) No, c) at the beginning only d) other\_ 24)Underline positive emotions that you experience during work (or provide): joy, satisfaction, interest, acceptance, pleasure, serenity. Underline negative emotions that you experience during work:

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sadness, anxiety, fear, alertness,

discontent, disappointment.

other

Figure 2 Social survey Home Office

## SELF-EVALUATION QUESTIONNAIRESTAI Form Y-1

Please provide the following information:

Name			C	Date		_s			
Age	Gender (Circle)	м	F			•			
	DIRECTIONS:				4	hop	LER		
A number of statements which peo Read each statement and then circ to indicate how you feel <i>right</i> now, answers. Do not spend too much to seems to describe your present fee	le the appropriate number to that is, <i>at this moment</i> . Ther time on any one statement b elings best.	o the ri re are ut give	ight of the no right or the answ	statement wrong ver which					
1. I feel calm						1	2	3	4
2. I feel secure							2	3	4
3. I am tense							2	3	4
4. I feel strained							2	3	4
5. I feel at ease							2	3	4
6. I feel upset							2	3	4
7. I am presently worrying	over possible misfortun	es				1	2	3	4
8. I feel satisfied						1	2	3	4
9. I feel frightened						1	2	3	4
10. I feel comfortable						1	2	3	4
11. I feel self-confident						1	2	3	4
12. I feel nervous						1	2	3	4
13. I am jittery						1	2	3	4
14. I feel indecisive						1	2	3	4
15. I am relaxed						1	2	3	4
16. I feel content				,		1	2	3	4
17. I am worried						1	2	3	4
18. I feel confused						1	2	3	4
19. I feel steady						1	2	3	4
20. I feel pleasant							2	3	4
·									

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STAIP-AD Test Form Y www.mindgarden.com

Figure 3 STAI questionar form Y-1

## SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name	_Date			
DIRECTIONS A number of statements which people have used to describe themselves are given below.	ALMO SO	Ł	MOST	
Read each statement and then circle the appropriate number to the right of the statement to indicate how you <i>generally</i> feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.	SOF SEARCH	ARTINES	ANOST PL	ANS
21. I feel pleasant		12	3	4
22. I feel nervous and restless		12	3	4
23. I feel satisfied with myself		12	3	4
24. I wish I could be as happy as others seem to be		12	3	4
25. I feel like a failure		12	3	4
26. I feel rested		12	3	4
27. I am "calm, cool, and collected"		12	3	4
28. I feel that difficulties are piling up so that I cannot overcome them		12	3	4
29. I worry too much over something that really doesn't matter		12	3	4
30. I am happy		12	3	4
31. I have disturbing thoughts		12	3	4
32. I lack self-confidence		12	3	4
33. I feel secure		12	3	4
34. I make decisions easily		12	3	4
35. I feel inadequate		12	3	4
36. I am content		12	3	4
37. Some unimportant thought runs through my mind and bothers me		12	3	4
38. I take disappointments so keenly that I can't put them out of my mind		12	3	4
39. I am a steady person		12	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests		12	3	4

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Figure 4 STAI questionar form Y-2

## State-Trait Anxiety Inventory for Adults Scoring Key (Form Y-1, Y-2)

Developed by Charles D. Spielberger in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

To use this stencil, fold this sheet in half and line up with the appropriate test side, either Form Y-1 or Form Y-2. Simply total the scoring **weights** shown on the stencil for each response category. For example, for question # 1, if the respondent marked 3, then the **weight** would be **2**. Refer to the manual for appropriate normative data.

Form Y-1	AUDI AUDI AUDI	ARA DARIES	A MUCH	o <sup>e</sup> t	Form Y-2	ALMOST RELIDEST ALMANS
1.	4	3	2	1	21.	4 3 2 1
2.	4	3	2	1	22.	1 2 3 4
3.	1	2	3	4	23.	4 3 2 1
4.	1	2	3	4	24.	1 2 3 4
5.	. 4	3	2	1	25.	1 2 3 4
6.	1	2	3	4	26.	4 3 2 1
7.	1	2	3	4	27.	4 3 2 1
8.	4	3	2	1	28.	1 2 3 4
9.	1	2	3	4	29.	1 2 3 4
10.	4	3	2	1	30.	4 3 2 1
11.	4	3	2	1	31.	1 2 3 4
12.	1	2	3	4	32.	1 2 3 4
13.	1	2	3	4	33.	4 3 2 1
14.	1	2	3	4	34.	4 3 2 1
15.	4	3	2	1	35.	1 2 3 4
16.	4	3	2	1	36.	4 3 2 1
17.	1	2	3	4	37.	1 2 3 4
18.	1	2	3	4	38.	1 2 3 4
19.	4	3	2	1	39.	4 3 2 1
20.	4	3	2	1	40.	1 2 3 4

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Figure 5 STAI Scoring Key