## Participant Information Leaflet

|  |  |
| --- | --- |
| **Project title** | The mental health consequences of the war on Ukraine |
| **Principal Investigator** | Dr. Dmytro Martsenkovskyi, Department of Psychiatry, Bohomolets National Medical University |
| **Research Team:** | Dr Philip Hyland (Maynooth University, Ireland), Professor Menachem Ben-Ezra (Ariel University, Israel), Professor Mark Shevlin (Ulster University, Northern Ireland), Professor Thanos Karatzias (Edinburgh Napier University, Scotland), and Professor Marylene Cloitre (Department of Veterans Affairs and Stanford University, United States of America). |

**Research purpose and procedures**:

We are carrying out this research study to understand how the ongoing war in Ukraine has affected people’s mental health and daily life. We are looking to recruit 1,500 people currently living throughout Ukraine. We are specifically recruiting parents because we wish to assess how the war has affected adults, as well as children and adolescents.

You are under no obligation to participate in this survey. If you do choose to participate, the survey will take approximately 25-30 minutes to complete, and we will ask you questions about:

* Who you are (e.g., your age, where in Ukraine you live, your occupation),
* Experiences you may have had during the war (e.g., if you had to leave your home, if you witnessed gunfire or bombing),
* How your mental health may have changed since the war commenced (e.g., changes in your feelings of anxiety and depression),
* Changes in your daily life (e.g., not being able to go to work, not being able to go outside with your children), and
* Changes in your child’s mental health (e.g., changes in how they normally behave or react to situations).

**Risks and discomforts**:

We are interested to find out how the war has affected people’s lives. As such, we will ask you questions that may be difficult to answer. We will ask you questions about changes in your own mental health and changes in your child’s mental health. If you believe that answering these types of questions will cause you to feel emotionally distressed or upset, please think carefully as to whether or not you would like to participate.

If you choose to participate and find yourself becoming distressed at any time, you may stop and withdraw from the study. We believe, based on years of scientific research in this area, that the risk of becoming distressed is very low. However, at the end of the survey we will provide you with the contact details of several charities that provide free mental health services.

**Potential benefits**:

By participating in this study, you will provide very valuable information that will allow us to understand the impact that the war has had on people’s mental health in Ukraine, the amount and priorities of needed mental health care. This information will be published worldwide in reputable scientific journals.

**Provisions for confidentiality and data storage:**

Your responses will be treated with complete confidentiality and all the information that you provide will be completely anonymous. The research team will never have access to any information that could be used to determine your identity. All of your responses will be collected, stored, and used in full compliance with the European Commission’s General Data Protection Regulations and Law of Ukraine about personal data protection. All data collected will be stored on a password-protected, secured, and networked computers. Following principles of open science, we will share all data collected with researchers across the world so that it’s value can be maximized. As the data are completely anonymous, there is no chance that the data you provide can ever be linked back to you.

**Voluntary participation and informed consent:**

Participation in this study is voluntary. You can refuse to take part if you want to. If you begin to answer the questions and wish to stop, you may do so at any time. If you decide that you would like to participate in this study, you will be asked to provide informed consent by checking a box. By doing so, you will be provided access to the survey questions.

**Ethical Approval for this Study:**

Ethical approval for this survey has been provided by SI Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of Ministry of Health of Ukraine, Kyiv, Ukraine.

**Contact Details of Research Team:**

Should you have any questions prior to, during, or after the research, you may contact the Principal Investigator of the project:

|  |  |
| --- | --- |
| Dr. Dmytro Martsenkovskyi, MD., Ph.D, Assistant Professor Department of Psychiatry  Bohomolets National Medical University Email: d.martsenkovskyi@gmail.com |  |
|  |  |

**Section 1: Demographic information**

1. Do you have a child under the age of 18?

* Yes
* No

1. How many children under the age of 18 do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What age is your first child under 18? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What sex is your first child under 18? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Were you born in Ukraine?

* Yes
* No

1. Where in Ukraine did you live at the outbreak of the war on February 24th 2022?

* Western Ukraine (Lvivska oblast, Ivano-Frankivska oblast, Zakarpatska oblast, Rivnenska oblast, Ternopilska oblast, Volynska oblast, Chernivetska oblast, Khmelnytska oblast)
* North Ukraine (Zhytomyrska oblast, Kyivska oblast, Chernihivska oblast, Sumska oblast)
* Central Ukraine (Vinnytska oblast, Kirovohradska oblast, Poltavska oblast, Cherkaska oblast)
* Eastern Ukraine (Donetska oblast, Kharkivska oblast, Luhanska oblast)
* South Ukraine (Zaporizka oblast, Dnipropetrovska oblast, Khersonska oblast, Odeska oblast, Mykolaivska oblast, Crimea)
* Outside of Ukraine

1. Where in Ukraine did you currently live?

* Western Ukraine (Lvivska oblast, Ivano-Frankivska oblast, Zakarpatska oblast, Rivnenska oblast, Ternopilska oblast, Volynska oblast, Chernivetska oblast, Khmelnytska oblast)
* North Ukraine (Zhytomyrska oblast, Kyivska oblast, Chernihivska oblast, Sumska oblast)
* Central Ukraine (Vinnytska oblast, Kirovohradska oblast, Poltavska oblast, Cherkaska oblast)
* Eastern Ukraine (Donetska oblast, Kharkivska oblast, Luhanska oblast)
* South Ukraine (Zaporizka oblast, Dnipropetrovska oblast, Khersonska oblast, Odeska oblast, Mykolaivska oblast, Crimea)
* Outside of Ukraine

1. At any point since February 24th 2022, were you forced to move to another part of Ukraine?

* Yes
* No

1. At any point since February 24th 2022, were you forced to move another country?

* Yes
* No

1. Have you received any of the following forms of assistance since the war began (tick all that apply)?

* Cash transfers or financial assistance
* Essential food and non-food assistance (clothing, hygiene items, blankets)
* Counselling and psychological support
* Legal aid
* Shelter and housing

1. Were you affected by the Russian invasion of eastern Ukraine in 2014?

* Yes
* No

1. What best describes the area where you currently live?

* Urban area
* Rural area

1. What type of property do you currently live in?

* Apartment
* House
* Hostel
* Collective accommodation center
* Hotel
* Other forms of emergency accommodation

1. What is your sex?

* Male
* Female

1. What is your age? \_\_\_\_\_\_\_\_ years
2. What is your legal marital status?

* Single
* In a relationship but not living with my partner
* In a relationship and living with my partner
* Married
* Separated, but still legally married
* Divorced
* Widowed

1. What is your highest level of educational attainment?

* Completed mandatory schooling
* Completed general/secondary
* Completed Vocational School
* Completed an undergraduate degree

1. What is your current employment status?
   * + - Full-time employed
       - Part-time employed
       - Temporarily unemployed due to the ongoing war
       - Unemployed
       - Student
       - Retired
       - Disability (temporary or permanent)
2. Are you currently employed in one of the following occupations?

* Health worker (e.g., doctor, nurse, physiotherapist etc.)
* Emergency and rescue service worker
* Aid worker
* Social services
* Police officer
* Firefighter
* Armed Forces (including Territorial Defense Forces)

1. Are any of your close relatives (partner, sibling, child, parent) employed in one of the following occupations?

* Health worker (e.g., doctor, nurse, physiotherapist etc.)
* Emergency and rescue service worker
* Aid worker
* Social services
* Police officer
* Firefighter
* Armed Forces (including Territorial Defense Forces)

**Section 2: Experiences of the war and symptoms of trauma**

**Instructions**: In this section, we will ask you about different things you may have experienced during the war. We will then ask you about some reactions you may have had to these experiences.

Below are descriptions of events that you may have experienced following the Russian attack on Ukraine on February 24th, 2022. Please indicate if you experienced any of these events.

|  |  |  |
| --- | --- | --- |
| 1. My home was damaged or destroyed. | No | Yes |
| 1. Someone close to me (e.g., parent, sibling, neighbour, friend) had their home damaged or destroyed. | No | Yes |
| 1. I had to take shelter in an underground location. | No | Yes |
| 1. I witnessed the destruction of local infrastructure. | No | Yes |
| 1. I had to move to another part of Ukraine. | No | Yes |
| 1. I had to move to another country. | No | Yes |
| 1. My loved ones were displaced. | No | Yes |
| 1. I lost my job (temporarily or for an extended period). | No | Yes |
| 1. I experienced extreme financial hardship. | No | Yes |
| 1. I was unable to access necessities like food, water, electricity, or heating. | No | Yes |
| 1. I was unable to access essential healthcare like medicines or visiting a doctor. | No | Yes |
| 1. I was unable to sleep for prolonged periods of time. | No | Yes |
| 1. I heard air raid sirens. | No | Yes |
| 1. I heard or saw bombing or artillery fire. | No | Yes |
| 1. I heard or saw gun fire. | No | Yes |
| 1. I was stopped by military patrols. | No | Yes |
| 1. My hometown was occupied by invading Russian forces. | No | Yes |
| 1. I was forcibly separated from my children. | No | Yes |
| 1. I was forcibly separated from my partner. | No | Yes |
| 1. I was kidnapped or held hostage. | No | Yes |
| 1. Someone close to me (e.g., parent, sibling, neighbour, friend) was kidnapped or held hostage. | No | Yes |
| 1. I was tortured. | No | Yes |
| 1. Someone close to me (e.g., parent, sibling, neighbour, friend) went missing. | No | Yes |
| 1. I experienced sexual violence. | No | Yes |
| 1. I or my partner experienced a miscarriage. | No | Yes |
| 1. I saw dead bodies or mutilated body parts. | No | Yes |
| 1. I had to touch dead bodies or mutilated body parts (e.g., moved or buried dead bodies). | No | Yes |
| 1. Someone close to me (e.g., parent, sibling, neighbour, friend) died in the war. | No | Yes |
| 1. Someone close to me (e.g., parent, sibling, neighbour, friend) was physically hurt in the war. | No | Yes |
| 1. I was physically hurt in the war. | No | Yes |
| 1. I took part in defensive operations. | No | Yes |
| 1. I shot at the enemy forces. | No | Yes |
| 1. I was shot at by the enemy forces. | No | Yes |
| 1. I killed a member of the enemy forces. | No | Yes |
| 1. Is there any other event that you experienced that you would like to tell us about? | No | Yes |

Please give a brief description of this event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of these experiences you found most distressing (by selecting the number that corresponds to the worst event you experienced): \_\_\_\_\_\_\_\_\_

The following questions represent reactions people sometimes have following a very stressful life event. We would like to know if you have had any of these experiences **because of things you have experienced during the war.**

Thinking about the most distressing experience that you just selected, please read each item carefully and indicate how much you have been bothered by each problem in the past month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Not at all*** | ***A little bit*** | ***Moderately*** | ***Quite a bit*** | ***Extremely*** |
| 1. Having upsetting dreams that replay part of the experience or are clearly related to the experience? | **0** | **1** | **2** | **3** | **4** |
| 2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now? | **0** | **1** | **2** | **3** | **4** |
| 3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)? | **0** | **1** | **2** | **3** | **4** |
| 4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)? | **0** | **1** | **2** | **3** | **4** |
| 5. Being “super-alert”, watchful, or on guard? | **0** | **1** | **2** | **3** | **4** |
| 6. Feeling jumpy or easily startled? | **0** | **1** | **2** | **3** | **4** |
| ***In the past month have the above problems:*** | | | | | |
| 7. Affected your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 8. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 9. Affected any other important part of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

Below is another set of problems that people sometimes experience after very stressful experiences. The questions refer to ways you typically feel, ways you typically think about yourself, and ways you typically relate to others.

**Again,** thinking about the most distressing experience that you just selected**,** please read each statement and indicate how true is each statement of you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Not at all*** | ***A little bit*** | ***Moderately*** | ***Quite a bit*** | ***Extremely*** |
| 1. When I am upset, it takes me a long time to calm down. | 0 | 1 | 2 | 3 | 4 |
| 2. I feel numb or emotionally shut down. | 0 | 1 | 2 | 3 | 4 |
| 3. I feel like a failure. | 0 | 1 | 2 | 3 | 4 |
| 4. I feel worthless. | 0 | 1 | 2 | 3 | 4 |
| 5. I feel distant or cut off from people. | 0 | 1 | 2 | 3 | 4 |
| 6. I find it hard to stay emotionally close to people. | 0 | 1 | 2 | 3 | 4 |
| ***In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:*** | | | | | |
| 7. Created concern or distress about your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 8. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

**Section 3: Changes in Mental Health and Daily Life**

**Instructions**: In this section, we will ask you about how your mental health and daily life has **changed** since the war on Ukraine began on February 24th, 2022.

Please indicate if these have happened **more frequently** **since the war began**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No change or less** | **A little more often** | **Slightly more often** | **A lot more often** | **A great deal more often** |
| Little interest or pleasure in doing things. | 0 | 1 | 2 | 3 | 4 |
| Feeling down, depressed, or hopeless. | 0 | 1 | 2 | 3 | 4 |
| Trouble falling or staying asleep or sleeping too much. | 0 | 1 | 2 | 3 | 4 |
| Feeling tired or having little energy. | 0 | 1 | 2 | 3 | 4 |
| Poor appetite or overeating. | 0 | 1 | 2 | 3 | 4 |
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down. | 0 | 1 | 2 | 3 | 4 |
| Trouble concentrating on things, such as reading the newspaper or watching television. | 0 | 1 | 2 | 3 | 4 |
| Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual. | 0 | 1 | 2 | 3 | 4 |
| Thoughts that you would be better off dead or of hurting yourself in some way. | 0 | 1 | 2 | 3 | 4 |

Please read each item and indicate if these have happened **more frequently** **since the war began**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No change or less** | **A little more often** | **Slightly more often** | **A lot more often** | **A great deal more often** |
| Feeling nervous, anxious or on edge. | 0 | 1 | 2 | 3 | 4 |
| Not being able to stop or control worrying. | 0 | 1 | 2 | 3 | 4 |
| Worrying too much about things. | 0 | 1 | 2 | 3 | 4 |
| Trouble relaxing. | 0 | 1 | 2 | 3 | 4 |
| Being so restless that it is hard to sit still. | 0 | 1 | 2 | 3 | 4 |
| Becoming easily annoyed or irritable. | 0 | 1 | 2 | 3 | 4 |
| Feeling afraid as if something awful might happen. | 0 | 1 | 2 | 3 | 4 |

Please read each item and indicate if these have happened **more frequently** **since the war began**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No change or less** | **A little more often** | **Slightly more often** | **A lot more often** | **A great deal more often** |
| Feeling that you lack companionship? | 0 | 1 | 2 | 3 | 4 |
| Feeling left out? | 0 | 1 | 2 | 3 | 4 |
| Feeling isolated from others? | 0 | 1 | 2 | 3 | 4 |

Please read each item and indicate if these have happened **more frequently** **since the war began**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No change or less** | **A little more often** | **Slightly more often** | **A lot more often** | **A great deal more often** |
| Drinking alcohol on a daily basis? | 0 | 1 | 2 | 3 | 4 |
| Having 6 or more alcoholic drinks at the same time? | 0 | 1 | 2 | 3 | 4 |
| Drinking so much that you found it difficult to stop? | 0 | 1 | 2 | 3 | 4 |
| Not doing things you normally do because of your drinking? | 0 | 1 | 2 | 3 | 4 |
| Needing to have an alcoholic drink in the morning to get going because of a heavy drinking session? | 0 | 1 | 2 | 3 | 4 |
| Feeling guilty or remorseful because of your drinking? | 0 | 1 | 2 | 3 | 4 |
| Not being able to remember something because of your drinking? | 0 | 1 | 2 | 3 | 4 |
| Getting injured or into trouble because of your drinking? | 0 | 1 | 2 | 3 | 4 |
| Being told by a relative, friend, or health worker that they are concerned by your drinking? | 0 | 1 | 2 | 3 | 4 |

We are interested to know how the following have changed since the war on Ukraine began. If an event does not apply to you, please select 0 (No change).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **-2** | **-1** | **0** | **+1** | **+2** |
|  | **Much Worse** | **Worse** | **No Change** | **Better** | **Much Better** |
| How happy you feel, in general. |  |  |  |  |  |
| How satisfied you are with your life right now. |  |  |  |  |  |
| How connected you feel to your family. |  |  |  |  |  |
| How connected you feel to your local community. |  |  |  |  |  |
| How connected you feel to your country. |  |  |  |  |  |
| How connected you feel to other people in your country. |  |  |  |  |  |
| How connected you feel to the wider world. |  |  |  |  |  |

We are interested to know how your day-to-day life has been affected by the war. Below are descriptions of different things that you might have done on a regular basis before the war. Please read each description and indicate to what extent these activities have been disrupted.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Less Difficult** | **No change** | **More Difficult** |
| Going to work or education. |  |  |  |
| Going outside for a walk. |  |  |  |
| Going to the shops to buy food or other essentials. |  |  |  |
| Visiting friends or relatives. |  |  |  |
| Engaging in pastimes or leisure activities. |  |  |  |
| Engage in spiritual/religious activities. |  |  |  |
| My children playing outside. |  |  |  |
| My children visiting their friends. |  |  |  |
| My children going to school. |  |  |  |

**Section 4: Changes in your child’s mental health**

**Instructions**: In this section, we will ask you questions about how you think your child’s mental health and behaviour has been affected by the war.

If you have more that one child, please answer the following questions about only one of your children. ***Please select the child whose birthday will be next***.

Please tell us what age your child is: \_\_\_\_\_\_\_\_\_

Please tell us the sex of your child is: Male or Female

Did you or any medical specialist ever have concerns about your child's normal development (for example, delay in speech development or walking without support)?

* Yes
* No

Has your child ever received any psychological or pharmacological support because of his or her emotional or behavioural problems?

* Yes
* No

Below are a list of feelings and behaviours. Please indicate if your child has been showings signs of each one less often, about the same, or more often since the war began. Just make one choice for each row.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Please mark under the heading that best fits changes in your child | | |
| **Less Often** | **About the Same** | **More Often** |
| 1. | Fidgety, unable to sit still. |  |  |  |
| 2. | Feels sad, unhappy. |  |  |  |
| 3. | Daydreams too much. |  |  |  |
| 4. | Refuses to share. |  |  |  |
| 5. | Does not understand other people’s feelings. |  |  |  |
| 6. | Feels hopeless. |  |  |  |
| 7. | Has trouble concentrating. |  |  |  |
| 8. | Fights with other children. |  |  |  |
| 9. | Is down on him or herself. |  |  |  |
| 10. | Blames others for his or her troubles. |  |  |  |
| 11. | Seems to be having less fun. |  |  |  |
| 12. | Does not listen to rules. |  |  |  |
| 13. | Acts as if driven by a motor. |  |  |  |
| 14. | Teases others. |  |  |  |
| 15. | Worries a lot. |  |  |  |
| 16. | Takes things that do not belong to him or her. |  |  |  |
| 17 | Distracted easily. |  |  |  |

**FOR 3 – 6-YEAR-OLDS**

Has your child has been exposed, directly or indirectly, to any event during the war that he or she has found extremely scary? **Yes No**

The following are experiences that your child might have because of their experiences during the war. Please read each one and **indicate how much the following things have bothered your child in the past month.** Answer the best you can:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Once in a while** | **Half the time** | **Almost always** |
| 1. Upsetting thoughts or images about the war. Or re-enacting an event they experienced or witnessed in play. | 0 | 1 | 2 | 3 |
| 1. Having bad dreams related to the war. | 0 | 1 | 2 | 3 |
| 1. Acting, playing, or feeling as if a stressful event related to the war is happening right now. | 0 | 1 | 2 | 3 |
| 1. Feeling very emotionally upset when reminded of a stressful event related to the war. | 0 | 1 | 2 | 3 |
| 1. Strong physical reactions when reminded of a stressful event related to the war (sweating, heart beating fast). | 0 | 1 | 2 | 3 |
| 1. Trying not to remember, think about or have feelings about the war. | 0 | 1 | 2 | 3 |
| 1. Avoiding anything that is a reminder of the war (activities, people, places, things, talks). | 0 | 1 | 2 | 3 |
| 1. Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion). | 0 | 1 | 2 | 3 |
| 1. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much. | 0 | 1 | 2 | 3 |
| 1. Acting socially withdrawn. | 0 | 1 | 2 | 3 |
| 1. Reduction in showing positive feelings (being happy, having loving feelings). | 0 | 1 | 2 | 3 |
| 1. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things. | 0 | 1 | 2 | 3 |
| 1. Being overly alert or on guard. | 0 | 1 | 2 | 3 |
| 1. Being jumpy or easily startled. | 0 | 1 | 2 | 3 |
| 1. Problems with concentration. | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark **YES** or **NO** if any of these problems marked interfered with:

|  |  |  |
| --- | --- | --- |
| Getting along with others. | Yes | No |
| Hobbies/Fun | Yes | No |
| School or daycare | Yes | No |
| Family relationships | Yes | No |
| General happiness | Yes | No |

**FOR 7 – 17-YEAR-OLDS**

Has your child has been exposed, directly or indirectly, to any event during the war that he or she has found extremely scary? **Yes No**

The next set of questions are experiences that your child might have because of their experiences during the war. Please read each one and **indicate how much the following things have bothered your child in the past month.** Answer the best you can:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Once in a while** | **Half the time** | **Almost always** |
| 1. Upsetting thoughts or images about the war. Or re-enacting an event they experienced or witnessed in play. | 0 | 1 | 2 | 3 |
| 1. Having bad dreams related to the war. | 0 | 1 | 2 | 3 |
| 1. Acting, playing or feeling as if a stressful event related to the war is happening right now. | 0 | 1 | 2 | 3 |
| 1. Feeling very emotionally upset when reminded of a stressful event related to the war. | 0 | 1 | 2 | 3 |
| 1. Strong physical reactions when reminded of a stressful event related to the war (sweating, heart beating fast). | 0 | 1 | 2 | 3 |
| 1. Trying not to remember, think about or have feelings about the war. | 0 | 1 | 2 | 3 |
| 1. Avoiding anything that is a reminder of the war (activities, people, places, things, talks). | 0 | 1 | 2 | 3 |
| 1. Not being able to remember an important part of a stressful event they experienced during the war. |  |  |  |  |
| 1. Negative changes in how s/he thinks about self, others or the world after a stressful event related to the war. | 0 | 1 | 2 | 3 |
| 1. Thinking the stressful event happened because s/he or someone else did something wrong or did not do enough to stop it. | 0 | 1 | 2 | 3 |
| 1. Having very negative emotional states (afraid, angry, guilty, ashamed). | 0 | 1 | 2 | 3 |
| 1. Losing interest in activities s/he enjoyed before the stressful event. | 0 | 1 | 2 | 3 |
| 1. Feeling distant or cut off from people around her/him. | 0 | 1 | 2 | 3 |
| 1. Not showing positive feelings (being happy, having loving feelings). | 0 | 1 | 2 | 3 |
| 1. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things. | 0 | 1 | 2 | 3 |
| 1. Risky behavior or behavior that could harmful. | 0 | 1 | 2 | 3 |
| 1. Being overly alert or on guard. | 0 | 1 | 2 | 3 |
| 1. Being jumpy or easily startled. | 0 | 1 | 2 | 3 |
| 1. Problems with concentration. | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark **YES** or **NO** if the problems you marked interfered with:

|  |  |  |
| --- | --- | --- |
| Getting along with others. | Yes | No |
| Hobbies/Fun | Yes | No |
| School | Yes | No |
| Family relationships | Yes | No |
| General happiness | Yes | No |

**Section 5: Work related Quality of Life**

**Instructions**: In an earlier section, you indicated that you work in an emergency service occupation. We understand that your work may have been affected by the war and we would now like to ask you some questions about how you feel when you do your job.

When you help people, you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. **Consider each of the following questions about you and your current work situation**.

Select the number that reflects how frequently you experienced these things in the last 30 days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very Often** |
| I am happy. | 0 | 1 | 2 | 3 | 4 |
| I am preoccupied with more than one person I help. | 0 | 1 | 2 | 3 | 4 |
| I get satisfaction from being able to help people. | 0 | 1 | 2 | 3 | 4 |
| I feel connected to others. | 0 | 1 | 2 | 3 | 4 |
| I jump or am startled by unexpected sounds. | 0 | 1 | 2 | 3 | 4 |
| I feel invigorated after working with those I help. | 0 | 1 | 2 | 3 | 4 |
| I find it difficult to separate my personal life from my life as a helper. | 0 | 1 | 2 | 3 | 4 |
| I am not as productive at work because I am losing sleep over traumatic experiences of a person I help. | 0 | 1 | 2 | 3 | 4 |
| I think that I might have been affected by the traumatic stress of those I help. | 0 | 1 | 2 | 3 | 4 |
| I feel trapped by my job as a helper. | 0 | 1 | 2 | 3 | 4 |
| Because of my helping, I have felt "on edge" about various things. | 0 | 1 | 2 | 3 | 4 |
| I like my work as a helper. | 0 | 1 | 2 | 3 | 4 |
| I feel depressed because of the traumatic experiences of the people I help. | 0 | 1 | 2 | 3 | 4 |
| I feel as though I am experiencing the trauma of someone I have helped. | 0 | 1 | 2 | 3 | 4 |
| I have beliefs that sustain me. | 0 | 1 | 2 | 3 | 4 |
| I am pleased with how I am able to keep up with helping techniques and protocols. | 0 | 1 | 2 | 3 | 4 |
| I am the person I always wanted to be. | 0 | 1 | 2 | 3 | 4 |
| My work makes me feel satisfied. | 0 | 1 | 2 | 3 | 4 |
| I feel worn out because of my work as a helper. | **0** | 1 | 2 | 3 | 4 |
| I have happy thoughts and feelings about those I help and how I could help them. | 0 | 1 | 2 | 3 | 4 |
| I feel overwhelmed because my case workload seems endless. | 0 | 1 | 2 | 3 | 4 |
| I believe I can make a difference through my work. | 0 | 1 | 2 | 3 | 4 |
| I avoid certain activities or situations because they remind me of frightening experiences of the people I help. | 0 | 1 | 2 | 3 | 4 |
| I am proud of what I can do to help. | 0 | 1 | 2 | 3 | 4 |
| As a result of my helping, I have intrusive, frightening thoughts. | 0 | 1 | 2 | 3 | 4 |
| I feel "bogged down" by the system. | 0 | 1 | 2 | 3 | 4 |
| I have thoughts that I am a "success" as a helper. | 0 | 1 | 2 | 3 | 4 |
| I can't recall important parts of my work with trauma victims. | 0 | 1 | 2 | 3 | 4 |
| I am a very caring person. | 0 | 1 | 2 | 3 | 4 |
| I am happy that I chose to do this work. | 0 | 1 | 2 | 3 | 4 |

## Participant Debriefing Sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Project title** | The mental health consequences of the war on Ukraine | | **Principal Investigator** | Dr. Dmytro Martsenkovskyi, Department of Psychiatry, Bohomolets National Medical University | | **Research Team:** | Dr Philip Hyland (Maynooth University, Ireland), Professor Menachem Ben-Ezra (Ariel University, Israel), Professor Mark Shevlin (Ulster University, Northern Ireland), Professor Thanos Karatzias (Edinburgh Napier University, Scotland), and Professor Marylene Cloitre (Department of Veterans Affairs and Stanford University, United States of America). | |  |

Dear Participant,

Thank you for taking the time to complete this survey. The information that you have provided will help us to understand how the war has affected people’s the mental health. If completing this survey caused you to feel upset, you may contact any of the following charitable organisations in Ukraine who provide free telephone or for individuals experiencing mental health distress, or the consequences of trauma:

* LifeLine Ukraine [7333](tel:7333)
* Free Psychological support +380800211444
* Worth to live (VARTOZHYTY) 5522
* Tell me https://tellme.com.ua/
* https://t.me/friend\_first\_aid\_bot

Thank you again for your participation.

Kind regards,

Dmytro

**Principal Investigator:**

Dr. Dmytro Martsenkovskyi, MD., Ph.D,  
Assistant Professor  
Department of Psychiatry   
Bohomolets National Medical University  
Email: d.martsenkovskyi@gmail.com