

## Appendix S1.

### Survey

1) What is your gender?

- a. Male
- b. Female

2) What is your age?

3) In which year are you currently enrolled in physiotherapy school?

- a. First year of preparatory study for the State Diploma
- b. Second year of preparatory study for the State Diploma
- c. Third year of preparatory study for the State Diploma
- d. Final year of preparatory study for the State Diploma

4) Have you repeated a year?

- a. Yes, the current year
- b. Yes, a previous year
- c. No

5) Which physiotherapy school are you affiliated with?

- ALENCON
- ALSACE
- AMIENS
- BEGLES
- BELFORT MONTBELIARD
- BERCK SUR MER
- BESANCON
- BORDEAUX
- BREST
- DAX
- DIJON
- ENKRE SAINT MAURICE
- FONTAINEBLEAU (UPEC)
- FORT DE FRANCE
- GRENOBLE
- LA MUSSE A EVREUX
- LA REUNION
- LAVAL
- LILLE (Université Catholique)
- LILLE (LOOS)
- LIMOGES A.P.S.A.H
- LIMOGES CROIX ROUGE
- LIMOGES ILFOMER
- LYON – ISTR
- LYON - DV
- MARSEILLE
- MEAUX EST FRANCILIEN

MEULAN LES MUREAUX  
MONTPELLIER  
NANCY  
NANTES  
NICE  
ORLEANS  
PARIS ADERF  
PARIS AP-HP  
PARIS ASSAS  
PARIS AVH  
PARIS DANHIER  
PARIS EFOM  
PARIS ST-MICHEL  
POITIERS  
REIMS  
RENNES  
RODEZ  
ROUEN  
ST-DENIS CEERRF  
ST-ETIENNE  
ST-MAURICE ENKRE  
ST-QUENTIN en YVELINES ASSAS  
TOULOUSE  
VICHY  
VILLEJUIF - GUINOT

6) Do you live alone?

- a. Yes
- b. No

7) Have you taken a loan to finance your education?

- a. Yes
- b. No

8) Were you able to suspend loan payments due to lockdown?

- a. Yes
- b. No

9) Do you have a job alongside your studies to finance your education?

- a. Yes
- b. No

10) Have you had to interrupt this job due to the lockdown?

- a. Yes
- b. No
- c. I didn't have a job

11) Were you in lockdown in March 2020 while studying physiotherapy?

- a. Yes
- b. No

12) Did the first lockdown in March 2020, in your opinion, impact your education:

- a. Less than the second lockdown
- b. As much as the second lockdown
- c. More than the second lockdown

13) During the second lockdown in November 2020, did you have access to practical work and/or tutorials at your physiotherapy school?

- a. Yes
- b. No

14) Have you experienced an episode in the last 5 years requiring psychological or psychiatric treatment or follow-up (major depressive episode, burnout, etc.)?

- a. Yes
- b. No

15) What is your satisfaction level regarding the information and instructions provided if you test positive for COVID-19 or are a contact case?

- a. Very dissatisfied
- b. Dissatisfied
- c. Neutral
- d. Satisfied
- e. Very satisfied

16) Do you have risk factors for severe COVID-19 (choose among the following factors: obesity with a body mass index over 30 kg/m<sup>2</sup>, third-trimester pregnancy, aged over 65, chronic illness weakening the immune system, including cardiovascular history, diabetes, chronic respiratory diseases, cancer, renal failure, cirrhosis, splenectomy, sickle cell anemia)?

- a. Yes, and I went on sick leave or requested not to be placed in a high-risk area
- b. Yes, but it did not affect my clinical placement
- c. No

17) Due to the reorganization of healthcare, have you taken, or are you taking care of COVID-19 positive patients during your clinical placements?

[Options for different settings]

18) Do you consider the protective measures (masks, gowns, goggles) on your clinical placements to be sufficient?

- a. Yes
- b. No

19) Do you feel adequately trained to handle COVID-19 positive patients (disease, protective measures...)?

[Scale from extremely well to execrable]

20) In the last 14 days, how often have you been bothered by the following issues?

[Scale for various issues]

21) In the past 2 weeks, have you been bothered by any of the following problems?

[Scale for mental health issues]

22) Severity of your sleep difficulties in the last month:

[Scale for different aspects of sleep difficulties]

23) Has your tobacco or alcohol consumption increased?

- a. Yes
- b. No

24) Are you worried about the end of lockdown?

- a. Yes
- b. No

25) Have you contacted the medical-psychological emergency hotline?

- a. Yes
- b. No, but I'm considering it
- c. No

26) Is your current workload, in terms of hours,:

- a. More significant
- b. The same
- c. Less, but it allows me to work on academic assignments
- d. Less

27) Do you think the quality of your physiotherapy education is affected by the health crisis?

- a. No
- b. Slightly
- c. Moderately
- d. Significantly
- e. Extremely

28) Has your perception of the physiotherapy profession changed with the COVID crisis?

- a. No
- b. Slightly
- c. Moderately
- d. Significantly
- e. Extremely

29) Has COVID reinforced your desire to become a physiotherapist?

- a. Strongly disagree
- b. Disagree
- c. No opinion
- d. Agree
- e. Strongly agree

30) In general, does continuing your practical training during this COVID period make you afraid?

- a. No
- b. Slightly
- c. Moderately
- d. Significantly
- e. Extremely

31) Are you reassured by the possibility of conducting teleconsultations?

- a. Yes
- b. No

32) Do you think teleconsultation in physiotherapy should be continued beyond the COVID period?

a. Yes

b. No

33) What was your professional installation plan before the appearance of COVID?

[Options for different types of practice]

34) Does the crisis change your future professional installation plan?

a. Yes

b. No

35) If the crisis were to durably impact your education, would you accept an extension of your study duration?

a. Yes

b. No