

Staff Covid-19 Survey

We are looking at how Covid-19 affects you in your role. Please could you complete the following survey. This will help us to learn what support or training is needed.

1. Cymru ID:
2. Base location:
 - a. clinical site – primary care
 - b. clinical site -secondary care
 - c. non-clinical site
 - d. prefer not to say
3. Job type:
 - a. clinical – doctor
 - b. clinical – nurse
 - c. clinical – other
 - d. non-clinical
 - e. prefer not to say
4. Age band:
 - a. under 24 years old
 - b. 25-34 years old
 - c. 35-44 years old
 - d. 45-54 years old
 - e. 55-64 years old
 - f. 65-74 years old
 - g. 75 years or older
5. Gender identified with:
 - a. male
 - b. female
 - c. other
 - d. prefer not to say
6. Contact with patients with COVID-19:
 - a. Direct contact
 - b. No direct contact
7. Have you had Covid-19? Yes-confirmed, suspected, no
8. How often do you feel tired? Always, Often, Sometimes, Seldom, Never/almost never
9. How often are you physically exhausted? Always, Often, Sometimes, Seldom, Never/almost never
10. How often are you emotionally exhausted? Always, Often, Sometimes, Seldom, Never/almost never
11. How often do you think: "I can't take it anymore"? Always, Often, Sometimes, Seldom, Never/almost never
12. How often do you feel worn out? Always, Often, Sometimes, Seldom, Never/almost never
13. How often do you feel weak and susceptible to illness? Always, Often, Sometimes, Seldom, Never/almost never.
14. Is your work emotionally exhausting? To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
15. Do you feel burnt out because of your work? To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree

16. Does your work frustrate you? To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
17. Do you feel worn out at the end of the working day? Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question
18. Are you exhausted in the morning at the thought of another day at work? Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question
19. Do you feel that every working hour is tiring for you? Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question
20. Do you have enough energy for family and friends during leisure time? Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question
21. Do you find it hard to work with clients? The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
22. Do you find it frustrating to work with clients? The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
23. Does it drain your energy to work with clients? The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
24. Do you feel that you give more than you get back when you work with clients? The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree
25. Are you tired of working with clients? Always, Often, Sometimes, Seldom, Never/almost never
26. Do you sometimes wonder how long you will be able to continue working with clients? Always, Often, Sometimes, Seldom, Never/almost never
27. In the last month, how often have you been upset because of something that happened unexpectedly? Very Often, Fairly Often, Sometimes, Almost Never, Never
28. In the last month, how often have you felt that you were unable to control the important things in your life? Very Often, Fairly Often, Sometimes, Almost Never, Never
29. In the last month, how often have you felt nervous and stressed? Very Often, Fairly Often, Sometimes, Almost Never, Never
30. In the last month, how often have you felt confident about your ability to handle your personal problems? Very Often, Fairly Often, Sometimes, Almost Never, Never
31. In the last month, how often have you felt that things were going your way? Very Often, Fairly Often, Sometimes, Almost Never, Never
32. In the last month, how often have you found that you could not cope with all the things that you had to do? Very Often, Fairly Often, Sometimes, Almost Never, Never
33. In the last month, how often have you been able to control irritations in your life? Very Often, Fairly Often, Sometimes, Almost Never, Never
34. In the last month, how often have you felt that you were on top of things? Very Often, Fairly Often, Sometimes, Almost Never, Never
35. In the last month, how often have you been angered because of things that happened that were outside of your control? Very Often, Fairly Often, Sometimes, Almost Never, Never
36. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Very Often, Fairly Often, Sometimes, Almost Never, Never
37. Are you taking a break during your working hours? Always, Often, Sometimes, Seldom, Never/almost never
38. Why is this? Free text
39. Do you have an opportunity to rest and recover during these breaks, for example not undertake any work related activities including talking about work? Always, Often, Sometimes, Seldom, Never/almost never

40. Do you have adequate PPE (Personal Protective Equipment)? Always, Often, Sometimes, Seldom, Never/almost never
41. Do you have any concerns about PPE? Yes, no
42. Please give us more information. Free text
43. To what extent does your concerns about PPE (Personal Protective Equipment) affect your stress at work? Always, Often, Sometimes, Seldom, Never/almost never
44. Do you feel you have enough knowledge of COVID-19 for your work life? Yes / No / Not sure & free text
45. Do you feel you have enough knowledge of COVID-19 for your home life? Yes / No / Not sure & free text
46. Do you have any comments about the impact of COVID-19 on your role? Free text

We will be asking staff to complete this questionnaire in 3 months. Would you be happy to do this?

Yes , No

Thank you