

02/04/2020

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**Default Question Block**

## **HOW ARE YOU?**

### **Living With COVID-19 Restrictions in Australia**

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To help our governments and the community to understand what life is like during the COVID-19 restrictions, we want as many people as possible to complete this snapshot survey.

This survey is anonymous. We can't know who you are.

We would like to hear from you if you are 18 or older and live in Australia!

It will take only about 10 minutes to answer the questions.

If you want to find out more about the survey before you begin, please click [here](#) for more information.

To begin the survey, please click "NEXT PAGE".

Are you living in Australia?

Yes

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 No

Are you above 17 years of age?

 Yes No

### The first group of questions asks about you and your situation

1. How old are you? (years)

2. Do you live:

 On your own With only your partner With your partner and children With children and without a partner With adult family members In a shared house with non-family members Other (please specify)

3. What is your postcode?

4. Are you:

 Female Male Other

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## 5. Were you born in Australia?

- Yes
- No

### The next set of questions asks about your experience of COVID-19 infection

## 6. To what extent have you experienced COVID-19?

	Yes	No
I have been treated in hospital for COVID-19	<input type="radio"/>	<input type="radio"/>
I have had COVID-19 but did not have to go to hospital	<input type="radio"/>	<input type="radio"/>
I have been tested for COVID-19	<input type="radio"/>	<input type="radio"/>
Someone who lives with me has COVID-19	<input type="radio"/>	<input type="radio"/>
Someone I know who doesn't live with me has COVID-19	<input type="radio"/>	<input type="radio"/>

## 7. How worried are you that you will catch COVID-19?

Not at all worried											Extremely worried
0	1	2	3	4	5	6	7	8	9	10	

## 8. What is your situation at the moment?

	Yes	No
I have a job and am working from home	<input type="radio"/>	<input type="radio"/>
I have a job that I need to leave home to do	<input type="radio"/>	<input type="radio"/>
I am doing unpaid work caring for children	<input type="radio"/>	<input type="radio"/>

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	Yes	No
I am doing unpaid work caring for dependent relatives	<input type="radio"/>	<input type="radio"/>
I have lost my job because of COVID-19	<input type="radio"/>	<input type="radio"/>
I was unemployed before COVID-19	<input type="radio"/>	<input type="radio"/>
I am retired	<input type="radio"/>	<input type="radio"/>
I am a student and my course is delivered online	<input type="radio"/>	<input type="radio"/>
I am a student but my course has been suspended	<input type="radio"/>	<input type="radio"/>
My main source of income is government benefits	<input type="radio"/>	<input type="radio"/>

### 9. Since COVID-19 I am drinking alcohol:

- More than I used to
- Less than I used to
- About the same
- I don't drink alcohol

### The next set of questions is about your health in general

10. Have you been able to get the care you need for non-COVID-19 health conditions or a disability?

- Yes; there's been no change in my health or disability care
- Yes; my health or disability care has been better
- No; my health or disability care has been worse
- I haven't needed health or disability care

### The next set of questions is about how you have felt in the last two weeks

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### 11. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12. Over the last 2 weeks, how often have you been bothered by any of the following problems?

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	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The last set of questions is about the impact of COVID-19 on your life:**

13. Please tell us up to three bad things that have happened to you because of the COVID-19 restrictions

Bad thing 1:

Bad thing 2:

Bad thing 3:

14. Please tell us up to three good things that have happened to you because of the COVID-19 restrictions

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Good thing 1:

Good thing 2:

Good thing 3:

15. Please tell us in general how optimistic you feel about the future

Not at all optimistic

Extremely optimistic

0  1  2  3  4  5  6  7  8  9  10

16. Please write anything else you would like us to know about your experience of COVID-19 (up to 250 characters)

Thank you for completing the survey. Please encourage other people to complete it by sending this link: [https://monash.az1.qualtrics.com/jfe/form/SV\\_dpqJqBdgFclvpyJ](https://monash.az1.qualtrics.com/jfe/form/SV_dpqJqBdgFclvpyJ)

We will give the results to governments and other organisations to help them understand what people need now and to prepare for similar circumstances in the future.

You can see the survey results in a few weeks at [\[WEBSITE\]](#)

If you are feeling distressed, there are places you can contact for help:

*Your GP*

*Beyond blue: [beyondblue.org.au](https://beyondblue.org.au)*

*For advice and information, go to: Government of Australia: [www.australia.gov.au](https://www.australia.gov.au)*

[https://monash.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV\\_dpqJqBdgFclvpyJ&ContextLibraryID=...](https://monash.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_dpqJqBdgFclvpyJ&ContextLibraryID=...) 7/8

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