

Baseline questionnaire



Loddon Mallee Healthcare Worker COVID Study

Baseline Health and Well-being Questionnaire

**Thank you for helping us understand the impacts of the COVID-19 pandemic
on our highly valued Loddon Mallee healthcare workforce**

Instructions for completing this questionnaire

This questionnaire asks about you, your health & wellbeing, and your work with an emphasis on the impact that COVID-19 has had on your life and work during the COVID-19 pandemic. The COVID-19 pandemic is likely to be the only uniform threat that we will see in our lifetime. Your experiences during the pandemic will provide valuable information about what can be done now and, in the future, to support healthcare workers across our region during times of disruption.

This is not just another survey!

Longitudinal research studies of this type are scarce, particularly in rural & regional areas, and your contribution will make a big difference to our understanding of the long-term effects of the COVID-19 pandemic.

Studies of this type have made massive contributions to our understanding of health & disease (e.g. Nurses' Health Study). Like other important longitudinal studies the questionnaire is slightly longer (approx. 30-45 minutes) than a usual survey but this is necessary because we need to collect as much information as possible as the COVID-19 pandemic is likely to be a once in a lifetime event and it is critical that we understand the full implications on our healthcare workforce and community, and that we are able to consider all confounding factors when looking at relationships between health status and future health events or disease.

The questionnaire has five sections.

Section 1 asks about you and your life in general

Section 2 asks about your work situation with an emphasis on events since the start of the COVID-19 pandemic

Section 3 asks about your physical and mental health as well significant events in your life and social supports

Section 4 asks about your lifestyle and changes that have taken place since the start of the COVID-19 pandemic

Section 5 is an OPTIONAL section that asks about your medical and surgical history

Each group of questions have been drawn from existing measures scientifically designed to examine different aspects of your health.

If you are unsure about how to answer a question, please give the best answer you can, even if some questions may seem very similar.

If you feel uncomfortable about answering a question, just leave it and go on to the next one, but please try to finish the questionnaire.

If you would like to take a break and return at any time to continue, please click the link within the Loddon Mallee Healthcare Worker COVID Study 'Welcome' email that you receive, and you will be returned to the section of the questionnaire that you were previously up to.

- This questionnaire has several sections, we recommend that you start at Section 1 and work your way through, taking breaks.
 - Below are some examples of how to complete this questionnaire. You choose the answer that suits you and use your computer mouse to click in the appropriate radio button or check box.
 - For single-answer questions, please make your choice by clicking in the radio button like this:
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 - If you make a mistake just click the correct radio button instead.
 - For questions that request tick all that apply, please make your choice by checking the appropriate boxes like this:
 - ma nista Just untick the box and check the correct box instead.
- Please do not use your web browser to navigate back or forward within the questionnaire, as this will result in an error that may result in loss of important information.

Section 1: About you

This first group of questions asks about you and your home situation. This will help us understand the overall characteristics of the people involved in this study

1. What was your sex at birth: (select one option)

- Male
- Female
- Other
- Prefer not to say

2. What gender do you identify as? (select one option)

- Male
- Female
- Transgender
- Other
- Prefer not to say

3. Are you of Aboriginal or Torres Strait Islander origin?

- Yes – Aboriginal
- Yes – Torres Strait Islander
- No
- Prefer not to say

4. Were you born in Australia?

- Yes
- No
- Prefer not to say

5. What is your highest level of education?

- Primary schooling only
- Secondary schooling completed
- Secondary schooling not completed
- Trade qualification or TAFE
- University or other tertiary study
- Other or not applicable: please describe

Household, Sociodemographic and Neighbourhood

1. What is your marital status?

- Married
- Defacto/Living with a partner
- Widowed
- Divorced or separated
- Never married
- Prefer not to say

2. What kind of place do you live in?

- Own house
- Own flat/unit
- Rented house
- Rented flat/unit
- Own mobile home / caravan
- Rented mobile home / caravan
- Hostel
- Boarding House
- With family or relatives
- With friends
- Retirement Home
- Assisted living/nursing home
- Other – please specify

3. Do you live on a farm or consider yourself to be involved in farming?
 - Yes
 - No

4. How many people, including yourself, currently live in your household? (Dropdown list)

5. Who currently lives in the same house as you? (check all that apply)
 - Live alone
 - Partner / spouse
 - Son / daughter
 - Parent/s
 - Brother / sister
 - Others related to you
 - Others not related to you

6. How many children do you have? (Dropdown list)

7. How many dependent children do you have? (Dropdown list)

8. Since the COVID-19 pandemic started, have you had to actively manage home schooling responsibilities?
 - Yes
 - No
 - Not applicable (Branching logic)

9. Do you live with other healthcare or aged care workers?
 - Yes
 - No

10. Do you have any caring responsibilities (such as for children, older adults, or others) that have impacted your ability to work during the pandemic?

- Yes
- No

11. What is your current weekly (annual equivalent) household income?

- \$1-\$199 (\$1-\$10,399)
- \$200-\$299 (\$10,400-\$15,599)
- \$300-\$399 (\$15,600-\$20,799)
- \$400-\$599 (\$20,800-\$31,199)
- \$600-\$799 (\$31,200-\$41,599)
- \$800-\$999 (\$41,600-\$51,999)
- \$1,000-\$1,249 (\$52,000-\$64,999)
- \$1,250-\$1,499 (\$65,000-\$77,999)
- \$1,500-\$1,999 (\$78,000-\$103,999)
- \$2,000 or more (\$104,000 or more)
- Prefer not to say

12. Given your current needs and financial responsibilities, would you say that you and your family are:

- Prosperous
- Very comfortable
- Reasonably comfortable
- Just getting along
- Poor
- Very poor

13. Has your household income changed due to the COVID-19 pandemic?

- Increased
- Decreased
- No change

14. As a result of COVID-19 pandemic do you have concerns or worries about your household income?

- Yes
- No

15. Please answer the following questions about how you feel within the neighbourhood in which you live.

- I could call on a neighbour for help if I needed it.
- People in my neighbourhood trust each other.
- I feel safe from violence and crime in my neighbourhood.

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree (neutral)

4 = Agree

5 = Strongly agree

16. Do you think you will move to a new house in the next two years?

- Yes
- No
- Considering it
- Unsure

17. Where do you think you will move to?

- Within present city or town
- To another part of rural/regional Victoria
- To a capital city
- To a place on the coast
- Somewhere else in Australia
- To another country
- Don't know

18. Do you have private health insurance?

- Yes
- No

19. How important or unimportant is religion or spirituality in your life?

- Very important
- Important
- Unimportant
- Very unimportant

20. Prior to the COVID-19 pandemic how often did you attend religious services? (mark one only)

- Never
- Less than once per year
- About once or twice per year
- Several times per year
- About once a month
- Two to three times per month
- Nearly every week
- Every week
- Several times a week

21. During the COVID-19 pandemic, how has your attendance (in person/online) at religious services changed?

- Significantly increased
- Slightly increased
- Grossly similar
- Slightly decreased
- Significantly decreased

22. Are you considering retirement?

- Yes (Branching logic)
- No, I am already retired
- No, I am not considering retirement soon

23. If you are considering retirement, will it be within the next:

- 0 – 6 months
- 6 – 12 months
- 12 months – 2 years
- Greater than 2 years

24. Are you considering changing career/job type due to the COVID-19 pandemic?

- Yes
- No
- Unsure

25. Do you currently own a pet? (Branching logic)

- Yes
- No

26. What type of pet(s) do you own? (Check all that apply)

- Dog
- Cat
- Bird
- Fish
- Other – please specify

27. Did you get this pet during the COVID-19 pandemic?

- Yes
- No

28. Are you a registered user of a social media network? (Branching logic)

- Yes
- No – If yes which ones Fb, Twitter, Instagram, Snapchat, Other – please specify) (check all that apply)

29. How often do you login to social media on average? (Branching logic)

- Never
- Every couple of months
- Several times per month
- Several times per week
- Once a day
- Several times per day

30. On average, how many minutes do you spend per session (i.e., how many minutes does an average social media session last)?

- Less than 15 minutes
- 15 – 29 minutes
- 30 – 59 minutes
- 60 – 89 minutes
- 90 – 119 minutes
- Greater than 120 minutes (2 hours)

Section 2: Your work situation

This next group of questions asks about your work situation and background. These questions are important to help us understand the backgrounds and characteristics of the workforce, how COVID-19 has affected your work, and how work has affected your health & well-being. It will also help us understand how your workplace responded to the COVID-19 pandemic.

1. Are you currently associated with, or working for, a healthcare setting, paid or unpaid? (Including hospital, aged care, primary care, community health service etc.)?
 - Yes
 - No

2. If no, please indicate where you work or which organization you are associated with.

3. Before the COVID-19 pandemic what was your employment status?
 - Full time
 - Part time
 - Casual
 - Retired Volunteer
 - Other – please specify

4. Where did you perform your work duties during the COVID-19 pandemic?
 - Exclusively at home
 - Exclusively at your place of employment (on site)
 - A combination of home and place of employment (mixed)

5. Have your paid or unpaid hours spent working changed? This includes work carried out in the hospital/healthcare setting or from home.
 - Increased paid hours
 - Increased unpaid hours
 - Decreased hours (paid or unpaid)
 - No change

6. Does your workplace currently have a plan or protocol in place to respond to known or suspected COVID-19 cases?

- Yes
- No
- Unsure

7. When the COVID-19 pandemic was declared, how prepared was your workplace to respond to those with known or suspected COVID-19?

- Very prepared
- Moderately prepared
- Somewhat prepared
- A little prepared
- Not prepared at all
- Unsure

8. At the start of the COVID-19 pandemic, in your primary workplace, how often did you typically have:

- The right types of PPE (e.g. gloves, gowns, masks, respirators, eye protection, etc.)?
- The right size of PPE
- A sufficient amount of PPE?

1 = Never

2 = Rarely

3 = Sometimes

4 = Often

5 = Very often

6 = Not applicable to my role

Work characteristics

1. Currently, what is your employment status?

- Full time
- Part time

- Casual
- Retired
- Volunteer
- Other – please specify

2. What is your primary place of work?

- Public hospital
- Private hospital
- Clinic outside a hospital (e.g. Physiotherapy clinic) – please specify
- General Practice clinic
- Community health service
- Nursing home/aged care or group care facility
- Pharmacy

3. What is your secondary place of work? (if applicable)

- Public hospital
- Private hospital
- Clinic outside a hospital (e.g. Physiotherapy clinic) – please specify
- General Practice clinic
- Community health service
- Nursing home/aged care or group care facility
- Pharmacy
- Other – please specify
- Retired
- Volunteer

4. What is your primary profession or work background?

- Aboriginal health liaison or support officer
- Accountant/Finance Officer
- Administration officer

- Allied Health Assistant
- Anaesthetic technician
- Board member
- Buildings/Maintenance worker
- Care coordinator
- Career medical officer
- Cleaning services
- Clerical or administrative
- Clinic or practice manager
- Clinical coder
- Clinical nurse consultant
- Clinical nurse educator
- Clinical scientist/technician
- Clinical Trials/Research Manager/Coordinator
- Consultant physician or senior staff specialist
- Counsellor
- Data/Business analyst
- Dental assistant
- Dental therapist or hygienist
- Dentist
- Department/Business Director
- Dietitian
- Disability support worker
- Engineering services
- Enrolled nurse
- Executive Director
- Exercise physiologist
- Food and domestic services assistant
- General practitioner
- General practitioner registrar
- Graduate nurse or midwife

- Health Information Manager/Officer
- Health Service Assistant
- ICT officer/manager
- Intern
- Interpreter
- IT support technician
- Junior medical officer (postgrad year 2+)
- Locum medical officer
- Medical education officer
- Medical trainee or registrar
- Mental health nurse
- Mental health or welfare support worker
- Midwife
- Nurse practitioner
- Nurse unit manager
- Occupational health and safety officer
- Occupational therapist
- Orthopaedic technician
- Pastoral or spiritual care practitioner
- Pathologist
- Patient transport officer
- People and Culture advisor
- Personal Care Assistant/Worker
- Pharmacist
- Pharmacologist
- Pharmacy assistant
- Pharmacy dispensary technician
- Phlebotomist
- Physiotherapist
- Podiatrist
- Practice Nurse

- Project officer or manager
- Psychologist
- Quality Manager/Officer
- Receptionist
- Registered nurse
- Research Nurse/Assistant
- Resident or house medical officer
- Risk Manager
- Security officer
- Senior registrar
- Social worker
- Sonographer
- Speech therapist
- Student - medical, nursing, allied health
- Surgeon
- Theatre or instrument technician
- Visiting medical officer
- Volunteer
- Volunteer Manager/Coordinator
- Youth worker
- Other – please specify

5. What is your secondary profession or work background? (if applicable)

- Aboriginal health liaison or support officer
- Accountant/Finance Officer
- Administration officer
- Allied Health Assistant
- Anaesthetic technician
- Board member
- Buildings/Maintenance worker

- Care coordinator
- Career medical officer
- Cleaning services
- Clerical or administrative
- Clinic or practice manager
- Clinical coder
- Clinical nurse consultant
- Clinical nurse educator
- Clinical scientist/technician
- Clinical Trials/Research Manager/Coordinator
- Consultant physician or senior staff specialist
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- General practitioner
- General practitioner registrar
- Graduate nurse or midwife
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- Junior medical officer (postgrad year 2+)
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- Medical trainee or registrar
- Mental health nurse
- Mental health or welfare support worker
- Midwife
- Nurse practitioner
- Nurse unit manager
- Occupational health and safety officer
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- Registered nurse
- Research Nurse/Assistant
- Resident or house medical officer
- Risk Manager
- Security officer
- Senior registrar
- Social worker
- Sonographer
- Speech therapist
- Student - medical, nursing, allied health
- Surgeon
- Theatre or instrument technician
- Visiting medical officer
- Volunteer
- Volunteer Manager/Coordinator
- Youth worker
- Other – please specify

6. How many years have you worked in your primary profession since graduation?

- 0-5 years
- 6-10 years
- 11-15 years
- More than 15 years

7. What is the primary service/department that you work in?

- Aboriginal health
- Alcohol and other drugs
- Anaesthesiology
- Business/accounting
- Cardiology
- Clerical or administrative services

- Clinical education
- Clinical or scientific research
- Community aged care or assessment services
- Community Allied Health Services
- Community health services
- Community mental health services
- Community Nursing Services
- Dental services
- Dermatology
- Diabetes care/education/management
- Emergency
- Endocrinology
- Engineering services
- Food or domestic services
- Forensic medicine and science
- Gastroenterology
- General internal medicine
- General practice
- General surgery
- Geriatric medicine
- Health promotion
- Hospital Admission Risk Program (HARP)
- Hospital aged care
- Hospital in the home
- Human resources/staff health/professional development
- Immunology and allergy
- Infectious Diseases
- Information technology/digital health/information management
- Inpatient mental health services
- Intensive care
- Intervention suite/Theatre

- Laboratory worker or technician
- Laundry and linen services
- Maintenance
- Management
- Medical education
- Midwifery
- NDIS and disability services
- Nephrology, urology, dialysis or transplant
- Neurology
- Nutrition and dietetics
- Obstetrics and gynaecology
- Occupational health and safety
- Occupational therapy
- Oncology
- Ophthalmology
- Orthopaedics
- Other medical or nursing specialty area
- Outpatient clinic
- Paediatric care
- Palliative care or advanced care planning services
- Pastoral and spiritual care
- Pathology
- Perioperative care
- Pharmacy
- Physiotherapy
- Podiatry
- Psychiatry
- Psychology
- Public or population health
- Public relations
- Quality and Risk

- Radiology
- Rehabilitation
- Rehabilitation or occupational medicine
- Respiratory and sleep medicine
- Security
- Social work
- Speech pathology
- Sterilising services
- Surgical specialty area
- Transition care
- Women's and Children's services
- Other non-clinical patient support services
- Other – please specify

8. What is your secondary service/department that you work in? (if applicable)

- Aboriginal health
- Alcohol and other drugs
- Anaesthesiology
- Business/accounting
- Cardiology
- Clerical or administrative services
- Clinical education
- Clinical or scientific research
- Community aged care or assessment services
- Community Allied Health Services
- Community health services
- Community mental health services
- Community Nursing Services
- Dental services
- Dermatology
- Diabetes care/education/management

- Emergency
- Endocrinology
- Engineering services
- Food or domestic services
- Forensic medicine and science
- Gastroenterology
- General internal medicine
- General practice
- General surgery
- Geriatric medicine
- Health promotion
- Hospital Admission Risk Program (HARP)
- Hospital aged care
- Hospital in the home
- Human resources/staff health/professional development
- Immunology and allergy
- Infectious Diseases
- Information technology/digital health/information management
- Inpatient mental health services
- Intensive care
- Intervention suite/Theatre
- Laboratory worker or technician
- Laundry and linen services
- Maintenance
- Management
- Medical education
- Midwifery
- NDIS and disability services
- Nephrology, urology, dialysis or transplant
- Neurology
- Nutrition and dietetics

- Obstetrics and gynaecology
- Occupational health and safety
- Occupational therapy
- Oncology
- Ophthalmology
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- Outpatient clinic
- Paediatric care
- Palliative care or advanced care planning services
- Pastoral and spiritual care
- Pathology
- Perioperative care
- Pharmacy
- Physiotherapy
- Podiatry
- Psychiatry
- Psychology
- Public or population health
- Public relations
- Quality and Risk
- Radiology
- Rehabilitation
- Rehabilitation or occupational medicine
- Respiratory and sleep medicine
- Security
- Social work
- Speech pathology
- Sterilising services
- Surgical specialty area
- Transition care

- Women's and Children's services
 - Other non-clinical patient support services
 - Other – please specify
9. Since the start of the COVID-19 pandemic, have you been redeployed to a new area of work (i.e., change in the department you work in)?
- Yes
 - No
10. How confident do you feel working in your new area?
- Not confident at all
 - A little confident
 - Somewhat confident
 - Confident
 - Very confident
11. In response to the COVID-19 pandemic, were you asked to work outside of your usual scope of practice/duties?
- Yes
 - No
12. Were you assigned or asked to care for patients with COVID-19?
- Yes
 - No
 - Not applicable to my role
13. Have you had direct contact (i.e., diagnosed, treated or provide care) with suspected/infected COVID-19 patients?
- Yes
 - No

14. Have you had indirect contact (e.g., cleaning areas where COVID-19 patients received care) with suspected/infected COVID-19 patients?

- Yes
- No

15. Have you received COVID-19 infection control and prevention training from your employer?

- Yes
- No

16. How confident do you feel that the infection control and training was adequate to protect you from infection?

- Very confident
- Moderately confident
- Somewhat confident
- A little confident
- Not confident at all

17. Because of COVID-19, have you needed to take any days off work?

- Yes
- No

18. If you have taken any days off work due to COVID-19, please choose relevant reasons from the options below. (Please tick all that apply)

- Contact with known or suspected case at work
- Contact with known or suspected case outside work
- Travel interstate/overseas
- Showing symptoms of COVID-19 or other respiratory illness
- Screened for COVID-19
- Tested positive for COVID-19
- Other reasons – please specify

19. Currently, how would you rate your primary workplace's COVID-19 policies and procedures with respect to the following:

- Staff screening for risk factors/symptoms
- Staff testing for suspected cases
- Support for new graduates or inexperienced staff
- Access to workplace psychological or mental health support
- Managing staff abuse
- Changes to the physical work environment to reduce exposure to potentially infected patients/clients
- Use of other methods (e.g. telehealth) to reduce face-to-face contact with patients/clients
- Responding to an outbreak
- Able to deploy more staff if required
- Isolation of vulnerable populations
- Cleaning protocols in general
- Access to other equipment (e.g. linen)
- Access to alternative accommodation for you to stay between shifts
- Debriefing processes
- Social distancing
- Visitor policies

Response categories

- Excellent
- Very good
- Good
- Fair
- Poor
- Unsure

20. Since the start of the COVID-19 pandemic, are you aware if your workplace plan/protocol(s) regarding COVID-19 have been reviewed or updated?

- Yes
- No

21. I feel confident that the PPE training I received has equipped me to practice safely during the pandemic.

- Yes
- No
- Not applicable to my role

22. I feel supported by my workplace regarding PPE concerns and requirements.

- Yes
- No
- Not applicable to my role

23. Does your workplace have a policy for breaks while working in full PPE? (i.e., gloves, mask/respirator, gown as a minimum)

- No
- Yes
- Unsure

Job stress

1. Using the following response categories, please indicate the degree with which you agree or disagree with the following statements about stress related to your workplace.

Responses

- Strongly disagree
 - Disagree
 - Neither agree nor disagree (neutral)
 - Agree
 - Strongly agree
-
- Working here makes it hard to spend enough time my family.
 - I spend so much time at work; I can't see the forest for the trees.
 - Working here leaves little time for other activities.
 - I frequently get the feeling I am married to the organisation.
 - I have too much work and too little time to do it in.
 - I sometimes dread the telephone ringing at home because the call might be job-related.
 - I feel like I never have a day off
 - Too many people at my level in the organisation get burned out by job demands.
 - I have felt fidgety or nervous as a result of my job.
 - My job affects me more than it should.
 - There are lots of times when my job drives me right up the wall.
 - Sometimes when I think about my job I get a tight feeling in my chest.
 - I feel guilty when I take time off from my job.

Job satisfaction

2. Using the following response categories, please indicate the degree with which you agree or disagree with the following statements about your feelings of satisfaction related to your job/workplace.

- In general, the type of work I do corresponds closely to what I want in life.
- The conditions under which I do my work are excellent
- I am satisfied with the type of work I do.
- Until now, I have obtained the important things I wanted to get from my work.
- If I could change anything at work, I would change almost nothing.

Responses

- Strongly disagree
- Disagree
- Neither agree nor disagree (neutral)
- Agree
- Strongly agree

Absenteeism and presenteeism - Job-stress-related presenteeism (6-items)

3. Using the following response categories, please indicate the frequency with which each of the following feelings of stress related to your job/workplace occur.

- I'm unable to concentrate on my job because of work-related stress.
- I spend a significant proportion of my workday coping with work stress.
- Work stress distracts my attention away from my job tasks.
- Mental energy I'd otherwise devote to my work is squandered on work stressors.
- I delay starting on new projects at work because of stress.
- I spend time talking to co-workers about stressful work situations.

Responses

- Always
- Usually
- About half the time
- Seldom
- Never

Work engagement (UWES) (3-item)

4. The following statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job.

If you have had this feeling, indicate how often you feel it by checking the option (from 0 to 6) that best describes how frequently you feel that way.

1. At my work, I feel bursting with energy
2. At my job, I feel strong and vigorous
3. When I get up in the morning, I feel like going to work

Responses

0 = Never

1 = Almost never/a few times a year or less

2 = Rarely/once a month or less

3 = Sometimes/a few times a month

4 = Often/once a week

5 = Very often/a few times a week

6 = Always/every day

Burnout

5. Is your work primarily client/customer/patient based?

- Yes
- No

Work-related burnout

- Is your work emotionally exhausting?
- Do you feel burnt out because of your work?
- Does your work frustrate you?

Responses

- To a very high degree
- To a high degree
- Somewhat
- To a low degree
- To a very low degree

Work-related burnout

- Do you feel worn out at the end of the working day?
- Are you exhausted in the morning at the thought of another day of work?
- Do you feel that every working hour is tiring for you?
- Do you have enough energy for family and friends during leisure time?

Responses

- Always
- Often
- Sometimes
- Seldom
- Never/almost never

Client-related burnout

- Do you find it hard to work with clients?
- Do you find it frustrating to work with clients?
- Does it drain your energy to work with clients?

Do you feel that you give more than you get back when you work with clients?

Responses

- To a very high degree
- To a high degree
- Somewhat
- To a low degree
- To a very low degree

Client-related burnout

- Are you tired of working with clients?
- Do you sometimes wonder how long you will be able to continue working with clients?

Responses

- Always
- Often
- Sometimes
- Seldom
- Never/almost never

Occupational Self-efficacy - Occupational self-efficacy scale (OSE) (6-item)

6. Thinking about your workplace/job, using the following response categories, please indicate how each of the following statements apply to you?
- I can remain calm when facing difficulties in my job because I can rely on my abilities.
 - When I am confronted with a problem in my job, I can usually find several solutions.
 - Whatever comes my way in my job, I can usually handle it.
 - My past experiences in my job have prepared me well for my occupational future.
 - I meet the goals that I set for myself in my job.
 - I feel prepared for most of the demands in my job.

Responses

- Never true
- Rarely true
- Sometimes but infrequently true
- Sometimes true
- Usually true
- Always true

Psychological safety - Psychologically safe workplace questionnaire (7-items)

Thinking about your primary work team and using the following response categories, please indicate the degree to which you agree or disagree with the following statements about each experience in your workplace.

- If I make a mistake in this team, it is held against me.
- Members of this team are able to bring up problems and tough issues.
- People on this team sometimes reject others for being different.
- It is safe to take a risk in this team.
- It is difficult to ask other members of this team for help.
- No one on this team would deliberately act in a way that undermines my efforts.
- Working with members of this team, my unique skills and talents are valued and utilized.

Responses

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Section 3: About your Health and Wellbeing

If at any stage you feel distressed by any of these questions and would like to speak to a health professional or need help, please refer to the mental health support services below.

Lifeline

131 114

lifeline.org.au

HeadtoHelp

1800 595 212

<https://headtohelp.org.au/>

Black Dog Institute

blackdoginstitute.org.au

Beyond Blue

1300 224 636

beyondblue.org.au

Djirra (Aboriginal Support Service)

1800 105 303

<https://djirra.org.au/>

For more services that may help, please click the link [here](#).

How did you rate your overall health prior to the COVID-19 pandemic?

- Excellent
- Very good
- Good
- Fair
- Poor

- Prefer not to say

At the peak of the pandemic, how worried were you that you would catch COVID-19?

- To a great extent
- Somewhat
- Good
- Very little
- Not at all
- Prefer not to say

Have you ever been tested for COVID-19?

- Yes
- No

How many COVID-19 tests have you had since the start of the pandemic? (Dropdown list)

Have you ever tested positive for COVID-19?

- Yes
- No

Has someone you live with ever tested positive for COVID-19?

- Yes
- No

Have you had a family member or close friend become very unwell or die from COVID-19 since the start of the pandemic?

- Yes
- No

Have you been hospitalised due to COVID-19?

- Yes
- No

Have you been admitted to the intensive care unit due to COVID-19?

- Yes
- No

Have you ever been quarantined due to significant exposure to someone with COVID-19?

- Yes
- No

How worried are you at the moment that you will catch COVID-19?

- To a great extent
- Somewhat
- Very little
- Not at all

At the peak of the COVID-19 pandemic, how fearful were you that you would become infected with COVID-19 while on the job?

- To a great extent
- Somewhat
- Very little
- Not at all

How fearful are you now that you will become infected with COVID-19 while on the job?

- To a great extent
- Somewhat
- Very little
- Not at all

At the peak of the COVID-19 pandemic, how worried were you that you would pass the virus onto others, such as friends and family?

- To a great extent
- Somewhat
- Very little
- Not at all

How worried are you now that you will pass the COVID-19 virus onto others, such as friends and family?

- To a great extent
- Somewhat
- Very little
- Not at all

To what extent has the threat of COVID-19 influenced your decisions to be around people?

- To a great extent
- Somewhat
- Very little
- Not at all

Throughout the COVID-19 restrictions, overall my relationships have changed:

- For the better
- For the worse
- No change

- Unsure

As a consequence of COVID-19, to what extent have you been concerned by the following:

- My personal health and/or safety
- My psychological wellbeing
- Keeping my family/the people I live with safe
- Managing the personal needs of my family/the people I live with
- Family members or partner losing hours/work
- Experiencing financial hardship
- The welfare of my colleagues
- Losing my shifts/hours/work due to children schooling from home
- Losing my shifts/hours/work due to other caring responsibilities
- Job security in general
- Managing my workload
- Staffing levels (number of staff/ratios of staff to patients/clients)
- Skills mix (number/ratios of the right kinds of staff)
- Having access to paid leave
- Having access to hand sanitizer at work
- Having supplies needed to disinfect myself before going home.

Responses

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Very Rarely
- Never

Overall, how much have the COVID-19 restrictions affected your daily life?

- To a great extent
- Somewhat
- Very little

- Not at all

To what extent has the threat of COVID-19 influenced your travel plans?

- To a great extent
- Somewhat
- Very little
- Not at all

To what extent has the threat of COVID-19 influenced your use of safety behaviours (e.g. hand sanitizer)?

- To a great extent
- Somewhat
- Very little
- Not at all

Physical functioning/functional living satisfaction with physical function, QoL

In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities, as a result of your physical health?

- Yes
- No

During the past four weeks, were you limited in the kind of work or other activities, as a result of your physical health?

- Yes
- No

During the past four weeks, have you accomplished less than you would like with your work or other regular daily activities, as a result of any emotional problems, such as feeling depressed or anxious?

- Yes
- No

During the past four weeks, did you not do work or other activities as carefully as usual, as a result of any emotional problems, such as feeling depressed or anxious?

- Yes
- No

During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you have been feeling during the past four weeks. How of the time during the past four weeks:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives etc.?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Wellbeing - PWI-A

The following questions ask how satisfied you feel, on a scale from 0 to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

No satisfaction											
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>											

How satisfied are you with your standard of living?

No satisfaction										
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with your health?

No satisfaction										
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with what you are achieving in life?

No										
satisfaction	Completely	at all	Satisfied							
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with your personal relationships?

No										
satisfaction	Completely	at all	Satisfied							
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with how safe you feel?

No										
satisfaction	Completely	at all	Satisfied							
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with feeling part of your community?

No										
satisfaction	Completely at all			Satisfied						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with your future security?

No										
satisfaction	Completely at all			Satisfied						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

How satisfied are you with your spirituality or religion?

No										
satisfaction	Completely at all			Satisfied						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

Anxiety - GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious or on edge
- Not being able to stop or control worrying
- Worrying too much about different things
- Trouble relaxing
- Being so restless that it is hard to sit still
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen

Responses

- Not at all
- Several days
- More than half the days
- Nearly every day

Depression – PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the <u>previous 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half of the two week period	Nearly every day
1. Little pleasure or little interest in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Having little energy or feeling tired	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling negative about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or talking 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

9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
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PTSD – IES-6

1. Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to a traumatic event in your life (e.g. COVID-19). How much were you distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Other things kept making me think about it	0	1	2	3	4
I thought about it when I did not mean to	0	1	2	3	4
I tried not to think about it	0	1	2	3	4
I was aware that I still had a lot of feelings about it, but I did not deal with them	0	1	2	3	4
I had trouble concentrating	0	1	2	3	4
I feel watchful or on-guard	0	1	2	3	4

Suicide ideation - The Suicide Behaviours Questionnaire-Revised

The following four questions ask about suicidal behaviour or thoughts and may be confronting. If you feel uncomfortable about answering these questions you can skip these and move onto the next question. If you feel distressed, please refer immediately to Lifeline on 131114 or the mental health support services detailed below.

Lifeline

131 114

Lifeline.org.au

HeadtoHelp

1800 595 212

<https://headtohelp.org.au>

Black Dog Institute

Blackdoginstitute.org.au

Beyond Blue

1300 22 46736

Beyondblue.org.au

Djirra (Aboriginal Support Service)

1800 105 303

<https://djirra.org.au/>

For more services that may help, please click the link [here](#).

Have you ever thought about or attempted to take your own life?

- Never
- It was just a brief passing thought
- I have had a plan at least once to kill myself but did not try to do it
- I have had a plan at least once to kill myself and really wanted to die

- I have attempted to kill myself, but did not want to die
- I have attempted to kill myself, and really hoped to die

How often have you thought about taking your own life in the past year?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you ever told someone that you were going to commit suicide, or that you might do it?

- No
- Yes, at one time, but did not really want to die
- Yes, at one time, and really wanted to die
- Yes, more than once, but did not want to do it
- Yes, more than once, and really wanted to do it

How likely is it that you will attempt suicide someday?

- Never
- No chance at all
- Rather unlikely
- Unlikely
- Likely
- Rather likely
- Very likely

Stress – Perceived Stress Scale

The following question asks about your stress levels in the last month.

For each question choose only one option for each statement.

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and stressed?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you had to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that happened that were outside of your control?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Responses

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Resilience (BRS) - Brief Resilience Scale (BRS)

These questions ask about how you recover following difficult times in your life. Please respond to each item by marking one answer per question.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS 2	I have a hard time making it through stressful events.	5	4	3	2	1
BRS 3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS 4	It is hard for me to snap back when something bad happens.	5	4	3	2	1
BRS 5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS 6	I tend to take a long time to get over setbacks in my life.	5	4	3	2	1

Penn State Worry Scale (PSWQ-A)

These questions ask about the degree of worry that you experience. Please rate each of the following statements on a scale of 1 (“not at all typical of me”) to 5 (“very typical of me”).

Please try not to leave any items blank.

- My worries overwhelm me
- Many situations make me worry
- I know I should not worry about things, but I just cannot help it
- When I am under pressure I worry a lot
- I am always worrying about something
- As soon as I finish one task, I start to worry about everything else I have to do
- I have been a worrier all my life
- I notice that I have been worrying about things

Responses

1 = Not at all typical of me

2

3

4

5 = Very typical of me

Fear of Coronavirus-19 Scale

2. The following questions ask about your fears towards COVID-19. Please indicate your degrees of agreement or disagreement with the following statements.

- I am most afraid of Covid-19.
- It makes me uncomfortable to think about Covid-19.
- My hands become clammy when I think about Covid-19.
- I am afraid of losing my life because of Covid-19.
- When watching news and stories about Covid-19 on social media, I become nervous or anxious.
- I cannot sleep because I'm worrying about getting Covid-19.
- My heart races or palpitates when I think about getting Covid-19.

Responses

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Self-efficacy - The General Self-Efficacy Scale (GSF)

These questions are designed to assess self-beliefs around coping with a variety of difficult demands in life. Select one option for each statement that best describes your opinion.

- I can always manage to solve difficult problems if I try hard enough.
- If someone opposes me, I can find the means and ways to get what I want.
- It is easy for me to stick to my aims and accomplish my goals.
- I am confident that I could deal efficiently with unexpected events.
- Thanks to my resourcefulness, I know how to handle unforeseen situations.
- I can solve most problems if I invest the necessary effort.
- I can remain calm when facing difficulties because I can rely on my coping abilities.
- When I am confronted with a problem, I can usually find several solutions.
- If I am in trouble, I can usually think of a solution.
- I can usually handle whatever comes my way.

Responses

- Not at all true
- Hardly true
- Moderately true
- Exactly true

Coping – Brief COPE Scale

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

- I have been turning to work or other activities to take my mind off things.
- I have been concentrating my efforts on doing something about the situation I'm in.
- I have been saying to myself "this isn't real".
- I have been using alcohol or other drugs to make myself feel better
- I have been getting emotional support from others.
- I have been giving up trying to deal with it.
- I have been taking action to try to make the situation better.
- I have been refusing to believe that it has happened.
- I have been saying things to let my unpleasant feelings escape.
- I have been getting help and advice from other people.
- I have been using alcohol or other drugs to help me get through it.
- I have been trying to see it in a different light, to make it seem more positive.
- I have been criticizing myself.
- I have been trying to come up with a strategy about what to do.
- I have been getting comfort and understanding from someone.
- I have been giving up the attempt to cope.
- I have been looking for something good in what is happening.
- I have been making jokes about it.
- I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
- I have been accepting the reality of the fact that it has happened.
- I have been expressing my negative feelings.
- I have been trying to find comfort in my religion or spiritual beliefs.
- I have been trying to get advice or help from other people about what steps to take.
- I have been learning to live with it.
- I have been thinking hard about what steps to take.
- I have been blaming myself for things that happened

- I have been praying or meditating
- I have been making fun of the situation.

Responses

- I have not been doing this at all
- A little bit
- A medium amount
- I have been doing this a lot

Mental Health Continuum Short Form (MHC-SF)

Please answer the following questions about how you have been feeling during the past month. Select the response that best represents how often you have experienced or felt the following. During the past month, how often did you feel....

- Happy
- Interested in life
- Satisfied with life
- That you had something important to contribute to society
- That you belonged to a community (like a social group, or your neighbourhood)
- That our society is a good place, or is becoming a better place, for all people\That people are basically good
- That the way our society works makes sense to you
- That you liked most parts of your personality
- Good at managing the responsibilities of your daily life
- That you had warm and trusting relationships with others
- That you had experiences that challenged you to grow and become a better person
- Confident to think or express your own ideas and opinions
- That your life has a sense of direction or meaning to it

Responses

- Never
- Once or twice
- About once a week
- About 2 or 3 times a week
- Almost every day
- Every day

Optimism and Pessimism - Revised Life Orientation Test (LOT-R)

Please answer the following questions about yourself by indicating the extent of your agreement. Try not to let your response to one statement influence your responses to other statements.

There are no “correct” or “incorrect” answers. Answer according to your own feelings, rather than how you think “most people” would answer

- In uncertain times, I usually expect the best
- It's easy for me to relax,
- If something can go wrong for me, it will.
- I'm always optimistic about my future
- I enjoy my friends a lot.
- It's important for me to keep busy.
- I hardly ever expect things to go my way.
- I don't get upset too easily.
- I rarely count on good things happening to me
- Overall, I expect more good things to happen to me than bad

Responses

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Perceived control – Life control scale

These questions ask about control over your life. Please indicate how much each statement describes you

- At home, I feel I have control over what happens in most situations
- I feel that what happens in my life is often determined by factors beyond my control
- Over the next 5–10 years, I expect to have more positive than negative experiences
- I often have the feeling that I am being treated unfairly
- In the past 10 years, my life has been full of changes without my knowing what will happen next
- I gave up trying to make big improvements or changes in my life a long time ago

Responses

- Disagree strongly
- Disagree
- Disagree slightly
- Agree slightly
- Agree
- Agree strongly

Mindfulness - MAAS

Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

- I could be experiencing some emotion and not be conscious of it until some time later.
- I break or spill things because of carelessness, not paying attention, or thinking of something else.
- I find it difficult to stay focused on what's happening in the present.
- I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
- I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
- I forget a person's name almost as soon as I've been told it for the first time.
- It seems I am "running on automatic," without much awareness of what I'm doing.
- I rush through activities without being really attentive to them.
- I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.
- I do jobs or tasks automatically, without being aware of what I'm doing.
- I find myself listening to someone with one ear, doing something else at the same time.
- I drive places on "automatic pilot" and then wonder why I went there.
- I find myself preoccupied with the future or the past.
- I find myself doing things without paying attention.
- I snack without being aware that I'm eating

Responses

- Almost always
- Very frequently
- Somewhat frequently
- Somewhat infrequently
- Very infrequently
- Almost never

Cognitive functioning – MOS Cognitive functioning Scale

Please answer the following questions about your memory. Please indicate how much each statement applies to you:

- How much of the time during the past month did you have difficulty reasoning and solving problems, for example making plans, making decisions or learning new things?
- During the past month how much of the time did you forget, for example things that happened recently, where you put things or appointments?
- How much of the time during the past month did you have trouble keeping your attention on any activity for long?
- During the past month how much of the time did you have difficulty doing activities involving concentration and thinking?
- How much of the time did you become confused and start several actions at a time?
- Did you react slowly to things that were said or done?

Responses

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Social support including perceived availability - Duke Social Support Index (11-item)

The next 11 questions ask about your relationships with family and friends.

1. How many persons who live within one hour travelling time from your home do you feel you can depend on or feel very close to (other than members of your own family)?
(mark one only)

None

1 -2 people

More than 2 people

2. (Other than at work) How many times during the past week did you spend some time with someone who does not live with you? For example, you went to see them or they came to visit you, or you went out together?

None

Once

Twice

Three times

Four

Five

Six

Seven or more

3. (Other than at work) How many times did you talk to someone - friends, relatives or others - on the telephone in the past week (either they called you, or you called them)?

None

Once

Twice

Three times

Four

Five

Six

Seven or more

4. (Other than at work) About how often did you go to meetings of social clubs, religious meetings, or other groups that you belong to in the past week?

None

Once

Twice

Three times

Four

Five

Six

Seven or more

5. Does it seem that your family and friends (that is, people who are important to you) understand you?

Hardly ever

Some of the time

Most of the time

6. Do you feel useful to your family and friends (that is, people who are important to you)?

Hardly ever

Some of the time

Most of the time

7. Do you know what is going on with your family and friends?

Hardly ever

Some of the time

Most of the time

8. When you are talking with your family and friends, do you feel you are being listened to?

Hardly ever

Some of the time

Most of the time

9. Do you feel you have a definite role (place) in your family and among your friends?

Hardly ever

Some of the time

Most of the time

10. Can you talk about your deepest problems with at least some of your family and friends?

Hardly ever

Some of the time

Most of the time

11. How satisfied are you with the kinds of relationships you have with your family and friends?

Very dissatisfied

Somewhat dissatisfied

Satisfied

Social isolation and loneliness - UCLA Loneliness Scale Version 3 (3-item)

Indicate how often you feel the way described in each of the following statements.

- First, how often do you feel that you lack companionship?

- How often do you feel left out?
- How often do you feel isolated from others?

Responses

- Hardly ever
- Some of the time
- Often

Life events

Please indicate whether any of the following life events listed below have happened to you in the past 12 months by marking yes or no after each item. If any event does not apply to you, mark no for that item. These questions cover specific lifetime events that people often experience as stressful.

In the last 12 months...	No	Yes
... has a close relative or family member been hospitalised or needed to take a month off work or school because they have BECOME seriously ill or been injured?	<input type="radio"/>	<input type="radio"/>
... has a member of your family died (e.g. parent, brother, wife, child)?	<input type="radio"/>	<input type="radio"/>
... has any other relative or close friend died?	<input type="radio"/>	<input type="radio"/>
... have arguments or marital difficulties with your partner worsened?	<input type="radio"/>	<input type="radio"/>
... have you become separated from your partner or had a relationship breakdown?	<input type="radio"/>	<input type="radio"/>
... have you begun to have serious arguments or problems with someone who lives in the same household?	<input type="radio"/>	<input type="radio"/>
... have you begun to have serious arguments or problems with a close friend, neighbour or relative NOT living in the same household?	<input type="radio"/>	<input type="radio"/>
...have you BECOME unemployed AND been seeking work for a month or more?	<input type="radio"/>	<input type="radio"/>
... have you been sacked or downgraded at work?	<input type="radio"/>	<input type="radio"/>
... have you had a major financial crisis?	<input type="radio"/>	<input type="radio"/>
...have you been involved in an accident that carried serious risk to the health or life of yourself or others?	<input type="radio"/>	<input type="radio"/>
...has some other adverse event occurred? (Please describe)	<input type="radio"/>	<input type="radio"/>
12. Were you affected by a weather disaster in the last 12 months (for example flood, bush fire, storm)?	<input type="radio"/>	<input type="radio"/>
...was your home damaged or destroyed?	<input type="radio"/>	<input type="radio"/>

- ...did you think you might die?
- ...did you personally know people who were killed or badly injured?
- ...did you feel terrified, helpless or hopeless?
- ...are you still currently distressed about it?

Section 4: Lifestyle

Please click 'Continue to next page' to move onto the Lifestyle questions.

Physical activity - International Physical Activity Questionnaire short form (7-item)

This measure assesses the types of intensity of physical activity and sitting time that people do as part of their daily lives are considered to estimate total physical activity in MET-min/week and time spent sitting.

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ **days per week**

No vigorous physical activities ***Skip to question 3***

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?

Do not include walking.

_____ **days per week**

No moderate physical activities **Skip to question 5**

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

_____ **days per week**

No walking **Skip to question 7**

6. How much time did you usually spend **walking** on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Alcohol consumption



Please check one box that best describes your answer to each question

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Smoking

In your entire life, have you smoked 100 or more cigarettes?

No Go to next section

Yes

Do you now smoke cigarettes? (Choose “yes” even if you only smoke some days.)

Yes

- At what age did you first start smoking regularly?

|_|_| Years Old

- On average, about how many cigarettes a day do you smoke? (*If less than 1 cigarette per day, put 0*)

|_|_| Cigarettes

- How many years have you smoked, not counting time periods when you had to quit?

|_|_| Years

No

- How old were you the last time you quit smoking cigarettes?

|_|_| Years Old

- How many years did you smoke, not counting time periods when you had quit? (*If less than 1 put 0*).

|_|_| Years

- On average, when you were smoking, how many cigarettes a day did you smoke? (*If less than 1 cigarette per day, put 0*).

|_|_| Cigarettes

- Did you quit smoking because you had a serious health problem that was caused or made worse by smoking?

No

Yes

Dietary quality

- How many serves of vegetables do you usually eat each day? (a 'serve' = ½ cup cooked vegetables or 1 cup of salad vegetables)

Response options: 1 serve or less, 2-3 serves, 4-5 serves, 6 serves or more, and don't eat vegetables.

- How many serves of fruit do you usually eat each day? (a 'serve' =1 medium piece or two small pieces of fruit or 1 cup of diced pieces)

Response options: 1 serve or less, 2-3 serves, 4-5 serves, 6 serves or more, and don't eat fruit.

- How often do you drink fruit juices such as orange, grapefruit or tomato per day, week or month?

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- Not counting juice, how often do you eat fruit? (Fruit includes fresh, canned, frozen, dried), per day, week or months?

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat chips, French fries, wedges, fried potatoes or crisps per day, week or month?

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat potatoes? (not including chips, French fries, wedges, fried potatoes or crisps)

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat salad? (salad includes mixed green salad and other mixtures of raw vegetables)

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- Not counting potatoes and salad, how often do you eat cooked vegetables?

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat red meat? (beef, lamb, liver and kidney but not pork or ham) (In this category include all minimally processed forms of red meat such as chops, steaks, roasts, rissoles, hamburgers, mince, stir fries and casseroles)

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat meat products such as sausages, frankfurter, Belgium, devon, salami, meat pies, bacon or ham?

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat bread? (include bread rolls, flat breads, crumpets, bagels, English or bread type muffins).

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- How often do you eat pasta, rice, noodles or other cooked cereals? (not including cooked breakfast cereals)

Please select one of the follow frequency options and then indicate an amount. If you select rarely, never or you do not know, please enter a value of zero (0).

Response options: number of times per day, number of times per week, number of times per month, rarely or never, I don't know/can't say.

- What type of milk do you usually consume?

Response options: Whole, low/reduced fat, skim, evaporated/sweetened condensed, none of the above and don't know.

- How much milk (in total) do you usually have in a day?

Response options: Less than 150ml (or 5ozs), 150-300ml (300ml is a small carton – 10ozs), 301 to 600ml (600ml is approximately an old ‘pint’ – 20ozs), more than 600ml.

- Did your sense of hunger and satiety change during the period at home for the COVID-19 pandemic?

Less appetite

No change

More appetite

- Did you lose or gain weight during the COVID-19 pandemic?

My weight is stable

No, I think I lost weight

I think I gained a small amount of weight

I think I gained a lot of weight

- Are you following any of these diets? (*Mark all that apply*)

Low carb (Atkins, Paleo, etc.), Intermittent fasting, Diabetic, DASH, Mediterranean, Vegetarian, Gluten free, Low sodium, Keto, Low fat, Low calorie, Vegan, Other (specify),

None

- In the last 12 months, how often did you worry about whether your food would run out before you had money to buy more?

Response – often, sometimes, never

Sleep (duration and quality) and insomnia - Pittsburgh Sleep Quality Index (10-item)

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions. Please note times are in 24-hour format and must be typed in HH:MM format, with the colon included.

- During the past month, what time have you usually gone to bed at night?

During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____

- During the past month, what time have you usually gotten up in the morning?

- During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) _____

For each of the remaining questions, check the one best response. Please answer all questions. During the past month, how often have you had trouble sleeping because you...

- Cannot get to sleep within 30 minutes
- Wake up in the middle of the night or early morning
- Have to get up to use the bathroom
- Cannot breathe comfortably
- Cough or snore loudly
- Feel too cold
- Feel too hot
- Have bad dreams
- Have pain
- Other reason(s), please describe: How often during the past month have you had trouble sleeping because of this other reason(s)?

Response categories

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

- During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

- During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

- During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

Not a problem at all

Only a very slight problem

Somewhat of a problem

A very big problem

- During the past month, how would you rate your sleep quality overall?

Very good

Fairly good

Fairly bad

Very bad

- Do you have a bed partner or room mate?

No bed partner or room mate

Partner/room mate in other room

Partner in same room, but not same bed

Partner in same bed

- If you have a room-mate or bed partner, ask him/her how often in the past month you have had:

Loud snoring

Long pauses between breaths while asleep

Legs twitching or jerking while you sleep

Episodes of disorientation or confusion during sleep

Other restlessness while you sleep: please describe

- Please advise how often the above restlessness reasons have troubled you in the past month?

Response categories

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

Lifestyle changes during the COVID-19 pandemic

For each of the following lifestyle choices please indicate if there has been a significant increase, slight increase, no change, slight decrease, or significant decrease since the beginning of the COVID-19 pandemic?

- Time spent walking
- Time spent doing moderate physical activity
- Time spent doing vigorous physical activity
- Time spent doing leisure and household chores
- Time spent sitting and screen time
- Consumption of alcohol
- Smoking
- Number of serves of vegetables
- Number of serves of fruit
- Daily frequency of fruit juice
- Daily frequency of fruit
- Daily intake of milk
- Daily frequency of daily frequency of chips, French fries, wedges, fried potatoes or crisps
- Daily frequency of daily frequency of potatoes (not including French fries, wedges, fried potatoes or crisps)
- Daily frequency of fruit (salad includes mixed green salad and other mixtures of raw vegetables)
- Daily frequency of cooked vegetables
- Daily number of serves of red meat

- Daily frequency of meat products such as sausages, frankfurter, Belgium, devon, salami, meat pies, bacon or ham
- Daily frequency of bread (include bread rolls, flat breads, crumpets, bagels, English or bread type muffins)
- Daily frequency of pasta, rice, noodles or other cooked cereals
- Habit of snacking between meals
- Quantity/portions of meals and snacks
- Consumption of junk food/fast food and fried food
- Participation in cooking new/traditional recipes
- Hours of sleep
- Quality of sleep
- **Response categories**
- Significantly increased
- Slightly increased
- Grossly similar
- Slightly decreased
- Significantly decreased

Positive aspects of restrictions/lockdown

Every cloud has a silver lining. Please reflect of some of the positive experiences you may have encountered during the COVID-19 pandemic. Consider the following statements and tick all that apply.

I felt supported by family and friends who were there for me when I needed them

I felt closer to colleagues, family or friends as a result of supporting each other through the difficult times

I felt less stressed working from home

I appreciated less traffic congestion (e.g. quicker to get to work, less pollution)

I enjoyed spending more time at home with my family

There was more time for getting things done around the house

There was more time for hobbies

I was able to be more involved with my children's learning

I saved more money

I learned new ways of working remotely

I learned new skills or extended my scope of practice at work

I felt a sense of community and social cohesion (e.g. we are all in this together)

I was able to participate in online learning, digitalised continuing professional education or remote conferences from home

I have a new-found sense of gratitude for the freedoms I used to take for granted

I have gratitude for frontline healthcare workers and other essential workers

Other – please specify

Congratulations! You have made it to the end of the main questionnaire.

But wait! There's more!! There's an optional section asking about your medical and surgical history.

It is important for us to know any physical symptoms you are currently experiencing and what medical conditions you already have so that we can take these into account when looking at your current health & well-being and any future health events.

This information is commonly collected in the best international research studies of this type because it allows researchers to look at relationships between all sorts of factors such as diet or sleep and future health conditions. To do this we need to know about medical conditions that you already have. This way we can look at the factors that have contributed to your current health but also any future health events.

What we currently know about things like smoking and cholesterol and heart disease, for example, came from ground-breaking research studies just like the one you are now involved in.

So please take the time to complete this final section of the questionnaire as it will be a huge contribution to our understanding of the effects of the pandemic on the health of our community.

Remember, if you would like to return to complete this section at a later time, please close the web browser, and when ready, click the link within the Loddon Mallee Healthcare Worker COVID Study "Welcome" email you received to return to the questionnaire and continue.

Section 5: Medical & Surgical history [OPTIONAL]

The following questions ask about any symptoms you may be experiencing and your medical & surgical history. It is important for us to know any physical symptoms you are currently experiencing and what medical conditions you already have so that we can take this into account when looking at your current health & well-being and any future health events.

Height & Weight

We would like to know your height and weight so that we can calculate your body mass index. Body mass index is an important measure to consider when looking at the relationship between your current health & well-being and future health events. It is recommended that you follow the following instructions for measuring height and weight. However, if you are not able to measure these, please provide your best estimate.

- Do you wish to complete this optional section about your medical and surgical history?
- Yes
- No

We would like to know your height and weight, so that we can calculate your body mass index (BMI).

Body mass index (BMI) is an important measure to consider when looking at the relationship between your current health and wellbeing, and future health events.

It is recommended that you follow the following instructions for measuring height and weight. However, if you are not able to measure these, please provide your best estimate.

Instructions:

Height

Step 1: Remove any footwear (shoes, slippers, sandals etc).

Step 2: Remove any head gear (hat, cap, hair bows, comb, ribbons, etc).

Step 3: Stand against the wall with your feet together and heels against the back board with knees straight.

Step 4: Look straight ahead and don't look up making sure that your eyes are the same level as the ears.

Step 5: Ask a companion to move a tape measure gently down onto the top of your head and while breathing in and standing tall read the height at the exact point.

Weight

Step 1: Remove any footwear (shoes, slippers, sandals etc) and socks.

Step 2: Put the scale on a firm, flat surface.

Step 3: Step onto scale with one foot on each side of the scale.

Step 4: Stand still, face forward, place arms on the side and record the weight in kilograms.

- What is your height in cm/feet/inches?
- What is your weight in kg/Stone/pounds?

Resting heart rate

What is your resting pulse rate: (take after sitting for 5 min.)

If using an automated blood pressure device to record your blood pressure, heart rate can be done simultaneously while taking your blood pressure measurement. However, if you would like to measure your heart rate by taking your pulse, please follow these steps.

Step 1: After sitting still for five minutes, place your pointer and middle fingers on the inside of your opposite wrist just below the thumb.

Step 2: Don't use your thumb to check your pulse, as the artery in your thumb can make it harder to count accurately.

Step 3: Once you can feel your pulse, count how many beats you feel in 15 seconds.

Step 4: Multiply this number by 4 to get your heart rate. For instance, 20 beats in 15 seconds equals a heart rate of 80 beats per minute (bpm).

If you are unable to take this measurement, please select unsure instead of leaving the question response blank.

- <55/min
- 55–59
- 60–64

- 65–69
- 70–74
- 75–79
- 80–84
- 85–89
- 90–99
- 100 or more
- Unsure

Blood pressure

If you have recently had your blood pressure taken by a medical professional in the last year and know your results, please select the most appropriate answers below for both the systolic (i.e. larger number) and diastolic (i.e. smaller number) pressures.

If you have your own electronic blood pressure machine and would like to measure this yourself, please follow the steps below to measure this yourself and please select the most appropriate answers below for both the systolic (i.e. larger number) and diastolic (i.e. smaller number) pressures.

If you do not know your measurements and/or have not had this measured by a medical professional in the last year, please select 'Unknown/not checked within the last year'.

Step 1: Sit quietly and rest for 15 minutes with your legs uncrossed.

Step 2: Place your right arm on the table with the palm facing upward.

Step 3: Remove or roll up clothing on the arm.

Step 4: Position the cuff above the elbow.

Step 5: Wrap the cuff snugly onto the arm and securely fasten with the Velcro making sure that the lower edge of the cuff is placed 1.2 to 2.5 cm above the inner side of the elbow joint.

Step 6: Make sure to keep the level of the cuff at the same level as the heart during measurement.

Step 7: You will need to refer to the operating instructions included with the device to measure the blood pressure.

Step 8: Three measurements should be taken and for analysis purposes. You need to take the average of the second and third readings while resting for three minutes between each reading. (To calculate the average, add the second reading and third reading values together and divide by two).

Step 9: Record the reading for the systolic pressure (i.e. larger number) and the diastolic pressure (i.e. smaller number).

What is your current usual blood pressure – Systolic reading (if checked within the last year)?

- Unknown/Not checked within the last year
- <105 mmHg
- 105–114
- 115–124
- 125–134
- 125–134
- 135–144
- 145–154
- 155–164
- 165–174
- 175+

What is your current usual blood pressure – Diastolic reading (if checked within the last year)?

- Unknown/Not checked within the last year
- <65 mmHg

- 65–74
- 75–84
- 85–89
- 90–94
- 95–104
- 105+

Somatic complaints - Somatic Symptom Checklist (12-items)

Please complete the following symptoms checklist.

Having an understanding of your day to day physical symptoms will help us form a more complete understanding of the factors that are responsible for your current health & wellbeing.

Choose from 0 to 4, where 0 is not a problem and 4 is occurs daily.

If you indicate that a symptom or illness was a problem in the last year, please make sure to also indicate how bothersome it was, when presented with the option.

Please make sure to complete both sections, how often and how bothersome for all 17 symptoms.

HOW OFTEN?	HOW BOTHERSOME?
0 Not a problem	0 Not a problem
1 Occurs about once a month	1 Slightly bothersome when occurs
2 Occurs about once a week	2 Moderately bothersome when occurs
3 Occurs several times a week	3 Severely bothersome when occurs
4 Occurs daily	

4 Extremely bothersome when occurs

- 1 Headaches
- 2 Backaches
- 3 Stomach (Gastric) or Duodenal ulcer
- 4 Stomach pain
- 5 Asthma
- 6 Spastic colon (irritable bowel)
- 7 Insomnia (difficulty sleeping)
- 8 High blood pressure
- 9 Fatigue (tiredness)
- 10 Depression
- 11 Nausea
- 12 General stiffness
- 13 Heart palpitation
- 14 Eye pain associated with reading
- 15 Diarrhea/Constipation
- 16 Dizziness
- 17 Weakness

Medical and Surgical history

Have you *ever* been diagnosed by a doctor with any of the following conditions? It is important for us to know what medical conditions you already have so that we can take this into account when looking at your current health and well-being and any future health events.

Please tick conditions below that have been diagnosed by a doctor for you and enter the year of diagnosis in the corresponding box. If you do not know the year diagnosed, please leave the box blank.

(Not: Angina pectoris, fibrocystic/other benign breast disease and endometriosis if selected, also have an additional question that will present after the list of diagnoses, which asks if these have been confirmed by a scan or biopsy. Kidney stones also has an additional field in which to enter total number of episodes greater than 6 months apart).

Myocardial infarction (heart attack)

Angina pectoris - Confirmed by angiography? (yes or no)

Coronary bypass, angioplasty or stent

Congestive heart failure

Atrial fibrillation

Transient ischemic attack (TIA)

Stroke (CVA)

Pulmonary embolus

Deep vein thrombosis

Fibrocystic/other benign breast disease - Confirmed by breast biopsy? (yes or no)

Breast cancer

Cancer of the uterus (endometrium)

Cancer of the ovary

Colon or rectal polyp (benign)

Cancer of the colon or rectum

Melanoma

Other cancer - Specify site of other cancer

Crohn's/Ulcerative or Microscopic colitis
Gastric or duodenal ulcer
Barrett's oesophagus
Cholecystectomy
Pre-diabetes (glucose intolerance)
Diabetes mellitus
Elevated cholesterol
High blood pressure
Endometriosis—1st diagnosis - Confirmed by laparoscopy? (yes or no)
Multiple Sclerosis
Asthma, Clinician diagnosed
Emphysema/Chronic bronchitis
Hyperthyroidism/Graves' disease
Hypothyroidism
Gout
SLE (systemic lupus)
Rheumatoid arthritis
Depression, Clinician diagnosed
Generalised anxiety disorder/panic disorder
Bipolar disorder
Schizophrenia
Schizoaffective disorder
Psychosis
Obsessive-compulsive disorder
Personality disorder
Post traumatic stress disorder
Substance abuse/addiction
Eating disorder
ADHD
Autism
Parkinson's disease
Hip Fracture

Vertebral fracture
Osteopenia/Low bone density
Osteoporosis
Coeliac disease
Gluten/wheat intolerance or sensitivity
Sarcoidosis
Hip replacement
Knee replacement
Macular degeneration
Glaucoma
Liver cirrhosis
Sleep apnea
Eczema (atopic dermatitis)
Psoriasis
Peripheral neuropathy
Chronic sinusitis (12+ weeks)
Kidney stones (first diagnosis) - Total lifetime episodes (at least six months apart): (1, 2, 3+)
Other major illness or surgery?

Hearing

Hearing is an important contributor to your quality of life and will help us form a more complete understanding of the factors that are responsible for your current health & wellbeing

- Which best describes your hearing?
- Excellent
- Good
- A little hearing trouble
- Moderate hearing trouble
- A lot of hearing trouble

- Deaf
 - Do you use a hearing aid?
- Yes
- No

Vision

Eyesight is an important contributor to your quality of life and will help us form a more complete understanding of the factors that are responsible for your current health & wellbeing

- At the present time, how would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them)?

- 1 = Excellent
2 = Good
3 = Fair
4 = Poor
5 = Very Poor

Screening

We would like to know about screening for medical conditions like breast cancer or bowel cancer and if these have changed due to the COVID-19 pandemic, so that we have an understanding of the contribution of screening or lack of screening to undiagnosed or late diagnosis of some diseases.

- In the past two years, have you had screening for any of the following? (check all that apply)

A physical exam by a doctor?

Exam by an eye doctor?

Mammogram (or other breast imaging)?

Fasting blood sugar?

Upper endoscopy?

(Virtual) CT Colonoscopy?

Faecal/stool testing

Cervical screening test (i.e., Pap test)

Colonoscopy?

Sigmoidoscopy?

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

- Visible blood
- Diarrhea/constipation
- Faecal/stool DNA testing
- Prior polyps
- Occult faecal blood Abdominal pain
- Family history of colon cancer
- Follow-up of (virtual) CT colonoscopy
- Asymptomatic or routine screening

- Due to the COVID-19 pandemic have you postponed, delayed, or forgone any health screening (e.g. mammogram, prostate cancer screen) appointments that you would otherwise have attended?

Yes – What was it?

No

Supplements

It is important for us to know who is taking supplements as these may be an important contributor to your health and well-being.

- Do you currently take multivitamins?
- Yes - How many do you take per week? (2 or less, 3-5, 6-9, 10+)
- No

Are there other supplements that you take on a regular basis? (select all that apply)

- Metamucil
 - B-Complex
 - Flax Seed Oil
 - Beta-carotene
 - Iron
 - Zinc
 - Vitamin B12
 - Folic Acid
 - Magnesium
 - Niacin
 - Glucosamine/Chondroitin
 - Fish Oil
 - Lycopene
 - Cod Liver Oil
 - Coenzyme Q10
 - Other
 - None
-
- Did you commence taking any of these supplements during or because of the COVID-19 pandemic?
 - Yes
 - No

- During COVID pandemic, how has your intake of supplements changed?
- Significantly increased
- Slightly increased
- Grossly similar
- Slightly decreased
- Significantly decreased

Reproductive history (Show only for those who indicate female at birth and gender in section 1)

Age at first period, age at menopause, number of pregnancies, breastfeeding, use of oral contraceptives, and hormone replacement therapy are all known to be important determinants of current health & wellbeing and future health events. Please take the time to answer these questions about your reproductive history as it will help us understand all the factors that have contributed to your current health and well-being.

- At what age did you have your first menstrual period?

- Are you currently pregnant?

Yes

No

- Is this your first pregnancy?

Yes

No

- Including live births, stillbirths, miscarriages, abortions, and tubal and other ectopic pregnancies, how many times have you been pregnant? Be sure to count this pregnancy if you are currently pregnant.

- What was your age at each pregnancy?

- Did you breastfeed (any of these babies) for at least two weeks or longer?

Yes

No

- Has your medical provider told you that you have any of the following health or medical concerns with your current pregnancy? Please check all that apply:

Gestational Diabetes

Hypertension during pregnancy (PIH/Gestational Hypertension)

Pre-eclampsia

Preterm labor

Prescribed bed rest due to conditions that could lead to preterm birth, i.e. placenta previa or placenta abruption

Multiple Gestation

Other – please specify

- Are you currently taking the oral contraceptive pill (OCP) for any reason?

No – I don't use any contraception

No – I use a different form of contraception

No – I have reached menopause

Yes – Which OCP are you taking (provide categories)?

- How many years have you used a OCP?

Less than one year

1-2 years

3-4 years

5-6 years

7-8 years

9-10 years

11+ years

- Have you ever take any type of hormone replacement therapy (HRT) or oestrogen, such as Premarin, for relief of menopausal symptoms, irregular periods, or prevention of disease such as bone loss? (Not including oral contraceptives)
- Yes - Which HRT did you take? How many years have you used these hormones?
- No

Less than one year

1-2 years

3-4 years

5-6 years

7-8 years

9-10 years

11+ years

- Have you reached menopause?

Yes –At what age did you have your last period?

No

Health Service Utilisation

- Please select the response that best reflects the number of visits/online consultations (including mental health) you may have had with each of the following health care providers for any reason regarding your own health since the start of the COVID-19 pandemic (i.e. February 2020).

Visits	None	1-2 times	3-4 times	5-6 times	7-9 times	10-12 times	13+ times
General practitioner	<input type="radio"/>						
Emergency department	<input type="radio"/>						
Hospital doctor	<input type="radio"/>						
Psychiatrist	<input type="radio"/>						
Psychologist	<input type="radio"/>						
Drug and alcohol counsellor	<input type="radio"/>						
Mental health nurse	<input type="radio"/>						
Dentist	<input type="radio"/>						
Physiotherapist	<input type="radio"/>						
Occupational Therapist	<input type="radio"/>						
Speech therapist	<input type="radio"/>						
Podiatrist/Chiropodist	<input type="radio"/>						
Pharmacist	<input type="radio"/>						
Dietitian	<input type="radio"/>						
Acupuncturist	<input type="radio"/>						
Chiropractor	<input type="radio"/>						
Naturopath	<input type="radio"/>						

Exercise physiologist	<input type="radio"/>						
General practice nurse	<input type="radio"/>						
Osteopath	<input type="radio"/>						
Massage therapist	<input type="radio"/>						
Reflexologist	<input type="radio"/>						
Aromatherapist	<input type="radio"/>						
Other professionals providing health services	<input type="radio"/>						
Other professionals providing mental health services: social worker, counsellor etc.	<input type="radio"/>						

Future research (OPTIONAL) - The role of gut microbes in health and disease

In the future, if we send you a convenient, hygienic, pre-paid collection kit, would you be willing to provide a sample of your saliva and of your stool?

- Yes
- No

Conclusion

Thank you for helping us understand the impacts of the COVID-19 pandemic on our valued healthcare workforce.

We will be in touch in coming months with further questionnaires, so that you may provide an update on your health and wellbeing.

As an appreciation for your time and effort, once you click Submit below, you will be entered into a random draw to win \$1,000 worth of groceries!

The random draw will take place at the end of recruitment in 2021. The winner will be notified via email.

Support services

If reflecting on your experiences during the pandemic has caused you some distress, we encourage you to seek support if this is the case.

Your workplace should have resources such as the Employee Assistance Scheme available or may have specific hotlines for staff to seek assistance. Additionally, you may wish to seek support from your local healthcare provider.

Black Dog Institute

blackdoginstitute.org.au

Lifeline

131 114

lifeline.org.au

Beyond Blue

1300 22 46736

beyondblue.org.au

Pandemic Kindness

Provides resources for clinicians

aci.health.nsw.gov.au/covid19/kindness/safety

Djirra (Aboriginal Support Service)

1800 105 303

<https://djirra.org.au/>

For more services that may help, please click the link [here](#).

