

# **Optimising Wellbeing during Self-isolation – Second questionnaire**

Thank you for agreeing to take part in this study. Your responses will help us understand how people experience the current pandemic restrictions and how this affects their health and wellbeing.

#### **1. Your Health and Wellbeing**

# In this section we would like to ask you about your physical health, mental health and wellbeing.

#### 1.1 Compared with 6 MONTHS AGO, how you would rate your health in general?

#### 1.1.a Physical Health

o better than before	o about the same	o worse than before	o not sure/ don't know

#### 1.1.b Mental Health

o better than before o about the same o worse than before o not sure/don't know

1.2 We would like to ask you four questions about how you are feeling. There are no right or wrong answers. For each of these questions we would like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

	0	1	2	3	4	5	6	7	8	9	10
	not at all										completely
1.2a. Overall, how satisfied are you											
with your life nowadays?											
1.2b. Overall, to what extent do you											
feel that the things you do in your											
life are worthwhile?											
1.2c. Overall, how happy did you											
feel yesterday?											

**1.3** Overall, how anxious did you feel yesterday? Please answer on a scale of 0 to 10, where 0 is "not at all anxious" and 10 is "completely anxious".

0	1	2	3	4	5	6	7	8	9	10
not at										completely
all										

### 2. Service use

In this section we would like to understand if and how your ability to use health care services might have changed during the pandemic restrictions.

2.1 Have you had an annual health check in the last 12 MONTHS?

o yes, just one ----- Go to question 2.2

o yes, more than one **Go to question 2.2** 

o no ----- Go to questions 2.4

#### Please answer 2.2 and 2.3 ONLY if you said "yes" in 2.1

#### 2.2 How was the appointment(s) delivered?

o in person

- o over the phone or online
- o a combination of in person and over the phone or online

2.3 How satisfied you were you with the care you received in the appointment(s)?

- o completely
- o partly
- o not at all

**2.3.1** If you said you are not completely satisfied please explain why. Otherwise you can leave this blank.

# 2.4 In the last 12 MONTHS, have there been changes in the way that these routine appointments are delivered?

	Yes	No	I did not have an appointment for that
2.4a. Blood tests			
2.4b. Depot injection			
2.4c. Routine appointment for physical health condition			
(e.g. diabetes, COPD)			
2.4d. Routine mental health appointment			
2.4e. Any other routine appointment you had			

2.4.1 If you said "yes" to any of the above, please explain what the change was. For the rest you can say "none" or leave it blank.

What was the change you experienced?
2.4.1a. Blood tests
2.4.1b. Depot injection
2.4.1c. Routine appointment for physical health condition (e.g. diabetes, COPD)
2.4.1d. Routine mental health appointment

2.4.1e. Other (please also explain what the appointment was for)

# 3. Everyday habits

In this section we would like to ask about daily habits and routines. Everyone has healthy habits and unhealthy habits and there are no right or wrong answers.

3.1 Please let us know how each of the following habits might have changed in the LAST MONTH. If you don't have any of these habits at all (e.g. you don't smoke), please choose the first option (I don't do that in general).

	I don't do that in	More than usual	About the same	Less than usual
	general			
3.1a I drink alcohol				
3.1b I take part in physical activity				
3.1c I eat at least five portions of fruit				
and vegetables per day				
3.1d I vape or use e-cigarettes				
3.1e I smoke				

# Please answer 3.2 to 3.4 ONLY if you smoke (not counting e-cigarettes). Otherwise go straight to 3.5.

3.2 How many cigarettes per day do you usually smoke? (Write a number below)

..... per day

3.3 How many cigarettes per day do you usually smoke (Please choose an option)

o 10 or less o 11 to 20 o 21 to 30 o 31 or more

3.4 How soon after you wake up do you smoke your first cigarette?

o within 5 minutes o 6-30 minutes o More than 30 minutes

#### 3.5 In the LAST MONTH, have you been able to maintain a daily routine in your life?

o more than usual o about the same o less than usual

#### 3.6 In the LAST MONTH, how would you rate your sleep quality overall?

0	Very good	0	Fairly good	0	Fairly bad	0	Very bad
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# 3.7 In the LAST MONTH, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spent in bed.)

..... hours ..... minutes

#### 3.8 During the LAST MONTH, when have you usually got up in the morning?

#### 3.9 In the LAST MONTH, at what time have you usually gone to bed at night?

..... : .....

# 3.10 In an average week in the LAST MONTH, how many times per week did you do strenuous activities?

Strenuous activity means anything that requires hard physical effort and makes you breathe <u>much</u> <u>harder</u> than normal. Some examples are:

-Running or vigorous swimming or cycling

- Aerobics classes or circuit training
- Digging in heavy ground or chopping wood
- Heavy DIY like sawing thick or long pieces of wood
- Sports like football, rugby, squash, or netball.

..... times

#### 3.11 How many minutes did you do strenuous activities for on average each time?

..... mins

# **3.12** In an average week in THE LAST MONTH, how many times per week did you do moderate activities?

Moderate activity means anything that requires moderate physical effort and makes you breathe <u>somewhat</u> harder than normal. Some examples are:

- Brisk walking or housework
- Carrying a light bag on level ground
- Mowing the lawn
- General DIY like painting and decorating
- Sports like easy swimming, easy cycling, ballroom dancing, etc

..... times

#### 3.13 How many minutes did you do moderate activities for on average each time?

..... mins

3.14 In an average week in THE LAST MONTH, how many times per week did you do you go for a walk?

..... times

#### 3.15 How many minutes did you walk for on average each time?

..... mins

3.16 In an average week in the LAST MONTH, how much time did you spend sitting or lying down, aside of sleeping (e.g. watching TV, sitting in front of computer, etc.)?

..... hs ..... mins

### 4. COVID-19

# In this section we would like to ask you if and how you have been personally affected by COVID-19

#### 4.1 Have you had COVID-19?

o not diagnosed but suspected **Go to question 5.1** 

o no, don't think so **Go to question 5.1** 

#### Please answer 4.2 to 4.4 ONLY if you said "yes, diagnosed" in 4.1.

- 4.2 Have you recovered?
- o yes o no

#### 4.3 Have you been treated in the hospital for COVID-19?

o yes o no

#### 4.4 Approximately for how long you've been feeling ill?

- o no more than 11 days
- o no more than 4 weeks
- o no more than 8 weeks
- o no more than 12 weeks
- o more than 12 weeks

# 5. Social support

In this section we would like to ask you about the support you receive from people around you.

5.1 Thinking of the LAST TWO WEEKS, please choose an option for each of the questions below.

	hardly ever	some of the time	often
5.1a How often do you feel that			
you lack companionship?			
5.1b How often do you feel left			
out?			
5.1c How often do you feel			
isolated from others?			
5.1d How often do you feel			
lonely?			

# 6. Employment

Here we would like to ask you about your work and how this might have been affected by the pandemic restrictions.

#### 6.1 How would you describe your employment right now?

	Yes	No
6.1a Employed full-time (30+ hours/week)		
6.1b Employed part-time (<30 hours/week)		
6.1c Self-employed		
6.2d Retired		
6.2e Looking after family at home		
6.2f Student		
6.2g Voluntary worker (paid or unpaid)		
6.2h Not employed but seeking work		
6.2i Not employed but not seeking work because of ill health		
6.2j Not employed but not seeking work for some other reason		
6.2k Other		

6.1.1 If you selected "Other" above, please give us more details here. Otherwise you can leave this blank.

# Please answer 6.2 ONLY if you are currently employed (or selfemployed). Otherwise please go straight to 6.3

6.2 In the last 6 MONTHS, has your employment changed in any of the following ways?

6.2a Reduction in hours	Yes	No
6.2b Reduction in salary		
6.2c Change in duties or responsibilities		
6.2d Increased hours		
6.2e Increased salary		
6.2f Furloughed or paid leave		
6.2g Unpaid leave		
6.2h Other		

6.2.1 If you selected "Other" above, please explain how your employment has changed. Otherwise you can leave this blank.

#### 6.3 Compared to 6 MONTHS AGO, how would you say you are doing financially right now?

o I am better off o I am worse off o I am about the same o I don't know o I do not wish to answer



S P I D E R Skills and Proficiency In Essential Digital Requirements.

# 7. Use of the internet and digital devices

Here we ask if/how you have used the internet and digital

devices.

7.1 In the last 12 MONTHS, have you used the internet to do some of your daily activities (e.g. for video-calling, buying groceries, paying bills, finding information etc.)

o yes, a lot o yes, a little o no

7.2. In the last 12 MONTHS, have you ever felt like you don't have enough data available to access the Internet as much as you would need?

o yes o no o n/a (I am not going online)

#### Before you move on:

Next we ask whether people can or cannot do various things when using digital devices and the Internet in the everyday life and at work.

Please just think about whether you would know how to do these things on your own if you ever need to. It does not matter if currently some of these things do not apply to your circumstances (e.g. you don't have WiFi at home at the moment) or if you just choose not to do some of them (e.g. due to safety concerns).

Not everyone will know how to do all of the following and there are no right or wrong answers.

7.3 Here are some skills that make it easier to use digital devices in general. You can answer these questions brining in mind any digital device that you might be using (a mobile phone, laptop, tablet, desktop computer or a combination of these).

	Yes	No, and interested in learning more	No, and not interested in learning more
7.3a I can turn on a device (e.g. phone, tablet or laptop).			
7.3b I can connect my device to a safe and secure Wi-Fi network (e.g. I can connect to Wi-Fi in my house).			
7.3c I can update and change my password when prompted to do so (e.g. I can change my Netflix password).			
7.3d I can interact with the home screen on my device (e.g. I can locate text messages).			
7.3e I can open the Internet to find and use websites.			
7.3f I can use the controls on a device (e.g. turn up the volume).			
7.3g I make sure that my passwords and personal information are kept safely as they have a value to others (e.g. I don't write my passwords down or tell them to anyone else)			
7.3h I can change setting on my device to make it easier to use (e.g. increase font size or adjust screen brightness).			

## Did you answer "No" for any of the above?

This is all we would like to know for now. Please go straight to question 8.1 and skip everything in between.

Did you answer "Yes" for all of the above?

There are some more questions we would like to ask you. Please continue to answer questions 7.4 to 7.8.

7.4 These are some skills that help people to <u>communicate</u> online with others in their everyday life.

	Yes	No,	No,
		and	and not
		interested in	interested
		learning	in learning
		more	more
7.4a I can set up an email account.			
7.4b I can communicate using tools like Email,			
WhatsApp, FaceTime or Messenger.			
7.4c I can share documents with others by attaching			
them to an email.			
7.4d I can use word processing applications to create			
documents, for example Microsoft Word or Google			
Docs.			
7.4e I can communicate with others using video tools			
(e.g. FaceTime or Skype).			
7.4f I can post on social media platforms (e.g.			
Facebook or Instagram).			
7.4g I can keep my emails and social media accounts			
safe.			

#### 7.5 These are some skills that help people to <u>handle information online</u> in their everyday life.

	Yes	No,	No,
		and	And not
		interested in	interested
		learning	in learning
		more	more
7.5a I can use search engines (e.g. Google) to find			
information and make use of search terms to generate			
better results.			
7.5b I can check if online information is trustworthy or			
not.			
7.5c I can use the Internet to access entertainment legally			
(e.g. Spotify, Netflix or BBC iPlayer).			
7.5d I can organise my information and content using files			
and folders on my device or on the cloud.			
7.5e I can use bookmarks to save and retrieve			
information on my web browser.			
7.5f I can save information and find it again from a			
different computer, tablet or phone.			
How many times did you tick "Yes" on this table? Please writ	te the nu	mber in the box	

#### 7.6 These are some skills that help people to <u>complete transactions</u> online in their everyday life.

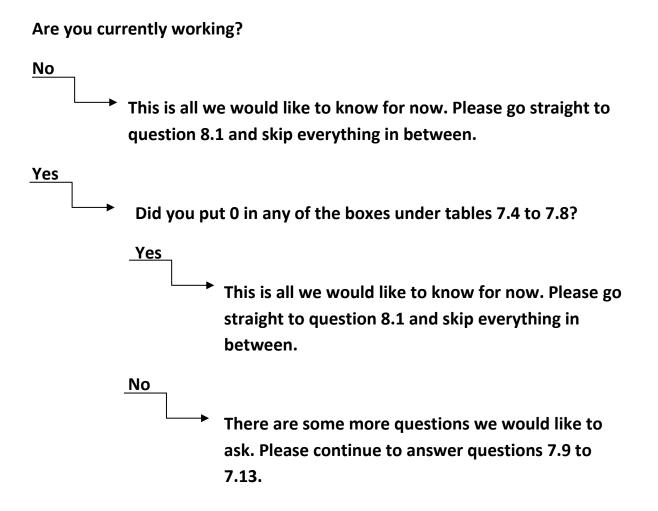
	Yes	No, and	No, and not
		interested in	interested
		learning	in learning
		more	more
7.6a I can safely buy things online.			
7.6b I can make payments online.			
7.6c I can use the Internet for online services (e.g.			
apply for Universal Credit, ordering repeat			
prescriptions, booking doctor appointments).			
7.6d I can upload documents and photographs to			
complete an online transaction (e.g. proof of			
identity).			
7.6e I can use online banking websites and apps.			
How many times did you tick "Yes" on this table? Please	e write the nu	mber in the box	

#### 7.7 These are some skills that help people to <u>solve problems online</u> in their everyday life.

	Yes	No, and interested in learning more	No, and not interested in learning more		
7.7a I can use the Internet to find how to do something online.					
7.7b I can use online chat, FAQs or forums to ask for help with a website or app.					
7.7c I can use online tutorials, FAQs and advice forums to improve my skills in using devices, software and applications.					
How many times did you tick "Yes" on this table? Please write the number in the box					

	Yes	No,	No,
		and	and not
		interested in	interesting
		learning	in learning
		more	more
7.8a I am careful with what I share online (e.g. posts			
on Facebook or pictures on Instagram) as I realise			
that the information I put online stays there and			
could be accessed in the future by other people.			
7.8b I can respond to requests for authentication for			
my online accounts and emails.			
7.8c I make sure not to share other people's data			
online without their consent.			
7.8d I make sure to use passwords, change them			
when needed and not share them.			
7.8e I can recognise suspicious web links.			
7.8f I make sure to use security software to prevent			
viruses from damaging my computer.			
7.8g I know how to use privacy settings to control			
what people see from the information I put online.			
7.8h I can tell an official, legitimate website from a			
potentially dangerous one.			
7.8i I allow my computer systems to be updated			
when prompted as I realise the importance of this for safety.			
low many times did you tick "Yes" on this table? Please	write the nu	mber in the box	

#### 7.8 These are some skills that help people to be <u>safe and legal</u> online in their everyday life.



#### Before you move on:

Next we ask about things that people might often need to do with digital devices and the Internet at work.

If something does not apply to your current post, please think whether you could do that if you needed to.

#### 7.9 These are some skills that help people to <u>communicate</u> with other people online at work.

	Yes	No, and interested in learning more	No, and not interested in learning more.
7.9a I can use online tools, systems and apps (e.g. Outlook, Skype or Yammer) to communicate within my workplace.			
7.9b I can log in remotely to my email and other work-related communication tools (e.g. accessing your emails on your phone).			
7.9c I can set up and manage an account on a professional online network/community (e.g. LinkedIn, Total Jobs, Indeed).			

#### 7.10 These are some skills that help people to <u>handle information</u> online at work.

	Yes	No,	No,
		and	and not
		interested in	interested
		learning	in learning
		more	more
7.10a I can organise, store and share work-related			
information on different computers, tables or			
phones.			
7.10b I can follow my organisation's IT policy when			
sharing, storing and handling information.			

	Yes	No, and interested in learning more	No, and not interested in learning more
7.11a I can view my payslips, submit holiday and sickness e-forms and make online expense claims.			
7.11b I am able to book transport and accommodation online.			

#### 7.11 These are some skills that help people to <u>complete transactions</u> online at work.

#### 7.12 These are some skills that help people to <u>solve problems</u> online at work.

	Yes	No, and interested in learning more	No, and not interested in learning more
7.12a I can use the Internet to find solutions to work-related problems.			
7.12b I can present and analyse information (e.g. use PowerPoint, spreadsheets or datasets).			
7.12c I can use different digital tools to improve my own productivity (e.g. saving time or working more efficiently).			

#### 7.13 These are some skills that help people to <u>be safe and legal</u> online at work.

	Yes	No, and interested in learning more	No, and not interested in learning more
7.13a I can identify and report suspicious communications.			
7.13b I can follow my organisation's IT and data protection policies (e.g. GDPR).			
7.13c I can alert the relevant person in my organisation to potential data breaches.			
7.13d I understand GDPR and can apply it to my role within my organisation.			

### 8. Pets

In this section we would like to learn more about you and your pet, if you have one.

8.1 Do you have any animals that live with you or near you, and that you or anyone in your household are the main caretaker of? Please do not include animals kept as livestock (e.g. farm sheep, cattle)

o yes	Go to question 8.2. Then skip 8.3 and go to 8.4
o no	Go to 8.3. Then skip all the rest and go to question 9.1

## Please answer 8.2 ONLY if you said "yes" in 8.1

8.2 How many of the following pet animals leave with you (if none put 0)

Animal	Number
8.2a Dogs	
8.2b Cats	
8.2c Small mammals (e.g. rabbits or hamsters)	
8.2d Birds	
8.2e Fishes	
8.2f Reptiles or amphibians	
8.2g Horses or ponies	
8.2h Farm animals	
8.2i Other	

8.2.1 If you selected "Other" above, please give us more details. Otherwise, you can leave this blank

### Please answer 8.3 ONLY if you said "no" in 8.1

8.3. These are some of the reasons people provide for not owning an animal. Please choose what describes you best.

	True	Not true
8.3a I am not interested in owning an animal		
8.3b I would like an animal, but my circumstances don't allow it		
8.3c I have recently lost an animal and am not yet ready to have		
another one		
8.3d Other		

8.3.1 If you selected "Other" above, please specify:

#### Please answer 8.4 to 8.5 ONLY if you said "yes" to 8.1.

8.4. Thinking of the animal you feel closest to, please choose what describes you best.

	Almost	Often	Sometimes	Never
	always			
8.4a Do you spend time each day playing with or				
exercising your pet?				
8.4b When you feel bad, do you seek your pet				
for comfort?				
8.4c How often do you consider your pet to be a				
member of your family?				

8.5 Please let us know anything else you would like to tell us about what your animal(s) means to you in the COVID-19 context or any other related subject you would wish to cover.

## 9. Any other comments

# In this section you can tell us about anything else you think is important for you.

#### 9.1 Is there anything else you would like to add?

o No, no further comments

o Yes (please type your comments below)

## **10. Invitation to Interview**

# Are you interested in taking part in an interview?

By completing this survey, you and the other people who have taken part have given us really useful information about people's health and wellbeing during the pandemic restrictions. We may like to talk to a small number of people in more detail about some of the topics covered in the survey.

If you would be interested in taking part in a short telephone interview, please tick the box below. If you say 'yes' now but change your mind later, that's fine, just tell the researcher if they contact you about doing a telephone interview.

**10.1** I am interested in talking to a researcher about my experiences during the pandemic restrictions:

o Yes o No

## **11. Your continuing support**

#### Thank you for continuing to support our research.

By previously agreeing to be contacted again to invite you to new questionnaires, you are helping to influence the future and improve the care of people with severe mental illness. In our next questionnaire we will start moving away from the pandemic and start looking into various aspects of life that can influence the health and wellbeing of people with severe mental illness in the long term. A researcher from our team might contact you again by phone or post in 3 months and then every 6 months for 5 years. If you change your mind and you don't want to complete any of our questionnaires in the future, feel free to let us know next time we contact you.

< For online completion the following statement will appear >

By clicking the submit button you are indicating that you agree to your answers to this questionnaire being recorded and consent to taking part in this study.

### THANK YOU FOR TAKING PART

# Your participation was valuable to understand the impact of the pandemic restrictions on people's health and well-being.

# For internal use only

If you are a researcher and you have any comments to add please used the box below