

# MH-CAT: Mental Health Context Assessment Tool for Children in Care

Version: 2.5

Date: April 2021

## Notes

1. This online survey has been created for children and young people aged 11-17, who have been in State care for at least 12 months.
2. The blue underlined text / code in front of every question is the question (variable) name and will not be shown in the online survey.
3. The questions in **red** are questions and answers which cannot be changed (unless wording is not appropriate for target group) as they validated tools or survey questions with comparable national data.
4. Abbreviated Text in the '[' or '{' brackets after question are codes created for use by the research team. They will not be shown in the online survey.

## Welcome

**Thank you very much for considering taking part in the MH-CAT survey**

### **What this survey is about**

This survey is about the wellbeing and mental health of children and young people in care. It has been created by a team of researchers at the University of Bristol and it should take about 20 minutes to complete.

It is possible that you are receiving this request for the second time and you might have completed this survey about six months ago. If you completed it last year, we would be grateful if you could please fill in the survey again as this will let us see how things have changed over time.

It's completely up to you whether you take part. If you do choose to complete the survey, as a thank you for taking part, **you will receive a £15 gift voucher** via email. You need to give us an email address for this to be sent to you and select the 'Submit' button at the end.

You can choose not to answer some of the questions or stop doing the survey at any point. Please be as honest as you can, there are no right or wrong answers. If you feel you need help you can ask your carer, trusted adult, or social worker.

### **What will happen to your answers?**

- The research team will not be able to identify who you are as the survey linked to an ID number instead of your name. All the answers you give will be anonymised so no one will be able to identify you from any reports or publications.
- Your answers are confidential which means that we will not tell anyone what you have said. However, if we are worried that you or someone else is at risk of serious harm, then we will let your social worker know.
- We ask for your email address or email address of an adult that you live with so we can send you the gift voucher, this will not be used for any other purpose.

Please click [here](#) for more information about this research. Please read this before continuing.

If you have any questions, you can email us on [mh-cat@bristol.ac.uk](mailto:mh-cat@bristol.ac.uk).

If you have read and understood the information about this survey and would like to continue to the survey, please select 'Next Page >>'.

email\_id

Please enter an email address so that we can send you your £15 gift voucher. This could be either yours or one of an adult who you are living with. We will not use this email address to contact you for any other reason.

Please make sure that you have to press the submit button at the end of the survey to receive the gift voucher.

Please re-enter the email address:

## About you

First, we would like to ask some questions about you and about being in care.

age

**How old are you now / What is your date of birth?**  
{Enter numeric value – label years}

gender

**What gender do you identify as?**

1. Male
2. Female
3. Prefer not to say
4. Other (please tell us how you identify) {free text}

ethnicity

**What is your ethnic group?**

1. White
2. Mixed or multiple ethnic groups
3. Asian or Asian British
4. Black or African or Caribbean or Black British
5. Other (please tell us how you identify) {free text}

Age\_lac  
number)

**How old were you when you first came into care?** (Please write age as a

Plc\_num

**Since coming into care for the first time, how many placements have you lived in?**

## Being in care and the place where you currently live

Now, we would like to hear a bit more about the place where you currently live.

### Plc\_covid

**How many placements have you lived in since the start of the Coronavirus pandemic in January 2020?** (Please leave out anywhere you went for short breaks.)

### Plc\_covid\_rsn

**Please could you tell us why you changed your placement/s?** {free text}

### Plc

**What type of placement do you currently live in?**

1. Foster care (not with a relative)
2. Foster care (with a relative)
3. Residential care or children's home
4. With birth parents
5. Independent living (in a flat, lodgings, bedsit, B&B or with friends)
6. With adoptive parents
7. Other {please tell us where you currently live}

### Plc\_dur

**Roughly how long have you been living in your current placement?**

1. 3 months or less
2. 4 to 6 months
3. 7 months to 1 year
4. Between 1 and 2 years
5. Between 2 and 3 years
6. 3+ years

### Sibling

**Do you have any brothers or sisters?**

1. No
2. Yes

*[if sibling='YES' then ask sibling\_live]*

### Sibling\_live

**Do you live with any of your brothers or sisters?**

1. No
2. Yes

### Oth\_child

**Are there other children who you live with, who are not your brothers and sisters?**

1. No
2. Yes

*[if oth\_child='YES' then ask oth\_child\_which]*

Oth\_child\_which

**Who are these other children?** (Please select **ALL** that apply)

1. Other children in care
2. Children of foster carer
3. Other children

Green\_frq

**In the last week, how many days did you go outside to a 'green space'** (play areas, public gardens, woods, playing fields or sports pitches, beaches or other types of natural open space)

1. Not at all
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

Plc\_meal

**In the last week, on how many days have you eaten at least one meal together with some or all the people you live with?**

Matrix\_1\_plc

**How much do you agree or disagree with the following statements?**

{agreement scale for each statement: Strongly disagree, Disagree, Neither agree or disagree, Agree, Strongly agree}

plc\_safe

I feel safe in my placement

plc\_home

I feel happy where I live

plc\_self

I feel I can be myself in my placement

area\_safe\_hbsc

I feel safe in the area where I live

life\_improv

I feel that my life is better now that I am in care

loc\_care

I feel that my views are listened to when adults make decisions about my care

Life\_story

**Do you have a Life Story Book (a collection of photographs or information about your past) or something similar?**

1. No
2. Yes
3. I don't know

*[if life\_story='YES' then ask life\_story\_use]*

Life\_story\_use

**How much do you agree with the following statement 'I find my life story book useful'** {agreement scale: Very useful to Not very useful at all.}

1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree

### Plc\_miss

**Have you ever run away from a placement for one or more nights?**

1. No
2. Yes – once
3. Yes – more than once

### Sch\_attend

**What type of school or college do you attend? You can ask an adult if you are not sure**

1. Primary school
2. Secondary school (state/academy/free school/ grammar school)
3. Independent /private day-school or independent/private boarding school
4. Residential school/Residential boarding school
5. Special schools
6. Alternative provision (including Pupil Referral Unit (PRU))
7. Apprenticeship/work experience/training
8. Home schooled or home tutored
9. Other type of education setting {please tell us what type of school or college you attend}
10. I do not attend a school or college

*[If sch\_attend = 'Home schooled or home tutored' or 'I do not attend a school or college' skip entire EDUCATION section and move to PEOPLE AND SUPPORT']*

## Education

This section asks about your school or college life. We know that things might not be 'normal' at the moment because of the Coronavirus pandemic, but please try and answer these questions as best you can. If you are currently on school holidays, please think about the last school term.

### School\_change

**Did you have a change of school in the last six months?**

1. No
2. Yes {please tell us why you changed school}

### Sch\_current

**Please tick the statement which best describes your schooling situation during the lockdown during the coronavirus pandemic**

1. I stopped going to school/college because of the Coronavirus pandemic
2. I went to school/college for some days
3. I went to school every weekday

*[if sch\_current='I stopped going to school/college' then ask maxtrix \_2\_ed\_covid]*

### Maxtrix 2\_ed\_covid

**Thinking about your schooling situation during the coronavirus pandemic, how much do you agree or disagree with the following statements?**

{agreement scale – strongly disagree to strongly agree}

#### hs\_fut

I felt worried that not going to school will affect my future

hs\_enj I liked being home schooled/not going into school  
hs\_safe I felt safer because I was not at school

Matrix 3 ed\_gen

**Thinking about schooling generally how much do you agree or disagree with the following statements?**

{agreement scale – strongly disagree to strongly agree}

sch\_enj I like going into school

sch\_safe I feel safe at school

sch\_fut I think going to school will help me in the future

Sch\_traunt

**Generally, how often do you miss school without letting an adult know, even if only for a half day or single lesson?**

1. Daily
2. Weekly
3. Monthly
4. 1 to 2 times a year
5. Never

Matrix 4 teacher

**Please state how much you agree with the statements about your teachers**  
{agreement scale – strongly disagree to strongly agree}

teacher\_help\_mspss My teacher(s) really try to help me

teacher\_talk\_mspss I can talk about my problems with a teacher(s)

Sch\_ex

**Have you ever been excluded from school or college?**

1. No
2. Yes

*[if sch\_ex='YES' then ask sch\_ex\_detail]*

Sch\_ex\_detail

**In which way(s) were you excluded? Tick all that apply**

1. Fixed term / temporary exclusion / suspension
2. Permanent exclusion / expulsion from school or college

Change\_sch

**How many times have you had to change schools because of a change in placement?**

Laptop

**Do you have access to a computer, tablet or laptop to do your school work at home**

1. No
2. Yes
3. I don't have to do school work at home

## People and support

We would also like to know a bit more about the people around you and the support you get.

### Matrix 5 carer

**Please state how much you agree with the statements about your carer(s).**

By carer we mean the main adults who care for you. e.g, foster carers, residential carer(s), parent(s).

{agreement scale – strongly disagree to strongly agree – 5 point scale}

<u>carer_help_mspss</u>	My carer(s) really try to help me
<u>carer_support_mspss</u>	I get the emotional help and support I need from my carer(s)
<u>carer_talk_mspss</u>	I can talk about my problems with my carer(s)
<u>carer_dec_mspss</u>	My carer(s) is willing to help me make decisions
<u>carer_trust_mspss</u>	I trust my carer(s)

### Matrix 6 sw

**Please state how much you agree with the statements about your social worker** {agreement scale – strongly disagree to strongly agree}

<u>sw_help_mspss</u>	My social worker really tries to help me
<u>sw_support_mspss</u>	I get the emotional help and support I need from my social worker
<u>sw_talk_mspss</u>	I can talk about my problems with my social worker
<u>sw_dec_mspss</u>	My social worker is willing to help me make decisions
<u>sw_trust_mspss</u>	I trust my social worker

### Sw\_con

**Currently, how do you feel about the level of contact you have with your social worker?**

1. I would like more contact
2. I have enough contact
3. I would like less contact

### Trust adult

**I have at least one adult in my life who I can trust**

1. No
2. Yes

### Friends

**Do you have one or more friends?**

1. No
2. Yes

*[if friends='YES' then ask matrix\_7\_friend]*

### Matrix 7 friend

**Please state how much you agree with the statements about your friend(s)**

{agreement scale – strongly disagree to strongly agree}

<u>fri_help_mspss</u>	My friends really try to help me
<u>fri_cnt_mspss</u>	I can count on my friends when things go wrong
<u>fri_joy_mspss</u>	I have friends with whom I can share my joys and sorrows
<u>fri_prob_mspss</u>	I can talk about my problems with my friends



## Contact with birth family

This section asks about your birth family. We know that contact with your birth family might be different at the moment because of the Coronavirus pandemic. But please do answer the questions thinking about how things are right now (at this moment).

### Birthfam

#### Are you in contact with your birth family?

1. No
2. Yes

*[if birth\_fam='YES' then ask who\_birthfam]*

### who\_birthfam

#### Who are you in contact with? (Please select ALL that apply)

1. Mother
2. Father
3. Sister(s)
4. Brother(s)
5. Grandmother(s)/grandfather(s)
6. Extended family (i.e. aunt(s), uncle(s), cousin(s), niece(s), nephew(s), stepparent(s))
7. Godparent(s)
8. Other { Please tell us which other family members you are in contact with}

### Birthfam\_con\_feeling

#### How do you feel about the level of contact you have with your birth family? {free text}

## Your thoughts and feelings

This section asks you about your thoughts and your feelings. As with the rest of the survey, please be honest as we are interested in how you feel. There are no right or wrong answers.

### Sup\_ever

#### Have you ever wanted to talk to someone or receive support with your mental health?

1. No
2. Yes

*[if sup\_ever='NO' then skip rest of PEOPLE AND SUPPORT section and move straight to BIRTH FAMILY section]*

**Sup\_ever\_who**

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. Hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

**Sup\_change**

**If you were accessing mental health support just before the coronavirus pandemic, has your access changed since?**

1. I wasn't accessing support immediately before the pandemic
2. I no longer have access to mental health support
3. It is less frequent than before
4. It is more frequent than before

*[Only ask if 'Sup\_ever'='YES']*

**Mh\_support\_6mnths**

**Did you feel the need for mental health support in the last six months?**

1. No
2. Yes

*[Only ask if 'Sup\_ever'='YES']*

Mh\_support 6mnths who

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. Hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

mh\_support 1mnth

**In the last month, have you felt you needed to talk to someone or receive support with your mental health?**

1. No
2. Yes

*[Only ask if 'Sup\_ever'='YES']*

mh\_support 1mnth who

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. Hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

**matrix 8 swemwbs**

**Below are some statements about thoughts and feelings. Please select which best describes your experience over the last 2 weeks**

		None of the time	Rarely	Some of the time	Often	All of the time
<b><u>swemwbs1</u></b>	I've been feeling optimistic about the future					
<b><u>swemwbs2</u></b>	I've been feeling useful					
<b><u>swemwbs3</u></b>	I've been feeling relaxed					
<b><u>swemwbs4</u></b>	I've been dealing with problems well					
<b><u>swemwbs5</u></b>	I've been thinking clearly					
<b><u>swemwbs6</u></b>	I've been feeling close to other people					
<b><u>swemwbs7</u></b>	I've been able to make up my own mind about things					
Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.						

**matrix 9 ptsdneg**

**Here are some more statements. Please select which best describes your experience of over the last 2 weeks.**

{none of the time, rarely, some of the time, often, all of the time}

- ptsd\_fls** I have flashbacks/nightmares that affect me  
**ptsd\_sleep** I have difficulty sleeping  
**ptsd\_miss** I feel that no one understands me  
**neg\_care** I feel that no one cares about me  
**neg\_bet** I feel that nothing will ever get better

**Bullied**

**How often have you been bullied in the past six months?**

1. I have not been bullied in the past six months
2. It has happened once or twice
3. 2 or 3 times a month
4. About once a week
5. Several times a week

[If 'Bullied'='2 or 3 or 4 or 5' then ask 'bullied\_sup\_who']

**Bullied\_sup\_who**

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker

7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. I attended or was admitted to a hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

### **Cyber\_bullied**

**How often have you been cyber-bullied in the past 6 months?** (e.g. having had nasty things posted on social media about you which were meant to hurt you, being ignored or left out on social media receiving or unwanted or nasty emails or messages which were meant to hurt you)?

1. I have not been cyber-bullied in the past six months
2. It has happened once or twice
3. 2 or 3 times a month
4. About once a week
5. Several times a week

[If 'Cyber\_bullied'='2 or 3 or 4 or 5' then ask  
'Cyber\_bullied\_sup\_who']

### **Cyber\_bullied\_sup\_who**

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. I attended or was admitted to a hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

### **Hurt\_self**

**Before the start of the Coronavirus outbreak have you hurt yourself on purpose in any way?**

1. No
2. Yes

[if hurt\_self='YES' then ask hurt\_self\_sup\_who]

### **Hurt\_self\_sup\_who**

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support

2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. ~~I attended or was admitted to a Hospital~~
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

**Hurt\_self\_covid**

**Since the start of the Coronavirus outbreak have you hurt yourself on purpose in any way?**

1. No
2. Yes

*[if hurt\_self\_covid='YES' then ask hurt\_self\_sup\_who\_covid]*

**Hurt\_self\_sup\_who\_covid**

**Who did you talk with/receive support from? Please select all that apply**

1. I did not ask for support
2. I asked for support but didn't get any
3. Family
4. Carer(s)
5. Friend(s)
6. Social worker
7. Teacher/other teaching staff
8. School nurse/school counsellor/other specialist support at school
9. GP
10. Hospital
11. Counsellor or therapist (including CAMHS and/or private)
12. A telephone helpline, text service or support from online service
13. Someone at a local charity, drop-in centre or youth club
14. Other {What was the other support that helped you?}

**Matrix 10 SDQ**

**Strengths and Difficulties Questionnaire**

**For each item, please mark the box for Not True, Somewhat True or Certainly True.** It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

		Not true (1)	Somewhat true (2)	Certainly true (3)
<a href="#"><u>sdg_consider</u></a>	I try to be nice to other people. I care about their feelings			
<a href="#"><u>sdg_restless</u></a>	I am restless, I cannot stay still for long			
<a href="#"><u>sdg_somatic</u></a>	I get a lot of headaches, stomach-aches or sickness			
<a href="#"><u>sdg_shares</u></a>	I usually share with others (food, games, pens etc.)			
<a href="#"><u>sdg_antrum</u></a>	I get very angry and often lose my temper			
<a href="#"><u>sdg_loner</u></a>	I am usually on my own. I generally play alone or keep to myself			
<a href="#"><u>sdg_obey</u></a>	I usually do as I am told			
<a href="#"><u>sdg_worries</u></a>	I worry a lot			
<a href="#"><u>sdg_caring</u></a>	I am helpful if someone is hurt, upset or feeling ill			
<a href="#"><u>sdg_fidgety</u></a>	I am constantly fidgeting or squirming			
<a href="#"><u>sdg_friend</u></a>	I have one good friend or more			
<a href="#"><u>sdg_fights</u></a>	I fight a lot. I can make other people do what I want			
<a href="#"><u>sdg_unhappy</u></a>	I am often unhappy, down-hearted or tearful			
<a href="#"><u>sdg_popular</u></a>	Other people my age generally like me			
<a href="#"><u>sdg_distrac</u></a>	I am easily distracted, I find it difficult to concentrate			
<a href="#"><u>sdg_clingy</u></a>	I am nervous in new situations. I easily lose confidence			
<a href="#"><u>sdg_kind</u></a>	I am kind to younger children			
<a href="#"><u>sdg_lies</u></a>	I am often accused of lying or cheating			
<a href="#"><u>sdg_bullied</u></a>	Other children or young people pick on me or bully me			
<a href="#"><u>sdg_helpout</u></a>	I often volunteer to help others (parents, teachers, children)			
<a href="#"><u>sdg_reflect</u></a>	I think before I do things			
<a href="#"><u>sdg_steals</u></a>	I take things that are not mine from home, school or elsewhere			
<a href="#"><u>sdg_oldbest</u></a>	I get on better with adults than with people my own age			
<a href="#"><u>sdg_afraid</u></a>	I have many fears, I am easily scared			
<a href="#"><u>sdg_attends</u></a>	I finish the work I'm doing. My attention is good			

#### **Matrix\_gad2\_phq2**

**Over the last 2 weeks how often have you been bothered by the following problems?** {not at all, several days, more than half the days, nearly every day}

<a href="#"><u>gad2_1</u></a>	Feeling nervous, anxious or on edge [GAD-2]
<a href="#"><u>gad2_2</u></a>	Not being able to stop or control worrying [GAD-2]
<a href="#"><u>phq2_1</u></a>	Little interest or pleasure in doing things [PHQ-2]
<a href="#"><u>phq2_2</u></a>	Feeling down, depressed or hopeless [PHQ-2]

#### **Matrix\_11\_loc**

**How much do you agree or disagree with the following statements?**

{agreement scale – strongly disagree to strongly agree}

[loc\\_ext\\_1type](#) How well you get on in this world is mostly a matter of luck

[loc\\_int\\_1type](#) If you work hard at something, you'll usually succeed

### Hobby

**Do you have a hobby that you enjoy and which helps you relax?**

1. No
2. Yes

### Pet

**Do you have a pet in the home you live?**

1. No
2. Yes

## **Your health**

Now, we will ask you some questions about your health.

### Pa 7day\_pace

**Over the past 7 days, on how many days were you physically active for at least 60 minutes per day? Physical activity can be done in sports, playing with friends or walking to school. Some examples of physical activity are brisk walking, running, biking, dancing, skateboarding, swimming)**

### Hr\_entertain\_week

**During WEEKDAYS, around how many hours a day do you usually spend using a screen (e.g., watching TV, on the phone, watching online videos or playing online games)?**

### Hr\_entertain\_weekend

**During the WEEKEND, around how many hours a day do you usually spend using a screen (e.g., watching TV, on the phone, watching online videos or playing online games)?**

### Matrix\_12\_hlth

**How often do you ...**

{never, have tried once or twice, sometimes but not every week, every week, every day}

#### smoking

Smoke cigarettes

#### ecig

Smoke electronic cigarettes

#### alcohol

Drink alcohol

#### drugs

Use illegal or recreational drugs

### Risk\_help

**Have you needed medical help, visited a GP or hospital in the last 12 months because of alcohol or drug use?**

1. No
2. Yes



## Disab

**Do you have a health concern or disability which affects your day to day life?**

1. No
2. Yes

*[if disab='YES' then ask disab\_cat\_1-disab\_cat\_10]*

## disab\_cat\_1-disab\_cat\_10

**How does your health concern or disability impact your day-to-day life?** Tick all that apply

1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example being able to lift and carry objects, or use a keyboard)
5. Learning or understanding or concentrating
6. Communication
7. Memory
8. Mental health
9. Stamina or breathing or fatigue
10. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
11. Other
12. Personal care
13. Eating and drinking
14. Incontinence
15. Other {If your health concern or disability affects you in any other way, please could you tell us how?}

## disab\_what

**What is your health concern/disability?** {open text answer}

## disab\_supp

**Are you currently receiving support (from school or any other service), to help with your health concern or disability?** (Please select ALL that apply)

1. No
2. Yes, from school
3. Yes, from another support service

## **The coronavirus pandemic**

**We would like to ask you a few more questions about the coronavirus pandemic and how it has affected you.**

## covid1-covid5

**Due to Coronavirus do any of the below apply to you?** Please tick all that apply.

1. I have had Coronavirus (either suspected or formally diagnosed)
2. Serious illness of someone important to me
3. Death of someone important to me

4. Someone where I currently live has had suspected or diagnosed Coronavirus
5. None of above

### **Matrix 13 covid**

**How much do you agree or disagree with the following statements about the COVID-19 pandemic?** Please give your answers on the basis of how you are currently feeling.

		Strongly disagree	Disagree	Neither disagree/agree	Agree	Strongly agree
<b><u>Covid me</u></b>	I'm worried that I will catch COVID-19 [PAS_1]					
<b><u>Covid oth</u></b>	I'm worried that family and friends will catch COVID-19 [PAS_2]					
<b><u>Covid leave</u></b>	I'm afraid to leave the house right now [PAS_3]					
<b><u>Covid transm it</u></b>	I'm worried I might transmit the infection to someone else [PAS_4]					
<b><u>Covid missch ool</u></b>	I'm worried about missing school/work [PAS_5]					
<b><u>Covid money</u></b>	I'm worried about the amount of money we have coming in [PAS_6]					
<b><u>Covid fut</u></b>	I'm worried about the long-term impact this will have on my job prospects and the economy [PAS_7]					

### **What could help?**

**The last two questions ask you if you would like to change anything about being in care or if there is anything that could improve your mental health and happiness.**

#### **Any change**

If you could change anything about being in care, where you currently live, your schooling, the support you get and contact with your birth family what would it be? {free text}

#### **Imp mh**

Is there anything that could improve your mental health and make you feel happier?

### **Text at the end of survey**

Finished! Thank you very much for taking part. We will email you your gift voucher within a week.

If you have any questions, please email us on [mh-cat@bristol.ac.uk](mailto:mh-cat@bristol.ac.uk).

If you would like support with mental health and wellbeing, there is a list of places [here](#) which you can download or view now. You could also talk to your carer, your social worker, or a trusted adult.