



Demographics

1. Employee classification

- RN
- MIDWIFE
- EN
- AIN
- Other (please specify)

2. What department/area do you predominantly work in?

- COLD AREA (COVID-19 NEGATIVE patients/clients)
- HOT AREA (COVID-19 POSITIVE patients/clients)

3. Which REGION of Tasmania do you work?

- North
- North-West
- South
- Statewide

4. Gender

- Female
- Male
- Other (please specify)

5. Educational level

- Undergraduate level
- TAFE Diploma
- University degree - Bachelor
- Hospital training certificate
- Higher degree - Grad Cert or higher
- Other (please specify)

6. What is your AGE GROUP?

18 - 25

51 - 60

26 - 30

61 - 70

31 - 40

71 - 80

41 - 50

81+

7. Do you smoke?

Yes

No

Prefer not to answer



If this survey raises any difficult issues for you contact EAP 1300687327

These questions are about your HOME and FAMILY.

8. To what degree has COVID-19 contributed to your CURRENT home and family stress

Not at all	Some	Moderately	Extremely	Don't know	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

9. To what degree do you consider COVID-19 will contribute to your FUTURE home and family stress

Not at all	Some	Moderately	Extremely	Don't know	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

10. To what degree has COVID-19 contributed to your CURRENT financial stress

Not at all	Some	Moderately	Extremely	Don't know	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

11. To what degree do you consider COVID-19 will contribute to your FUTURE financial stress

Not at all	Some	Moderately	Extremely	Don't know	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment



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These questions are about COVID-19 exposure.

12. Have you been EXPOSED to COVID-19?

- Yes
- No
- Unsure
- Prefer not to answer

13. Have YOU been diagnosed with COVID-19 ?

- Yes
- No
- Unsure
- Prefer not to answer

14. Do you MANAGE PATIENTS / CLIENTS diagnosed with COVID-19?

- Yes
- No
- Unsure
- Prefer not to answer

15. Has ANYONE in your FAMILY been diagnosed with COVID-19?

- Yes
- No
- Unsure
- Prefer not to say

16. Have any of your FRIENDS been diagnosed with COVID-19?

- Yes
- No
- Unsure
- Prefer not to answer

17. Have any of your NEIGHBOURS been diagnosed with COVID-19?

- Yes
- No
- Unsure
- Prefer not to answer

18. How confident are you in the validity of the COVID-19 test?

Not at all	Neutral	Confident	Extremely confident	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other



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These questions are about WORKPLACE SUPPORT.

19. Are you concerned about adequate access to PPE?

Not concerned Moderately concerned Very concerned Don't know Prefer not to answer

20. Do you feel you have adequate access to rapid COVID-19 testing if required?

All of the time Most of the time Some of the time None of the time Don't know Prefer not to answer

21. Do you feel you have adequate access to up to date information, clear communications and guidelines?

All the time Most of the time Some of the time Never Don't know Prefer not to answer

22. Do you feel you have received EXCESS information and communications relating to COVID-19?

All the time Most of the time Some of the time Never Don't know Prefer not to answer

23. Do you feel you have been adequately prepared to provide competent care in the event you will be deployed to a new area?

Definitely Moderately Slightly Not at all Not applicable Prefer not to answer

24. Do you feel adequately supported by your workplace team (colleagues and line manager)?

All of the time Most of the time Some of the time Never Don't know Prefer not to answer

25. Do you feel your workplace has supported you in the provision of food and accommodation as your workplace demands increase?

All of the time Most of the time Some of the time Never Not applicable Don't know Prefer not to answer

26. Do you feel your workplace has supported you in the provision of transportation as your workplace demands increase?

All of the time Most of the time Some of the time Never Not applicable Don't know Prefer not to answer



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During the past TWO WEEKS how would you rate your sleep?

27. Difficulty FALLING asleep

None	Mild	Moderate	Severe	Very severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Difficulty STAYING asleep

None	Mild	Moderate	Severe	Very severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Problems WAKING UP too early

None	Mild	Moderate	Severe	Very severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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These questions are about anxiety.

How often have you been bothered by any of the following problems over the last TWO WEEKS?

34. Feeling nervous, anxious or on edge?

Not at all

Several days

More than half the days

Nearly every day

35. Not being able to stop or control worrying?

Not at all

Several days

More than half the days

Nearly every day

36. Worrying too much about different things?

Not at all

Several days

More than half the days

Nearly every day

37. Trouble relaxing?

Not at all

Several days

More than half the days

Nearly every day

38. Being so restless that it is hard to sit still?

Not at all

Several days

More than half the days

Nearly every day

39. Being easily annoyed or irritable?

Not at all

Several days

More than half the days

Nearly every day

40. Feeling afraid as if something awful might happen?

Not at all

Several days

More than half the days

Nearly every day

41. What factors (if any) cause you anxiety and stress related to COVID-19?



WELLBEING

If this survey raises any difficult issues for you contact EAP 1300687327

Below is a list of questions related to difficulties people sometimes have after stressful events.

Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to COVID-19.

How much were you distressed or bothered by these difficulties?

42. Any reminder brought back feelings about it

not at all

a little bit

moderately

quite a bit

extremely

43. I had trouble staying asleep

not at all

a little bit

moderately

quite a bit

extremely

44. Other things kept making me think about it

not at all

a little bit

moderately

quite a bit

extremely

45. I felt irritable and angry

not at all

a little bit

moderately

quite a bit

extremely

46. I avoided letting myself get upset when I thought about it or was reminded of it

not at all

a little bit

moderately

quite a bit

extremely

47. I thought about it when I didn't mean to

not at all

a little bit

moderately

quite a bit

extremely

48. I felt as if it hadn't happened or wasn't real

not at all

a little bit

moderately

quite a bit

extremely

49. I stayed away from reminders about it

not at all

a little bit

moderately

quite a bit

extremely

50. Pictures about it popped into my mind

not at all

a little bit

moderately

quite a bit

extremely

51. I was jumpy and easily startled

not at all

a little bit

moderately

quite a bit

extremely

52. I tried not to think about it

not at all

a little bit

moderately

quite a bit

extremely

53. I was aware that I still had a lot of feelings about it, but I didn't deal with them.

not at all

a little bit

moderately

quite a bit

extremely

54. My feelings about it were kind of numb

not at all

a little bit

moderately

quite a bit

extremely

55. I found myself acting or feeling as though I was back at that time

not at all

a little bit

moderately

quite a bit

extremely

56. I had trouble falling asleep

not at all

a little bit

moderately

quite a bit

extremely

57. I had waves of strong feelings about it

not at all

a little bit

moderately

quite a bit

extremely

58. I tried to remove it from my memory

not at all

a little bit

moderately

quite a bit

extremely

59. I had trouble concentrating

not at all

a little bit

moderately

quite a bit

extremely

60. Reminders of it caused me to have physical reactions such as sweating, trouble breathing, nausea or a pounding heart.

not at all

a little bit

moderately

quite a bit

extremely

61. I had dreams about it

not at all

a little bit

moderately

quite a bit

extremely

62. I felt watchful or on-guard

not at all

a little bit

moderately

quite a bit

extremely

63. I tried not to talk about it

not at all

a little bit

moderately

quite a bit

extremely