



## **Supporting Information 1: surveys**

### **Supplementary methods and results**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: McGuinness SL, Eades O, Grantham KL, et al. Mental health and wellbeing of health and aged care workers in Australia, May 2021 – June 2022: a longitudinal cohort study. *Med J Aust* 2023; doi: 10.5694/mja2.51918.

## COVIC-HA Survey 2 – late-2021 (6-months Follow up survey)

The COVIC-HA study team invites you to complete this follow-up survey to understand how COVID-19 continues to impact you and how your workplace is supporting you. This survey lasts approximately 15 minutes. You are welcome to save your responses and return to the survey at a more convenient time. By completing this survey you are helping us track the ongoing impact of the COVID-19 pandemic on the physical and mental well-being of the Victorian healthcare workforce and inform improvements in support for workers state-wide. Your responses will be treated as confidential in compliance with [Australian Privacy Principles \(APPs\)](#)

All participants who complete this survey will have a chance at WINNING one of five \$50 digital gift cards.

### **Part A: About you**

This first group of questions asks about you and your home situation.

**Has your living situation changed since the last (May – July 2021) survey? (This includes change in address, household residents and/or caring responsibilities)**

- Yes → next set of questions will question
- No → skip to Part B

**What is your residential postcode?** (free text box)

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**Do you live (tick all that apply)**

- On your own → skip next two questions
- With your partner/spouse
- With dependent children (<18yrs → skip next two questions)
- With adult family members (e.g. mother, father, brother, sister, children ≥18yrs)
- With adult non-family members (house mates, friends)
- Other, please specify

**If other, please specify (free text box)**

**How many people, including yourself, currently live in your household?** (free text box)

**Do you live with other healthcare or aged care workers?**

- Yes
- No
- Unsure

**In the last 6 months, how much have the COVID-19 restrictions affected your daily life?**

No effect										Very large effect
0	1	2	3	4	5	6	7	8	9	10

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### **Part B: Your work situation**

This next group of questions asks about your work situation and background.

**Since the last survey (May – July 2021) has your work situation changed?** (This includes change in employer; change in main role or redeployment; or employment status e.g. part-time, full-time, casual)

- Yes → next question will appear
- No → Skip to **Since the start of the COVID-19 pandemic, on average, have your paid working hours**

**In the last 6 months, have you worked in a health care setting (including hospital, aged care, primary care, ambulance)?**

- Yes → skip next question
- No → next question will appear

**For what reason have you not been working in a health care setting in the past 6 months? (checkbox)**

- *Caring responsibilities (e.g. for children, older adults, or others)*
- *Working in another industry*
- *Annual, long service, or carer's leave*
- *Health related – COVID-19 case*
- *Health related – COVID-19 close contact*
- *Health related – mental health condition*
- *Working from home*
- *I left my job in the healthcare sector*
- *I was made redundant*
- *Other reason, please specify*
- *Prefer not to say*

**Please select the MAIN setting in which you currently work**

- Hospital (inpatient and/or outpatient) → if this option is selected, next question will appear
- Primary care (e.g. general practice) → skip next question
- Aged care (e.g. residential aged care facility) → skip next two questions
- Ambulance service → skip next 2 questions
- None of the above

**Which hospital department do you work in?**

- *Emergency Department*
- *Intensive Care Unit*
- *Hospital in the Home*

- *Respiratory Medicine*
- *General Medicine*
- *Infectious Diseases*
- *Other Medical Specialty Area*
- *Anaesthetics/perioperative care*
- *Surgical specialty area*
- *Geriatric Medicine*
- *Palliative Care*
- *Residential Inreach*
- *Other, please specify \_\_\_\_\_*

**Which Primary care setting do you work in?**

- General practice
- GP respiratory clinic
- Community health centre
- Other – free text

**Please select the MAIN organisation that you currently work for:**

- Options not displayed

**Which [organisation] site do you primarily work at?**

- Options not displayed

**CURRENTLY, what your employment status?**

- Full time
- Part time
- Casual
- Other

**In the last 6 months, have your average fortnightly paid working hours:**

- Increased
- Decreased
- Stayed the same

**In the last 6 months, has your household income altered?**

- Increased
- Decreased
- Stayed the same

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

- Yes

- No

**As a result of the COVID-19 pandemic, at any stage, have you considered leaving your role/profession?**

- Yes
- No

**In the last 6 months, have you been deployed to (sent into) a new area of work?**

- Yes
- No → skip next question

**How confident do/did you feel working in your new area?**

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

### **Part C: Your general health**

This next group of questions asks about your general health

Compared to before the COVID-19 pandemic, have you been drinking alcohol:

- More than you used to
- Less than you used to
- About the same
- Not applicable (I don't drink alcohol)

How often do you have drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or more

**In the last 6 months, have you sought help for stress, anxiety, depression or another mental health issue?**

- Yes → next question will appear

- No → skip next question
- Prefer not to say → skip next question

*Form which of the following sources have you sought help? (please select all that apply)*

- Doctor (e.g. GP)
- Psychiatrist
- Psychologist or counsellor
- Employee support program at my place of work
- Professional support program outside of work
- Telephone or text support line (e.g. Lifeline, Beyond Blue)
- Other, please specify \_\_\_\_\_

**Have you experienced any difficulty in accessing the resources and supports made available to you at your workplace?**

- Yes → next question will appear
- No → skip next question

**What reasons have made it difficult for you to access support services available at your workplace?**

- Lack of time
- concerns around confidentiality
- Not eligible
- Other – please specify

**In the last 6 months, have you done any of the following to help with stress, anxiety or low mood? (please select all that apply)**

- Maintained or increased exercise
- Practiced yoga, meditation, mindfulness or gratitude
- Used voice calls, video calls, or messaging to stay connected with friends and/or family
- Spent additional time on hobbies, or took up a new hobby
- Avoided or took breaks from the news
- Started a new prescription medication
- Taken up or increased smoking
- Used recreational drugs
- Other strategy, please specify \_\_\_\_\_
- Not applicable

#### **Part D: Care of patients with COVID-19**

This next group of questions asks about your interactions with patients with confirmed or suspected COVID-19 and your confidence and training in the use of personal protective equipment (PPE)

**In the last 6 months, have you interacted (in person) with patients with confirmed or suspected COVID-19 infection?**

- Yes, confirmed COVID-19 cases only
- Yes, suspected COVID-19 cases only
- Yes, both confirmed and suspected COVID-19 cases
- Not that I know of

**How confident are you that the Personal Protective Equipment (PPE) now available to you is adequate to protect you when managing patients with confirmed or suspected COVID-19?**

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

**Have you had formal fit testing\* for a N95 mask or equivalent? (Select all that apply)** \*Formal assessment of leakage around the face seal of a mask by using the user's sense of smell or an instrument to measure degree of leakage

- Yes, within the last 12 months due to the COVID-19 pandemic
- Yes, at another time not within the last 12 months
- No

### **Part E: Exposure to COVID-19**

This next group of questions asks about the degree to which you have personally been exposed to COVID-19.

**Have you EVER been tested for COVID-19?**

- Yes
- No → skip to 'have you ever been quarantined'

**For which of the following reasons did you get tested for COVID-19? (Select all that apply)**

- Symptoms
- Non-work related close contact
- Work-related close contact
- Visited a Tier 1 or Tier 2 exposure site
- Required by employer as part of screening protocol
- Other \_\_\_\_\_

**How many COVID-19 tests have you had since the start of the pandemic? (Drop down box)**

- 1 - 2
- 3 - 10
- 11 - 30
- 30 or more

**Have you ever tested positive for COVID-19?**

- Yes → continue to next question
- No → skip to 'have you ever been quarantined'

**In what month was your positive test? (Drop down box)**

- Jan-Mar 2020
- Apr-Jun 2020
- Jul-Sep 2020
- Oct-Dec 2020
- Jan-Mar 2021
- Apr-Jun 2021
- Jul-Sep 2021
- Oct-Dec 2021

**Were you hospitalised due to COVID-19?**

- Yes → continue to next question
- No → skip next two questions

**Were you admitted to the intensive care unit?**

- Yes
- No

**Has anyone in your household been diagnosed with COVID-19? (Select all that apply)**

- Yes, family member
- Yes, non-family, household member
- No
- I don't know

**Since the beginning of the pandemic, have you ever been required to isolate or furlough for a period of at least 7 days?**

- Yes → continue to next question
- No → skip next question

**How many times has this occurred?**

- 1
- 2
- 3
- 4
- 5+

**Since the beginning of the COVID-19 pandemic, how many days in total have you needed to take off work for any of the following reasons:**

*(Select all that apply)*



- COVID-19 testing / waiting for results
- Period of quarantine/furlough (work-related exposure)
- Period of quarantine/furlough (non-work-related exposure)
- Side effects related to COVID-19 vaccination
- Isolation due to COVID-19 infection
- Caring responsibilities for someone required to isolate/quarantine due to COVID-19
- Mental health impacts related to COVID-19 etc)

If any of the above reasons selected, display below question for each reason selected:

**Number of days:**

- 0 days
- 1-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- More than 30 days

**What type of leave did you take to cover missed days?**

- Personal/Sick leave
- Special COVID-19 paid leave
- Workers compensation
- Annual leave
- Long service leave
- Leave without pay
- Other leave type \_\_\_\_\_

**Since the beginning of pandemic, have you made a COVID-19 related workers' compensation claim?**

- Yes
- No

**For what reason did you apply for workers' compensation claim? (Select all that apply)**

- COVID-19 infection
- COVID-19 testing or isolation requirements
- Mental health impacts related to the virus
- side-effect related to a COVID-19 vaccine
- Other, please specify \_\_\_\_\_

**How many COVID-19 related workers' compensation claims have you made since the beginning of the pandemic**

- 1
- 2
- 3
- 4
- 5+

**In what month did you make your claim/s? (Select all that apply)**

*(Dropdown list Jan 2020 to Dec 2021)*

Currently, how would you rate your primary workplace's COVID-19 policies and procedures with respect to the following (5-point Likert scale):

	Excellent	Very good	Good	Fair	Poor	Unsure
Access to workplace psychological or mental health support						
Changes to the physical work environment to reduce exposure to potentially infected patients/clients						
Screening policies						
Visitor policies						
Leave policies						

**Part F: Experience of COVID-19**

This next group of questions ask about your personal experience of COVID-19

Please indicate the extent to which you agree with the following statements CURRENTLY:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Not applicable
I am worried about being exposed to COVID-19 at work						
I am worried that I may transmit COVID-19 to others, such as friends and family, because of my work						
I am worried that I would be vulnerable to serious complications if I contracted COVID-19						
I feel that my family or friends have avoided contact with me because I work in a 'high-risk' environment						

Since the start of the COVID-19 pandemic, how has your relationship with family, friends and work colleagues changed?

	For the better	For the worse	No change	N/A
Partner				
Children				
Other Family members (e.g. parents/siblings)				
Friends				

Work colleagues				
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**Have you been fully vaccinated\* against COVID-19?** \*Completed 2-dose COVID-19 vaccine series

- Yes → Continue to next question
- No → skip to Why have you not received a COVID-19 vaccine offered to you?

**Which vaccine did you receive?**

- Comirnaty (Pfizer)
- Vaxzevria (AstraZeneca)
- Spikevax (Moderna)
- More than one (I had a combination)

**If you were offered a free COVID-19 vaccine booster dose tomorrow, would you agree to have it?**

- Yes → skip to Part G
- No → Continue to next question

Displayed only if **No** to If you were offered a free COVID-19 vaccine booster dose tomorrow, would you agree to have it?

**Why would you choose not to have a COVID-19 vaccine booster dose, if it were offered to you tomorrow? (Select all that apply)**

- I am concerned about vaccine booster side effects
- I am not convinced that booster shots are necessary
- I would like to wait at least 6 months after my initial vaccine course
- I am concerned that there is not enough evidence/data available regarding the safety of COVID-19 vaccine booster shots
- Other, please specify

*Display below question only if answered No to have you been fully vaccinated against COVID-19?*

**What is/are your reason(s) for not taking a COVID-19 vaccine if it were offered to you tomorrow? (please select all that apply)**

- I am concerned about vaccine side effects
- I do not have time available from work to attend a vaccination site
- I am not convinced that the vaccine provides a high degree of protection against COVID-19 strains such as Delta variant etc.
- I am not worried about getting COVID-19 infection
- I believe vaccines may give you the disease they are designed to protect against
- I am awaiting my scheduled vaccination appointment
- Unable to be vaccinated because of a medical condition
- Other, please specify \_\_\_\_\_

## **Part G: Stress, anxiety and professional fulfilment**

This section asks a series of questions about your feelings, thoughts and experiences using well validated scales.

**Over the last TWO weeks, how often have you been bothered by any of the following problems?**

<i>Please answer all items</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead, or of hurting yourself in some way				

**Over the last TWO weeks, how often have you been bothered by any of the following problems?**

<i>Please answer all items</i>	Not at all	Several days	More than half the days	Nearly every day
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				

**Over the last TWO weeks, how has the COVID-19 pandemic impacted your everyday thinking?**

<i>Please answer all items</i>	Not at all	A little bit	Moderately	Quite a bit	Extremely
I thought about it when I didn't mean to					
Other things kept making me think about it					
I was aware that I still had a lot of feelings about it, but I didn't deal with them					
I tried not to think about it					
I felt watchful or on guard					
I had trouble concentrating					

**For each of the following statements, mark the box that most accurately reflects your response**

<i>Please answer all items</i>	Every day	A few times a week	Once a week	A few times a month	Once a month or less	A few times a year	Never	N/A
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I deal very effectively with the problems of my patients/residents

I feel I treat some patients/residents as if they were impersonal objects

I feel emotionally drained from my work

I feel fatigued when I get up in the morning and have to face another day on the job

I've become more callous towards people since I took this job

I feel I'm positively influencing other people's lives through my work

Working with people all day is really a strain for me

I don't really care what happens to some patients

I feel exhilarated after working closely with my patients/residents

**Part H: Wellbeing and resilience**

This section asks a series of questions about how satisfied you currently feel, and how well-equipped you feel to bounce back or recover from stress, using well-validated scales.

**The following questions ask how satisfied you feel, on a scale from zero 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 at all								Completely satisfied
0	1	2	3	4	5	6	7	8 9 10

**How satisfied are you with your standard of living?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**How satisfied are you with your health?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**How satisfied are you with your personal relationships?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**How satisfied are you with how safe you feel?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**How satisfied are you with feeling part of your community?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**How satisfied are you with your future security?**

No satisfaction at all  
0 1 2 3 4 5 6 7 8 9 10  
Completely satisfied

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**Please indicate the extent to which the following statements apply to you.**

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	0	1	2	3	4
I tend to bounce back after illness, injury, or other hardships	0	1	2	3	4

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

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

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

**Part H: Workplace response and supports**

Thank you for your valuable responses so far, in this final section we'd like to hear your opinions about your healthcare organisation's response to the COVID-19 pandemic and the resources and supports made available to you. Please answer these questions for the healthcare organisation where you mainly work.

**Please indicate the extent to which you agree with the following statements:**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Not applicable
My organisation has kept me informed about workplace changes in response to COVID-19						
My organisation cares about my welfare						
I feel comfortable to voice my concerns within my organisation						
My organisation responds to concerns raised by workers						
My organisation provides easy access to COVID-19 testing for staff						
There are services in place at my organisation to support my wellbeing and mental health (e.g. telephone support lines, wellness checks, apps)						

If I need to isolate or quarantine due to COVID-19, my organisation will provide me with paid leave

If I need to isolate or quarantine away from my family due to COVID-19, my organisation will help me access accommodation (e.g. via the Hotels for Heroes program)

**What resources or supports would you like to see policy makers and/or state government put into place to support healthcare and aged care workers during the COVID-19 pandemic and any future crisis events (up to 250 characters, use of dot points welcome)**

**What resources or supports would you like to see your organisation put into place to support you during the COVID-19 pandemic and any future crisis events? (up to 250 characters, use of dot points welcome)**

**Given the evolving nature of the COVID-19 pandemic and its impact on the Victorian healthcare workforce, we are planning to extend our study's data collection period. Please indicate if you're happy to be contacted via email for another survey next year:**

- Yes, I am happy to be contacted
- No, I do not wish to be contacted

Thank you for completing the COVIC-HA 6-month Follow-up survey

**Click here to complete the survey and submit your answers**

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*[The following information will appear once participants have completed the survey]*

Healthcare and aged care workers are facing extraordinary circumstances and pressure during the COVID-19 pandemic. It is understandable that you may be feeling afraid, worried, anxious and overwhelmed during these times.

If participating in this study causes you any discomfort or distress or has raised concerns about how you have been feeling, we encourage you to seek support. You can seek support from your GP, another trusted health professional, your workplace Employee Assistance Program, or any of the support services listed below.



**Lifeline** – <https://www.lifeline.org.au/>

Lifeline provides free around the clock crisis support and suicide prevention services. You can call them on 13 11 14 (available 24 hours a day), text them on 0477 13 11 14 (12pm to midnight AEST), or chat online via <https://www.lifeline.org.au/crisis-chat/> (from 7pm to midnight AEST).

**Beyond Blue** – <https://www.beyondblue.org.au/>

Beyond Blue provides free support for your mental wellbeing. Trained counsellors are available around the clock to provide counselling and useful information to help support your mental health and wellbeing. You can call the dedicated Coronavirus Mental Wellbeing Support Service on 1800 512 348 (available 24 hours a day) or chat online via <https://cmwssonline.beyondblue.org.au/> (24/7).

**Black Dog Institute** – <https://www.blackdoginstitute.org.au/>

The Black Dog Institute provides a range of resources for health professionals on their website:

<https://www.blackdoginstitute.org.au/resources-support/coronavirus-resources-for-anxiety-stress/coronavirus-resources-for-health-professionals/>

**DRS4DRS** – <https://www.drs4drs.com.au/>

DRS4DRS provide support and resources for doctors and medical students through a network of doctors' health advisory services across Australia. See <https://www.drs4drs.com.au/> for details.

**Nurse & Midwife Support** – <https://www.nmsupport.org.au/>

Nurse & Midwife support is a 24/7 national support service for nurses and midwives providing access to confidential advice and referral.

**Headspace** – <https://headspace.org.au/>

Headspace provides support for young people aged 12-25 years.

**Head to Health** – <https://headtohealth.gov.au/covid-19-support/covid-19>

Head to Health is an Australian Government initiative that provides access to trusted information and digital resources to help support your mental health and wellbeing during the COVID-19 pandemic.

## COVIC-HA Survey 3 – Mid-2022 (12-months Follow up survey)

The COVIC-HA study team invites you to complete this follow-up survey to understand how COVID-19 continues to impact you and how your workplace is supporting you. This survey lasts approximately 15 minutes. You are welcome to save your responses and return to the survey at a more convenient time. By completing this survey, you are helping us to track the ongoing impact of the COVID-19 pandemic on the physical and mental well-being of the Victorian healthcare workforce and inform improvements in support for workers state-wide. Your responses will be treated as confidential in compliance with [Australian Privacy Principles \(APPs\)](#)

All participants who complete this survey will have a chance at WINNING one of five \$50 digital gift cards.

### **Part A: About you**

This first group of questions asks about you and your home situation.

**Has your living situation changed since the last survey (Oct - Dec 2021)? (This includes a change in your home address, household members and/or caring responsibilities)**

- Yes → next set of questions will question
- No → skip to in the last 6 months, how much have the COVID-19 restrictions affected your daily life?

**What is your residential postcode?** (free text box)

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**Do you live (tick all that apply)**

- On your own → skip next two questions
- With your partner/spouse
- With dependent children (<18yrs → skip next two questions)
- With adult family members (e.g. mother, father, brother, sister, children ≥18yrs)
- With adult non-family members (house mates, friends)
- Other, please specify

**If other, please specify (free text box)**

**How many people, including yourself, currently live in your household?** (free text box)

**Do you live with other healthcare or aged care workers?**

- Yes
- No
- Unsure

**In the last 6 months, how much have the COVID-19 restrictions affected your daily life?**

No effect											Very large effect
0	1	2	3	4	5	6	7	8	9	10	

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**Since the beginning of the COVID-19 pandemic (early 2020), have you travelled overseas? (Check all that apply)**

- Yes – I travelled overseas on a personal trip → Skip next question
- Yes – I travelled overseas on a work-related trip → Skip next question
- No – I have not travelled overseas → next question will appear

**For what reason(s) have you not travelled overseas since the beginning of the COVID-19 pandemic? (check all that apply)**

- Concerns about COVID-19 infection risk (e.g. getting sick during travel)
- Concerns about border closures / becoming stranded overseas
- Financial considerations (e.g. costs related to travel, testing, quarantine etc.)
- Too much hassle (e.g. extra testing requirements, period of exclusion from work on return)
- Workload/staffing concerns (e.g. too busy, worried about staff shortages)
- Not particularly interested in overseas travel (e.g. no history of previous overseas travel, travelled infrequently pre-COVID-19)

**Are you planning to travel overseas in 2022?**

- Yes – I’m planning to travel overseas on a personal trip
- Yes – I’m planning to travel overseas on a work-related trip
- No – I’m not planning to travel overseas in 2022
- Unsure

**Please indicate the extent to which you agree with the following statements in relation to overseas trips that you may undertake in the FUTURE**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am more worried about getting sick during travel than I was before the COVID-19 pandemic					
I am more likely to seek pre-travel health advice in the future than I did before the COVID-19 pandemic					
I would not travel to a country if I were required to quarantine either upon arrival or on return					
I am less likely to travel overseas in the future compared to before the COVID-19 pandemic					

## **Part B: Your work situation**

This next group of questions asks about your work situation and background.

**Since the last survey (Oct - Dec 2021) has your work situation changed?** (This includes change in employer; change in main role or redeployment; or employment status e.g. part-time, full-time, casual)

- Yes → next question will appear
- No → Skip to **In the last 6 months, on average, have your paid working hours**

**In the last 6 months, have you worked in a health care setting (including hospital, aged care, primary care, ambulance)?**

- Yes → skip next question
- No → next question will appear

**For what reason have you not been working in a health care setting in the past 6 months? (checkbox)**

- *Caring responsibilities (e.g. for children, older adults, or others)*
- *Working in another industry*
- *Annual, long service, or carer's leave*
- *Health related – COVID-19 case*
- *Health related – COVID-19 close contact*
- *Health related – mental health condition*
- *Working from home*
- *I left my job in the healthcare sector*
- *I was made redundant*
- *Other reason, please specify*
- *Prefer not to say*

**Please select the MAIN setting in which you currently work**

- Hospital (inpatient and/or outpatient) → if this option is selected, next question will appear
- Primary care (e.g. general practice) → skip next question
- Aged care (e.g. residential aged care facility) → skip next two questions
- Ambulance service → skip next 2 questions
- None of the above

**Which hospital department do you work in?**

- *Emergency Department*
- *Intensive Care Unit*
- *Hospital in the Home*
- *Respiratory Medicine*
- *General Medicine*
- *Infectious Diseases*
- *Other Medical Specialty Area*
- *Anaesthetics/perioperative care*
- *Surgical specialty area*
- *Geriatric Medicine*

- *Palliative Care*
- *Residential Inreach*
- *Other, please specify \_\_\_\_\_*

**Which Primary care setting do you work in?**

- General practice
- GP respiratory clinic
- Community health centre
- Other – free text

**Please select the MAIN organisation that you currently work for:**

- Options not displayed

**Which [study site] do you primarily work at?**

- Options not displayed

**CURRENTLY, what is your employment status?**

- Full time
- Part time
- Casual
- Other

**In the last 6 months, on average, have your paid working hours:**

- Increased
- Decreased
- Stayed the same
- 

**In the last 6 months, has your household income altered?**

- Increased
- Decreased
- Stayed the same

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

- Yes
- No

**As a result of the COVID-19 pandemic, at any stage, have you considered leaving your role/profession?**

- Yes
- No

**In the last 6 months, have you been deployed to (sent into) a new area of work?**

- Yes
- No → skip next question

**How confident do/did you feel working in your new area?**

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

### **Part C: Your general health**

This next group of questions asks about your general health

**In the last 6 months, have you been drinking alcohol:**

- More than you used to
- Less than you used to
- About the same
- Not applicable (I don't drink alcohol)

**How often do you have a drink containing alcohol?**

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

**How many drinks containing alcohol do you have on a typical day when you are drinking?**

- 1 or 2
- 3 or 4
- 5 or more

**In the last 6 months, have you sought help for stress, anxiety, depression or another mental health issue?**

- Yes → next question will appear
- No → skip next question
- Prefer not to say → skip next question

*Form which of the following sources have you sought help? (please select all that apply)*

- Doctor (e.g. GP)
- Psychiatrist
- Psychologist or counsellor
- Employee support program at my place of work

- Professional support program outside of work
- Telephone or text support line (e.g. Lifeline, Beyond Blue)
- Other, please specify \_\_\_\_\_
- Not applicable

**Have you experienced any difficulty in accessing the resources and supports made available to you at your workplace?**

- Yes → next question will appear
- No → skip next question

**What reasons have made it difficult for you to access support services available at your workplace?**

- Lack of time
- concerns around confidentiality
- Not eligible
- Other – please specify

**In the last 6 months, have you done any of the following to help with stress, anxiety or low mood? (please select all that apply)**

- Maintained or increased exercise
- Practiced yoga, meditation, mindfulness or gratitude
- Used voice calls, video calls, or messaging to stay connected with friends and/or family
- Spent additional time on hobbies, or took up a new hobby
- Avoided or took breaks from the news
- Started a new prescription medication
- Taken up or increased smoking
- Used recreational drugs
- Other strategy, please specify \_\_\_\_\_
- Not applicable

### **Part D: Care of patients with COVID-19**

This next group of questions asks about your interactions with patients with confirmed or suspected COVID-19 and your confidence and training in the use of personal protective equipment (PPE)

**In the last 6 months, have you interacted (in person) with patients with confirmed or suspected COVID-19 infection?**

- Yes, confirmed COVID-19 cases only
- Yes, suspected COVID-19 cases only
- Yes, both confirmed and suspected COVID-19 cases
- Not that I know of

**How confident are you that the Personal Protective Equipment (PPE) now available to you is adequate to protect you when managing patients with confirmed or suspected COVID-19?**

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

**Have you had formal fit testing\* for a N95 mask or equivalent? (Select all that apply)** \*Formal assessment of leakage around the face seal of a mask by using the user's sense of smell or an instrument to measure degree of leakage

- Yes, Since the beginning of the COVID-19 pandemic
- Yes, prior to the beginning of the COVID-19 pandemic
- No

### **Part E: Experience of COVID-19**

This next group of questions asks about the degree to which you have personally been exposed to COVID-19.

**Have you ever tested positive for COVID-19?**

- Yes → continue to next question
- No → skip to 'have you ever been quarantined'

**In what month was your positive test? (Drop down box)**

- Jan-Mar 2020
- Apr-Jun 2020
- Jul-Sep 2020
- Oct-Dec 2020
- Jan-Mar 2021
- Apr-Jun 2021
- Jul-Sep 2021
- Oct-Dec 2021
- Jan-Mar 2022
- Apr-Jun 2022

**Which of the following statements best describes your experience of COVID-19? (Select one)**

- I never experienced symptoms related to COVID-19 (asymptomatic infection)
- I am still experiencing symptoms related to COVID-19 (ongoing symptoms)
- My symptoms have resolved and I have returned to work and/or normal daily activities (recovered)

**How long did you experience / have you been experiencing COVID-19 related symptoms for? (Select one)**

- Less than 4 weeks → skip next question



- Between 4-12 weeks → proceed to next question
- >12 weeks → proceed to next question

**Which of the following symptoms have you experienced / are you experiencing (select all that apply):**

- Tiredness or fatigue
- Respiratory symptoms, including shortness of breath, difficulty breathing or cough
- Gastrointestinal symptoms, such as diarrhoea, loss of appetite, nausea or reflux
- Difficulty thinking or concentrating (sometimes referred to as 'brain fog') or memory issues
- Headache
- Mood changes
- Sleep issues (e.g. trouble sleeping, night sweats, vivid dreams)
- Joint or muscle pain
- Fast beating or pounding heart (heart palpitations)
- Change in smell or taste
- Other, please specify:

**Were you hospitalised due to COVID-19?**

- Yes → continue to next question
- No → skip next question

**Were you admitted to the intensive care unit?**

- Yes
- No

**Has anyone in your household been diagnosed with COVID-19? (Select all that apply)**

- Yes, family member
- Yes, non-family, household member
- No
- I don't know

**In the last 6 months, have you ever been required to isolate or furlough for a period of at least 7 days?**

- Yes → continue to next question
- No → skip next question

**How many times has this occurred?**

- 1
- 2
- 3
- 4
- 5+

**In the last 6 months, how many days in total have you needed to take off work for any of the following reasons:**

*(Select all that apply)*

- COVID-19 testing / waiting for results
- Period of quarantine/furlough (work-related exposure)
- Period of quarantine/furlough (non-work-related exposure)
- Side effects related to COVID-19 vaccination
- Isolation due to COVID-19 infection
- Caring responsibilities for someone required to isolate/quarantine due to COVID-19
- Mental health impacts related to COVID-19 etc)

**If any of the above reasons selected, display below question for each reason selected:**

**Number of days:**

- 0 days
- 1-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- More than 30 days

**What type of leave did you take to cover missed days?**

- Personal/Sick leave
- Special COVID-19 paid leave
- Workers compensation
- Annual leave
- Long service leave
- Leave without pay
- Other leave type\_\_\_\_\_

**Since the beginning of pandemic, have you made a COVID-19 related workers' compensation claim?**

- Yes
- No → Skip to "Currently, how would you rate your primary workplace's COVID-19 policies..."

**For what reason did you apply for workers' compensation claim? (Select all that apply)**

- COVID-19 infection
- COVID-19 testing or isolation requirements
- Mental health impacts related to the virus
- side-effect related to a COVID-19 vaccine
- Other, please specify\_\_\_\_\_

**How many COVID-19 related workers' compensation claims have you made since the beginning of the pandemic**

- 1
- 2
- 3
- 4
- 5+

**In what month did you make your claim/s? (Select all that apply)**

*(Dropdown list Jan 2020 to current date)*

**Currently, how would you rate your primary workplace's COVID-19 policies and procedures with respect to the following (5-point Likert scale):**

	Excellent	Very good	Good	Fair	Poor	Unsure
Access to workplace psychological or mental health support						
Changes to the physical work environment to reduce exposure to potentially infected patients/clients						
Screening policies						
Visitor policies						
Leave policies						

**Part F: Experience of COVID-19**

This next group of questions ask about your personal experience of COVID-19

**Please indicate the extent to which you agree with the following statements CURRENTLY:**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Not applicable
I am worried about being exposed to COVID-19 at work						
I am worried that I may transmit COVID-19 to others, such as friends and family, because of my work						
I am worried that I would be vulnerable to serious complications if I contracted COVID-19						
I feel that my family or friends have avoided contact with me because I work in a 'high-risk' environment						

**In the last 6 months, how has your relationship with family, friends and work colleagues changed?**

	For the better	For the worse	No change	N/A
Partner				
Children				

Other Family members (e.g. parents/siblings)				
Friends				
Work colleagues				

**Are you up to date on your COVID-19 vaccination series?**

- Yes
- No

**How many doses of any COVID-19 vaccine have you received?**

- 1
- 2
- 3
- 4 or more

**Part G: Stress, anxiety and professional fulfilment**

This section asks a series of questions about your feelings, thoughts and experiences using well validated scales.

**Over the last TWO weeks, how often have you been bothered by any of the following problems?**

<i>Please answer all items</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual				

Thoughts that you would be better off dead, or of hurting yourself in some way				
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**Over the last TWO weeks, how often have you been bothered by any of the following problems?**

<i>Please answer all items</i>	Not at all	Several days	More than half the days	Nearly every day
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				

**Over the last TWO weeks, how has the COVID-19 pandemic impacted your everyday thinking?**

<i>Please answer all items</i>	Not at all	A little bit	Moderately	Quite a bit	Extremely
I thought about it when I didn't mean to					
Other things kept making me think about it					
I was aware that I still had a lot of feelings about it, but I didn't deal with them					
I tried not to think about it					
I felt watchful or on guard					
I had trouble concentrating					

**For each of the following statements, mark the box that most accurately reflects your response**

<i>Please answer all items</i>	Every day	A few times a week	Once a week	A few times a month	Once a month or less	A few times a year	Never	N/A
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I deal very effectively with the problems of my patients/residents

I feel I treat some patients/residents as if they were impersonal objects

I feel emotionally drained from my work

I feel fatigued when I get up in the morning and have to face another day on the job

I've become more callous  
towards people since I took  
this job

I feel I'm positively influencing  
other people's lives through  
my work

Working with people all day is  
really a strain for me

I don't really care what  
happens to some patients

I feel exhilarated after working  
closely with my  
patients/residents

### **Part H: Wellbeing and resilience**

This section asks a series of questions about how satisfied you currently feel, and how well-equipped you feel to bounce back or recover from stress, using well-validated scales.

**The following questions ask how satisfied you feel, on a scale from zero 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 at all  
0      1      2      3      4      5      6      7      8      9      10  
Completely satisfied

---

**How satisfied are you with your standard of living?**

No satisfaction at all  
0      1      2      3      4      5      6      7      8      9      10  
Completely satisfied

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**How satisfied are you with your health?**

No satisfaction at all  
0      1      2      3      4      5      6      7      8      9      10  
Completely satisfied

---

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

No satisfaction at all  
0      1      2      3      4      5      6      7      8      9      10  
Completely satisfied

---

**How satisfied are you with your personal relationships?**

No satisfaction at all Completely satisfied  
0 1 2 3 4 5 6 7 8 9 10

---

**How satisfied are you with how safe you feel?**

No satisfaction at all Completely satisfied  
0 1 2 3 4 5 6 7 8 9 10

---

**How satisfied are you with feeling part of your community?**

No satisfaction at all Completely satisfied  
0 1 2 3 4 5 6 7 8 9 10

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**How satisfied are you with your future security?**

No satisfaction at all Completely satisfied  
0 1 2 3 4 5 6 7 8 9 10

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**Please indicate the extent to which the following statements apply to you.**

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	0	1	2	3	4
I tend to bounce back after illness, injury, or other hardships	0	1	2	3	4

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

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

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

## **Part H: Workplace response and supports**

Thank you for your valuable responses so far, in this final section we'd like to hear your opinions about your healthcare organisation's response to the COVID-19 pandemic and the resources and supports made available to you. Please answer these questions for the healthcare organisation where you mainly work.

**Please indicate the extent to which you agree with the following statements:**

	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Neither agree nor disagree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>	<b>Not applicable</b>
My organisation has kept me informed about workplace changes in response to COVID-19						
My organisation cares about my welfare						
I feel comfortable to voice my concerns within my organisation						
My organisation responds to concerns raised by workers						
My organisation provides easy access to COVID-19 testing for staff						
There are services in place at my organisation to support my wellbeing and mental health (e.g. telephone support lines, wellness checks, apps)						
If I need to isolate or quarantine due to COVID-19, my organisation will provide me with paid leave						
If I need to isolate or quarantine away from my family due to COVID-19, my organisation will help me access accommodation (e.g. via the Hotels for Heroes program)						

**What resources or supports would you like to see policy makers and/or state government put into place to support healthcare and aged care workers during the COVID-19 pandemic and any future crisis events (up to 250 characters, use of dot points welcome)**



**What resources or supports would you like to see your organisation put into place to support you during the COVID-19 pandemic and any future crisis events? (up to 250 characters, use of dot points welcome)**

**Given the evolving nature of the COVID-19 pandemic and its impact on the Victorian healthcare workforce, we are planning to extend our study's data collection period. Please indicate if you're happy to be contacted via email for another survey next year:**

- Yes, I am happy to be contacted
- No, I do not wish to be contacted

Thank you for completing the COVIC-HA 6-month Follow-up survey

**Click here to complete the survey and submit your answers**

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*[The following information will appear once participants have completed the survey]*

Healthcare and aged care workers are facing extraordinary circumstances and pressure during the COVID-19 pandemic. It is understandable that you may be feeling afraid, worried, anxious and overwhelmed during these times.

If participating in this study causes you any discomfort or distress or has raised concerns about how you have been feeling, we encourage you to seek support. You can seek support from your GP, another trusted health professional, your workplace Employee Assistance Program, or any of the support services listed below.

**Lifeline** – <https://www.lifeline.org.au/>

Lifeline provides free around the clock crisis support and suicide prevention services. You can call them on 13 11 14 (available 24 hours a day), text them on 0477 13 11 14 (12pm to midnight AEST), or chat online via <https://www.lifeline.org.au/crisis-chat/> (from 7pm to midnight AEST).

**Beyond Blue** – <https://www.beyondblue.org.au/>

Beyond Blue provides free support for your mental wellbeing. Trained counsellors are available around the clock to provide counselling and useful information to help support your mental health and wellbeing. You can call the dedicated Coronavirus Mental Wellbeing Support Service on 1800 512 348 (available 24 hours a day) or chat online via <https://cmwssonline.beyondblue.org.au/> (24/7).

**Black Dog Institute** – <https://www.blackdoginstitute.org.au/>

The Black Dog Institute provides a range of resources for health professionals on their website:

<https://www.blackdoginstitute.org.au/resources-support/coronavirus-resources-for-anxiety-stress/coronavirus-resources-for-health-professionals/>

**DRS4DRS** – <https://www.drs4drs.com.au/>

DRS4DRS provide support and resources for doctors and medical students through a network of doctors' health advisory services across Australia. See <https://www.drs4drs.com.au/> for details.

**Nurse & Midwife Support** – <https://www.nmsupport.org.au/>

Nurse & Midwife support is a 24/7 national support service for nurses and midwives providing access to confidential advice and referral.

**Headspace** – <https://headspace.org.au/>

Headspace provides support for young people aged 12-25 years.

**Head to Health** – <https://headtohealth.gov.au/covid-19-support/covid-19>

Head to Health is an Australian Government initiative that provides access to trusted information and digital resources to help support your mental health and wellbeing during the COVID-19 pandemic.