

SLEEP_Baseline

Start of Block: Consent

Study - SLEEP: Supporting employees with insomnia and Emotion regulation Problems
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I confirm that I have read and understand the information sheet (SLEEP v1.7 7/07/21) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- Yes (1)
- No (2)
-

I confirm that I meet ALL the eligibility criteria of this study: English speaking; 18 years or above; Not retiring in the next 10 months; Currently not receiving treatment (psychological or medication) from mental health services; Currently not taking part in other psychological intervention trials; Not pregnant; No current substance abuse/misuse problems; No diagnosis of epilepsy, neurological diseases, psychosis, bipolar disorder, or any other circadian rhythm and sleep disorders (e.g. sleep apnea); Not in shift work.

- Yes (1)
- No (2)
-

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment being affected.

Yes (1)

No (2)

I understand that data collected during the study, may be looked at by individuals from University of Warwick. I give permission for these individuals to have access to my data.

Yes (1)

No (2)

Would you like to be contacted to participate in a qualitative interview to understand how we can improve the intervention further

Yes (1)

No (2)

I am happy for my anonymised data to be used in future research.

Yes (1)

No (2)

I agree to take part in the above study.

Yes (1)

No (2)

End of Block: Consent

Start of Block: Demographics


Thank you for consenting to take part in the SLEEP trial. This study will last for 8 weeks. You will have access to an online e-learning platform, and will receive four online therapy sessions. You will receive further information on how to access these in due course. For us to evaluate how well this intervention improves your sleep and wellbeing, we ask you next to complete a set of questionnaires. This will take approximately 45 minutes. Please read each question carefully before responding and feel free to take breaks where you need. If you do feel you need to take a break, please do not close the survey.

If you have any questions, please contact us at wmg-sleep@warwick.ac.uk

Page Break

How old are you?

0 10 20 30 40 50 60 70 80 90 100

Age in years ()	
-----------------	--

JS

What gender do you identify as?

- Female (1)
- Male (2)
- Non-binary (3)
- Other (please specify) (4) _____
- Prefer not to specify (5)

JS 

What is your ethnicity? (1 of 2)

- White... (1)
- Mixed / Multiple ethnic groups... (2)
- Asian or Asian British... (3)
- Black or Black British... (4)
- Mixed (5)
- Hispanic/Latino (6)
- Other (please specify) (7)

Page Break

Display This Question:

If What is your ethnicity? (1 of 2) = White...

What is your ethnicity? (2 of 2)

- English / Welsh / Scottish / Northern Irish / British (1)
 - Irish (2)
 - Gypsy or Irish Traveller (3)
 - Any other White background (please describe if you wish) (4)
-

Display This Question:

If What is your ethnicity? (1 of 2) = Mixed

What is your ethnicity? (2 of 2)

- White and Black Caribbean (1)
 - White and Black African (2)
 - White and Asian (3)
 - Any other Mixed / Multiple ethnic background (please describe if you wish) (4)
-

Display This Question:

If What is your ethnicity? (1 of 2) = Asian or Asian British...

What is your ethnicity? (2 of 2)

- Indian (1)
 - Pakistani (5)
 - Bangladeshi (6)
 - Chinese (7)
 - Any other Asian background (please describe if you wish) (8)
-

Display This Question:

If What is your ethnicity? (1 of 2) = Black or Black British...


What is your ethnicity? (2 of 2)

- African (1)
 - Caribbean (4)
 - Any other Black / African / Caribbean background (please describe if you wish) (5)
-

Page Break

How many hours do you work per week?

0 5 10 15 20 25 30 35 40 45 50

Number of hours ()	
--------------------	--

Information about income is very important to understand. Would you please give your best guess? Please indicate the answer that includes your entire household income in (previous year) before taxes.

- £10,000 to £29,999 (1)
- £30,000 to £49,999 (2)
- £50,000 to £69,999 (3)
- £70,000 to £89,999 (4)
- £90,000 to £109,999 (5)
- £110,000 to £149,999 (6)
- £150,000 or more (7)

JS

How would you describe your current relationship status?

- Single (1)
 - Cohabiting (2)
 - Married (3)
 - Separated (4)
 - Divorced (5)
 - Widowed (6)
 - Other (please specify) (7) _____
-

Who do you live with?

- I live by myself (1)
 - I live with flatmates (2)
 - I live with my partner (3)
 - I live with my parents/carers (4)
 - I live with other family members (6)
-

JS

What is your highest educational qualification?

- No formal qualification (1)
 - Primary (2)
 - Secondary (e.g., GCSE, O-levels, GNVQ) (3)
 - Diploma (or professional qualification) (4)
 - Bachelor's degree (5)
 - Master's degree (6)
 - Doctorate degree (7)
 - Other (please specify) (8) _____
-

JS

In the last 8 weeks, to the best of your recollection, how much sick leave have you taken?

- I have taken (1) _____
 - I have not taken any sick leave (2)
 - I would prefer not to answer this question (3)
-

Are you currently using any self-help resources?

This includes but is not limited to self help books, apps and websites

- Yes (1)
 - No (2)
-

Since completing the screening questionnaire of this study, did you start receiving treatment from mental health services?

Yes (1)

No (2)

End of Block: Demographics

Start of Block: Contact

Page Break

As part of this study we need to request some further personal information for us to contact you during this study.



What is your phone number?

What is your residential address?



Please can you provide your postcode (Please type letters in capitals and include the space e.g CV32 7JA)

End of Block: Contact

Start of Block: Availability

As part of the SLEEP intervention, you will receive four online therapy sessions with a trained therapist who will support you throughout the study. These sessions will last around 40 minutes and will be conducted online using Microsoft Teams. You will receive a link for these audio/video calls shortly. To help us organise these sessions and fit around your schedule, we would appreciate if you could answer the following questions to provide some information on your general availability.

What time and days would suit you best?

We understand that your availability may change during the study. This is to try and work around you as much as possible.

If you need to speak to someone then please contact us at: wmg-sleep@warwick.ac.uk

	AM (1)	PM (2)
Monday (1)	<input type="radio"/>	<input type="radio"/>
Tuesday (2)	<input type="radio"/>	<input type="radio"/>
Wednesday (3)	<input type="radio"/>	<input type="radio"/>
Thursday (4)	<input type="radio"/>	<input type="radio"/>
Friday (5)	<input type="radio"/>	<input type="radio"/>

End of Block: Availability

Start of Block: COVID_19

Page Break

As part of our research, we are interested in your experiences with COVID-19 and how this has impacted your life. Please read each question carefully and select the most appropriate response for you.

How worried are you about contracting COVID-19?

- Not worried at all (1)
 - Slightly worried (2)
 - Moderately worried (3)
 - Very worried (4)
 - Extremely worried (5)
-

In which category are you considered to be in regard to COVID-19 according to the NHS and UK Government guidelines of England?

- Clinically extremely vulnerable (1)
 - Clinically vulnerable (2)
 - Low risk (3)
-

Since the start of the pandemic, have you tested positive for COVID-19?

- Yes (1)
 - No (2)
-

Display This Question:

If Since the start of the pandemic, have you tested positive for COVID-19? = Yes

Have you required hospitalised treatment for COVID-19?

- Yes (1)
- No (2)

Display This Question:

If Since the start of the pandemic, have you tested positive for COVID-19? = No

Do you suspect that you may have had COVID-19 due to presenting with symptoms?
(temperature/fever, new persistent cough, loss of smell & taste)

- Definitely (1)
- Probably (2)
- Unsure (3)
- No (4)

Display This Question:

If Since the start of the pandemic, have you tested positive for COVID-19? = Yes

For some people, coronavirus can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID". Have you

experienced any of the following long COVID symptoms 12 weeks after initial infection? (Check all that apply)

- No (I feel fully recovered) (1)
 - Extreme tiredness (fatigue) (2)
 - Shortness of breath (3)
 - Chest pain or tightness (4)
 - Problems with memory and concentration ("brain fog") (5)
 - Difficulty sleeping (insomnia) (6)
 - Heart palpitations (7)
 - Dizziness (8)
 - Pins and needles (9)
 - Joint pain (10)
 - Depression and anxiety (11)
 - Tinnitus, earaches (12)
 - Feeling sick, diarrhoea, stomach aches, loss of appetite (13)
 - A high temperature, cough, headaches, sore throat, changes to sense of smell or taste (14)
 - Rashes (15)
-

Since the start of the pandemic, have any people you know tested positive for COVID-19?
(Choose all that apply)

- Immediate family members (1)
 - Extended family members (2)
 - Neighbours (3)
 - Friends (4)
 - Colleagues (5)
 - No one I know has tested positive (6)
-

Since the start of the pandemic, have you been asked to stop working temporarily under the government “furlough” scheme?

- No (1)
 - Yes, I am currently on furlough (2)
 - Yes, I will soon be on furlough (3)
 - Yes, but have since returned to work (full time or part time) (4)
-

As a result of colleagues being placed on furlough, do you think your workload will/has:

- Increase (d) (1)
- Decrease (d) (2)
- Stay (ed) the same (3)
- Can't say yet (4)
- N/A, as no one I work with has been furloughed (5)
- N/A, as I am currently been furloughed (6)

Page Break

In light of the COVID-19 pandemic, what changes had been made within your organisation that have impacted you? (Tick all that apply)

- Hours of work (1)
- Pay cut (2)
- Working remotely (3)
- Not applicable (4)

Display This Question:

If In light of the COVID-19 pandemic, what changes had been made within your organisation that have... = Working remotely

Have you experienced any ongoing challenges in working remotely? (Tick all that apply)

- Technical difficulties (e.g. with internet, computers, access to workplace data storage) (1)
- Practical difficulties (no separate/private area from which to work) (2)
- Balancing work with caregiving/parenting responsibilities (3)
- Motivational difficulties (4)
- Other (please specify) (5)
- No challenges experienced (6)

Display This Question:

If In light of the COVID-19 pandemic, what changes had been made within your organisation that have... = Working remotely

How comfortable do you feel returning back to work and having the appropriate support from your organisation? (e.g. Covid-19 risk assessment)?

- Not comfortable at all (1)
- Slightly comfortable (2)
- Moderately comfortable (3)
- Very comfortable (4)
- Extremely comfortable (5)

Display This Question:

If In light of the COVID-19 pandemic, what changes had been made within your organisation that have... = Working remotely

How have these issues affected your ability to work?

- (Negative impact) -3 (1)
 - 2 (2)
 - 1 (3)
 - 0 (4)
 - 1 (5)
 - 2 (6)
 - (Positive Impact) 3 (7)
-

Have you experienced any of the following due to COVID-19? (Tick all that apply)
We understand this question may trigger distress and undesirable memories or thoughts. If so, please speak to a friend or family member or seek professional support (e.g. GP).

- Lost your job/unable to earn money (1)
 - Another bill payer in your household lost their job or is/was unable to earn money (2)
 - Unable to pay bills (3)
 - Had difficulties accessing sufficient food (4)
 - Evicted / lost accommodation (5)
 - Had difficulties accessing required medication (6)
 - Somebody close to you in hospital (7)
 - Somebody close to you died (we are very sorry for your loss. We realise answering this question might make you uncomfortable or trigger unsettling feelings. If you feel you need to speak to someone or require support, please refer to this NHS resource) (8)
 - Difficulties with family or social relationships (9)
 - If you're a parent/carer, concerns about your child's/children's well-being and/or education (10)
 - Having to change or delay major life plans or events (11)
 - Not applicable (12)
-

How comfortable do you feel raising COVID-19 related issues with your organisation (e.g. line manager, human resources)?

- Not comfortable at all (1)
 - Slightly comfortable (2)
 - Moderately comfortable (3)
 - Very comfortable (4)
 - Extremely comfortable (5)
-

Have you had at least one dose of a COVID-19 vaccine (as part of the national roll-out or a research trial)

- Yes (1)
 - No (2)
-

Display This Question:

*If Have you had at least one dose of a COVID-19 vaccine (as part of the national roll-out or a resea...
= Yes*

Have you experienced any of the following symptoms as a result of having the vaccine? (Tick all that apply)

- Headaches (1)
- Feeling tired (2)
- Feeling achy (3)
- Soreness, redness and swelling at the site of the vaccination (4)
- Mild or high fever (5)
- Feeling or being sick (6)
- Allergic reaction (7)
- I did not have any symptoms (8)

Display This Question:

*If Have you had at least one dose of a COVID-19 vaccine (as part of the national roll-out or a resea...
= Yes*



When did you receive your first dose? (please enter date as DD/MM/YYYY)

Display This Question:

*If Have you had at least one dose of a COVID-19 vaccine (as part of the national roll-out or a resea...
= Yes*

Have you received a second dose of a COVID-19 vaccine?

- Yes (1)
- No (2)

Display This Question:

If Have you received a second dose of a COVID-19 vaccine? = Yes



When did you receive your second dose? (please enter date as DD/MM/YYYY)

What would you say is your one biggest concern or problem encountered, since the start of the pandemic?

Page Break

Did you receive any help overcoming the concern/problem outlined above and if yes, what has been helpful or unhelpful? If no, what kind of help do you think you need right now?

End of Block: COVID_19

Start of Block: WPAI_GH

The following questions ask about the effect of your health problems on your ability to work and perform regular activities. By health problems we mean any physical or emotional problem or symptom. Please fill in the blanks or indicate your response.

Are you currently employed (working for pay)?

Yes (1)

No (2)

Skip To: Q6.7 If Are you currently employed (working for pay)? = No

The next questions are about the **past seven days**, not including today.



During the past seven days, how many hours did you miss from work because of your health problems? Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems. *Do not include time you missed to participate in this study.*



During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?



During the past seven days, how many hours did you actually work?

During the past seven days, how much did your health problems affect your productivity while you were working? *Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.* Consider only how much health problems affected productivity while you were working.

No effect on my work

Completely prevented me from working

0 1 2 3 4 5 6 7 8 9 10

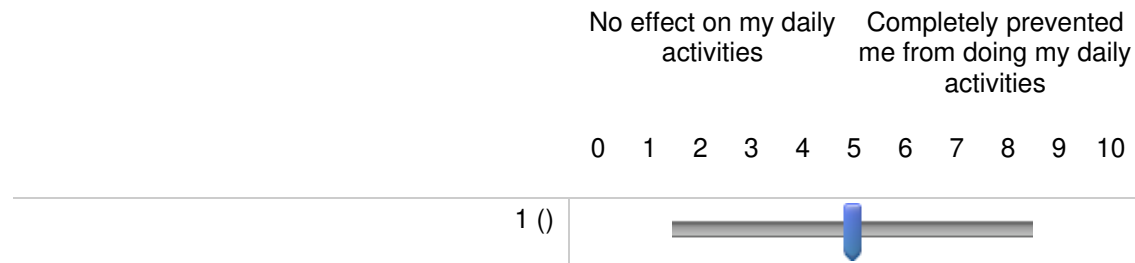
1 ()



During the past seven days, how much did your health problems affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

Consider only how much health problems affected your ability to do your regular daily activities, other than work at a job.



End of Block: WPAI_GH

Start of Block: IJSS

As part of our research, we are interested in the amount of job satisfaction with respect to your current role. This questionnaire is a valid and reliable measure of job satisfaction. Please read each statement carefully and tell us how much you agree with each statement.

There are no incorrect answers and none of the information you provide will be shared with your employer.

I feel good about this job

- Strongly agree (1)
- Somewhat agree (2)
- Somewhat disagree (3)
- Strongly disagree (4)

This job is worthwhile

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

The working conditions are good

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I want to quit this job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

This job is boring

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I am happy with the amount this job pays

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

The vacation time and other benefits on this job are okay

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I need more money than this job pays

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

This job does not provide the medical coverage I need

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
 - Not Applicable (5)
-

I have a fairly good chance for promotion in this job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

This is a dead-end job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I feel that there is a good chance of my losing this job in the future

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My supervisor is fair

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My supervisor is hard to please

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My supervisor praises me when I do my job well

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My supervisor is difficult to get along with

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My supervisor recognizes my efforts

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My coworkers are easy to get along with

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My coworkers are lazy

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My coworkers are unpleasant

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My coworkers don't like me

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My coworkers help me to like this job more

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I have a coworker I can rely on

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I have a coworker I consider a friend

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I look forward to coming to work

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I often feel tense on the job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I don't know what's expected of me on this job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I feel physically worn out at the end of the day

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

Working makes me feel like I'm needed

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

My job keeps me busy

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I get to do a lot of different things on my job

- Strongly agree (1)
 - Somewhat agree (2)
 - Somewhat disagree (3)
 - Strongly disagree (4)
-

I am satisfied with my schedule

- Strongly agree (1)
- Somewhat agree (2)
- Somewhat disagree (3)
- Strongly disagree (4)

End of Block: IJSS

Start of Block: WEMWBS

Page Break

Below are some statements about feelings and thoughts.

Please select the option that best describes your experience of each over the last 2 weeks

I've been feeling optimistic about the future

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling useful

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling relaxed

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling interested in other people

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've had energy to spare

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been dealing with problems well

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been thinking clearly

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling good about myself

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling close to other people

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling confident

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been able to make up my own mind about things

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling loved

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been interested in new things

- None of the time (1)
 - Rarely (2)
 - Some of the time (3)
 - Often (4)
 - All of the time (5)
-

I've been feeling cheerful

- None of the time (1)
- Rarely (2)
- Some of the time (3)
- Often (4)
- All of the time (5)

End of Block: WEMWBS

Start of Block: Medication_checklist

We would like to know what medication (prescriptions and/or over the counter) you use, what dose and for what condition. Medications are tablets or capsules, but could also be (eye) drops, sprays, creams, drinks, inhaler puffs, suppositories etc. Prescription medications are ones that a

doctor prescribes. Over the counter medication are ones that you can purchase yourself without a prescription such as ibuprofen, vitamins, herbal remedies etc.

	Name of medication (1)	Dosage (mg/g/ml) (2)	How often do you take this medication (per day / week/ as needed) (3)	How much do you take per time (e.g. 2 tablets) (4)	What is this medication for? (5)	How long have you been using it for? (6)	Additional comments (7)
1. (1)							
2. (2)							
3 (6)							
4 (7)							
5 (8)							
6 (9)							
7 (10)							

End of Block: Medication_checklist

Start of Block: ISI

Page Break

For each question, please select the option that best describes your answer. Please rate the current (i.e. last 2 weeks) severity of your sleep problem(s).

Difficulty falling asleep

- None (1)
 - Mild (2)
 - Moderate (3)
 - Severe (4)
 - Very Severe (5)
-

Difficulty staying asleep

- None (1)
 - Mild (2)
 - Moderate (3)
 - Severe (4)
 - Very Severe (5)
-

Problems waking up too early in the morning

- None (1)
 - Mild (2)
 - Moderate (3)
 - Severe (4)
 - Very Severe (5)
-

How SATISFIED/DISSATISFIED are you with your current sleep pattern?

- Very Satisfied (1)
 - Satisfied (2)
 - Moderately Satisfied (3)
 - Dissatisfied (4)
 - Very Dissatisfied (5)
-

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

- Not at all Noticeable (1)
 - A little (2)
 - Somewhat (3)
 - Much (4)
 - Very Much (5)
-

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.)?

- Not at all Interfering (1)
 - A little (2)
 - Somewhat (3)
 - Much (4)
 - Very Much Interfering (5)
-

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

- Not at all Worried (1)
 - A little (2)
 - Somewhat (3)
 - Much (4)
 - Very Much Worried (5)
-

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End of Block: ISI

Start of Block: GAD7

Page Break

Over the next series of questions we will assess your mood and sleep. Please answer the questions as accurately as possible and remember there are no correct answers.

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

Feeling nervous, anxious or on edge?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Not being able to stop or control worrying?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Worrying too much about different things?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Trouble relaxing?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Being so restless that it is hard to sit still?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Becoming easily annoyed or irritable?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Feeling afraid as if something awful might happen?

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly everyday (4)

End of Block: GAD7

Start of Block: PHQ9

Page Break

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

Little interest or pleasure in doing things?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Feeling down, depressed, or hopeless?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Trouble falling or staying asleep, or sleeping too much?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Feeling tired or having little energy?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Poor appetite or overeating?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Feeling bad about yourself - or that you are a failure or have let yourself or your family down?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

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?

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly everyday (4)
-

Thoughts that you would be better off dead, or of hurting yourself in some way?

- Not at all (1)
- Several days (2)
- More than half the days (3)
- Nearly everyday (4)

End of Block: PHQ9

Start of Block: disclaimer



The responses you provided indicate that you might be having difficulties with your mental health. This year has been really tough for many of us, especially when we are unable to do

the usual things that bring us joy like seeing friends and family. We strongly advise you to contact your GP or self-refer yourself to an NHS psychological therapies service (IAPT). To get in touch with IAPT please follow this link: <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>. The intervention programme should not be used as an alternative for seeking diagnosis and treatment from a professional. While you wait for an appointment, you can access expert advice and practical tips on the Every Mind Matters website. We have in addition put together resources below which you may find useful to look after your mental health. The Mind charity has produced information on how to take care of your wellbeing during the pandemic including advice for coping in the winter which you might find helpful. Mind Infoline: Call: 0300 123 3393
Email: info@mind.org.uk
Website: <https://www.mind.org.uk/workplace/> Lines are open 9am to 6pm, Monday to Friday (except for bank holidays). Samaritans
Call: 116 123
Email: jo@samaritans.org Website: <https://www.samaritans.org/>
For a listening ear or just someone to talk to the Samaritans are open 24 hours a day. If you need mental health information and the above helplines are closed then please visit Mind's Mental health A-Z resource or contact NHS 111. NHS The NHS also has their own set of resources, this includes a website which provides access to other sources of information: <https://www.england.nhs.uk/mental-health/resources/> If you have any questions or would like more information, please contact the research team at wmg-sleep@warwick.ac.uk Please confirm that you understand these requests. This does not impact your ability to take part in these studies in any way.

- I understand the request to contact my GP (4)
- I understand the request to contact IAPT (5)

End of Block: disclaimer
