



## **Wales Covid-19 Wellbeing Survey 2**

If you would like to send your survey back by email, please complete it and then send it back to:

[survey@wales-wellbeing.co.uk](mailto:survey@wales-wellbeing.co.uk)

If you would like to send a paper copy of the survey back, when completed, please post to:

**Prof. Nicola Gray**

**PO BOX 5207,**

**Cardiff**

**CF5 9BR**

**WALES COVID-19 WELLBEING SURVEY 2**  
**PARTICIPANT INFORMATION SHEET**  
VERSION 2.0 12.12.2020

We at Swansea University in collaboration with the NHS in Wales would like to thank you for considering taking part in this survey.

This survey is trying to help the NHS in Wales understand how the Covid-19 pandemic has affected the mental health and wellbeing of the Welsh population. Taking part in this survey is voluntary and you can withdraw from the survey at any point if you wish to. All identifiable participant data recorded in this survey will be anonymised.

In this survey, we will ask you to provide some information about yourself (e.g. age, gender) and to answer questions about how you have been feeling recently. There will be some questions asking about the current difficulties or worries that you may be experiencing. There will also be some questions asking about your personality, your attitudes towards the Covid-19 pandemic and how you feel about the future. We will ask a few questions about recent suicidal thoughts and behaviours and to finish, we will ask whether there have been any aspects of the pandemic that you have enjoyed.

You do not have to answer any question that you do not want to. There are 'prefer not to say' options for all questions or you can simply decide to skip questions that you do not want to answer. This survey should take roughly 15 minutes to complete. This research has been approved by the Swansea University College of Human and Health Sciences Research Ethics Committee.

If you have further questions about this study, please contact us:  
Wales Covid-19 Wellbeing Survey  
Department of Psychology  
Swansea University  
Support@Wales-Wellbeing.co.uk

**GDPR Information**

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the research team. Please note that the data we will collect for our study will be made anonymous at the start of the research, thus it will not be possible to identify and remove your data at a later date, should you decide to withdraw from the study. The data controller for this project will be Swansea University. The University Data Protection Officer

provides oversight of university activities involving the processing of personal data and can be contacted at the Vice Chancellors Office. Your personal data will be processed for the purposes outlined in this information sheet.

### **Data retention**

Data will be preserved and accessible for a minimum of 20 years after completion of the research.

### **GDPR Contact Details**

Please visit the University Data Protection web-pages for further information in relation to your rights. Any requests or objections should be made in writing to the University Data Protection Officer at: [dataprotection@swansea.ac.uk](mailto:dataprotection@swansea.ac.uk). If you are unhappy with the way in which your personal data has been processed, you may in the first instance contact the University Data Protection Officer using the contact details above. If you remain dissatisfied, then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or via their website: [www.ico.org.uk](http://www.ico.org.uk).

### **Complaint Contact Details**

If you have any questions about the study and your role in it, please do ask. If you are unhappy with any aspect of this study and wish to complain formally you can do this by contacting Professor Nicola Gray: [Nicola.S.Gray@swansea.ac.uk](mailto:Nicola.S.Gray@swansea.ac.uk). Please note that you are under absolutely no obligation to take part and you will be able to stop at any point.

**Before we start, we have to get your agreement to take part. Please read this form and tick "I agree" if you wish to take the survey.**

## **WALES COVID-19 WELLBEING SURVEY 2 PARTICIPANT CONSENT FORM VERSION 2.0 12.12.2020**

This study is being conducted by a team in the Psychology Department at Swansea University.

- I have read the Participant Information Sheet above (version 2.0, dated 12.12.2020).
- I understand that my participation is voluntary and that I am free to withdraw at any time before submitting my responses, without the need to give any reason.
- I understand what my role will be in this research, and I understand who to contact if I have any questions.
- I confirm that I am aged 16 or over.
- I understand that individual data will not be reported. Only group data will be used and it will be anonymised.

**If you agree and want to continue with the survey, please tick the box next to "I agree".**

I agree

## Section 1 of 5: About you

### Q1 What is your age?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0-15* | <input type="checkbox"/> 70-74  |
| <input type="checkbox"/> 16-18 | <input type="checkbox"/> 75-79  |
| <input type="checkbox"/> 19-24 | <input type="checkbox"/> 80-84  |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 85-89  |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 90-94  |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 95-100 |
| <input type="checkbox"/> 55-64 | <input type="checkbox"/> 100+   |
| <input type="checkbox"/> 65-69 |                                 |

**\* If you selected 0-15, you are too young to take part in this survey.**

### Q2 What is your gender?

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |

### Q3 Do you live alone or with other people?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Alone       | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> With others |  |

**Q4 Do you have access to a garden?**

Yes

Prefer not to say

No

**Q5 What is your postcode?**

**We will anonymise all postcode data by converting it to a wider geographical area prior to data analysis.**

Please use capital letters and a space - e.g. SA12 3AA.

If you prefer not to say, please leave blank and move to the next question.

**Q6 What is your local authority?**

Blaenau Gwent County Borough Council

Pembrokeshire County Council

Bridgend County Borough Council

Powys County Council

Caerphilly County Borough Council

Rhondda Cynon Taf Borough Council

Cardiff Council

City and County of Swansea

Carmarthenshire County Council

Vale of Glamorgan County Borough Council

Ceredigion County Council

Torfaen County Borough Council

Conwy County Borough Council

Wrexham County Borough Council

Denbighshire County Council

England

Flintshire County Council

Northern Ireland

- Gwynedd Council
- Isle of Anglesey County Council
- Merthyr Tydfil County Borough Council
- Monmouthshire County Council
- Neath Port Talbot County Borough Council
- Newport City Council

- Republic of Ireland
- Scotland
- Other
- Prefer not to say

**Q7 What is your relationship status?**

- Single
- With partner I don't live with
- Co-habiting
- Married or in Civil Partnership
- Separated
- Divorced
- Widowed
- Other
- Prefer not to say

**Q8 What is your ethnicity?**

**White -**

- British
- Gypsy or Irish Traveller
- Irish
- Other – please specify

**Mixed -**

- White and Black Caribbean
- White and Black African

White and Asian

Any other mixed / multiple ethnic background – please specify

**Asian or Asian British -**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background – please specify

**Black or Black British -**

African

Any other Black / African / Caribbean background – please specify

Caribbean

Arab

Any other ethnic group – please specify

Prefer not to say

## Q9 What is your current occupational status?

Please tick the boxes that apply to you

- Full-time Student (at school)
- Full-time Student (at university)
- Full-time Student (not at school or university)
- Part-time Student (at university)
- University staff member
- In employment (currently working)
- In employment (currently furloughed)
- Self-employed and receiving a government support grant
- Self-employed and not receiving a government support grant
- On an apprenticeship / government sponsored training scheme
- Unemployed and looking for work
- Intending to look for work but prevented by temporary sickness or injury (28 days or less)
- Unable to work because of long-term sickness or disability
- Recently left prison
- Retired
- Stay at home parent
- On maternity or paternity leave
- Currently in prison or on remand
- Full time carer
- Prefer not to say
- Other – please specify



**Q10 If you are in paid employment, self-employed or on an apprenticeship / government sponsored training scheme, please complete this question. If not, please move to Q12:**

**Are you a key worker?**

*For the purpose of this survey, a "key worker" is someone whose work is critical to the COVID-19 response.*

Yes

No

Prefer not to say

**Q11a If you indicated that you are a key worker, please complete this question. If not, please move to Q12:**

**Please select your job**

Ambulance Service Employee

Journalist

Armed Services Personnel

Justice System Worker

Border Security Staff

Local or National Government Employee

Broadcaster

Ministry of Defence Civilian

Charity Worker

National Crime Agency Staff

Childcare Worker

Oil, Gas, Electricity or Sewage Worker

Civil Nuclear, Chemicals or Telecommunications

Payment Providers

Education

Police or Police Support Staff

Financial Services Employees

Postal Services and Delivery Staff

Fire and Rescue Service Employees

Prison or Probation Staff

Funeral or Deceased Management Worker

Producer, Processor, Distributor, Seller or Deliverer of Food or Essential Items

Healthcare Worker (NHS – excluding Ambulance Service)

Religious Staff

Healthcare Worker (not NHS)

Social Worker

Social Care

Transport Worker

Information Technology and Data Infrastructure Services

Waste Disposal Services

Other – please specify

Prefer not to say

**Q11b If you indicated that you work in healthcare, please complete this question. If not, please move to Q12:**

**What is your role in healthcare?**

Allied Health Professional

Medical Associate Professions

Dental Team

Midwifery

Doctor

Nursing

Emergency Medical Technician

Paramedic

Health Informatics

Pharmacy

Healthcare Science

Psychology

Healthcare Support Worker

Public Health

Management

Social Worker

Other – please specify

Wider Healthcare Team

Prefer not to say

### Q12 In relation to Covid-19, are you "clinically vulnerable"?

The term clinically vulnerable refers to people at moderate risk from Covid-19.

This includes people who:

- are aged 70 or older
- have a lung condition that's not severe (asthma, COPD, emphysema or bronchitis)
- have a heart disease
- have diabetes
- have a chronic kidney disease
- have a liver disease
- have a condition that affects the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40+)
- are pregnant

Yes

No

Prefer not to say

### Q13 In relation to Covid-19, are you "clinically extremely vulnerable"?

The term clinically extremely vulnerable refers to people at high risk from Covid-19. This includes people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant
- are an adult with Down's syndrome
- are an adult who is having dialysis or has severe (stage 5) long-term kidney disease
- have been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of your needs

Yes

No

Prefer not to say

**Q14 With regards to COVID-19 have you...?**

- |  |  |
|--|--|
| <input type="checkbox"/> Had no signs of illness             | <input type="checkbox"/> Been hospitalised                       |
| <input type="checkbox"/> Had symptoms but unsure if COVID-19 | <input type="checkbox"/> Been admitted to an Intensive Care Unit |
| <input type="checkbox"/> Had mild symptoms                   | <input type="checkbox"/> Prefer not to say                       |
| <input type="checkbox"/> Had major symptoms                  |  |

**Q15 Are you currently a carer for someone?**

*For the purposes of this question, a carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.*

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes               | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say |                             |

**If you responded with no to this question, then please skip ahead to question 17.**

**Q16 How old is the person you are caring for?**

- |                                   |
|-----------------------------------|
| <input type="checkbox"/> Under 18 |
| <input type="checkbox"/> Over 18  |

**Q17 Do you have any history of a mental health difficulty?**

*For the purpose of this questionnaire we define mental health difficulty as “a pattern of behaving, thinking, and/or feeling that causes a person significant distress or impairment of functioning”.*

Yes

Prefer not to say

No

## Section 2 of 5 – Thoughts and feelings

We are now going to ask you to describe your feelings and thoughts.

Please put an “X” in the option that best describes your experience of each over the last 2 weeks.

*If you prefer not to say, please do not select an option.*

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
This question is an attention check. Please select the answer "All of the time"					
I've been interested in new things					
I've been feeling cheerful					

The following questions ask about how you have been feeling during the past 2 weeks.

For each question, please put an “X” in the option that best describes how often you have had this feeling.

*If you prefer not to say please do not select an option.*

**During the past two weeks, how often did you feel ...**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
... tired out for no good reason?					
...nervous?					
...so nervous that nothing could calm you down?					
...hopeless?					
...restless or fidgety?					
...so restless that you could not sit still?					
...depressed?					
...that everything was an effort?					
...so sad that nothing could cheer you up?					
... worthless?					
... angry?					



## Section 3 of 5 – Stress and difficulties

Now we are going to ask you about stress and difficulties that you may have experienced *SINCE the start of the COVID-19 pandemic.*

*You can select none of the below or as many as you like.*

**Have you...**

**Experienced financial problems**

If you indicated that you've recently experienced **financial problems**, to what extent has this negatively impacted your emotional wellbeing?

*Leave blank if you prefer not to say.*

Not at all | Severely  
0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

**Been made redundant**

If you indicated that you've recently **been made redundant**, to what extent has this negatively impacted your emotional wellbeing?

*Leave blank if you prefer not to say.*

Not at all | Severely  
0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

**Experienced food insecurity (where you have not had enough nutritious food for you or your family's needs)**

If you indicated that you've recently **experienced food insecurity**, to what extent has this negatively impacted your emotional wellbeing?

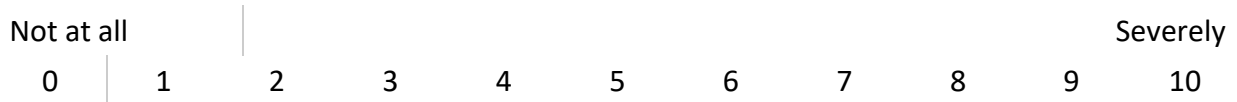
*Leave blank if you prefer not to say.*

Not at all | Severely  
0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

**Had responsibility for home schooling a child**

If you indicated that you've **had responsibility for home schooling a child**, to what extent has this negatively impacted your emotional wellbeing?

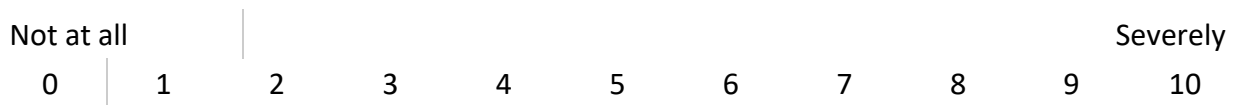
*Leave blank if you prefer not to say.*



**Experienced a bereavement**

If you indicated that you've recently **experienced a bereavement**, to what extent has this negatively impacted your emotional wellbeing?

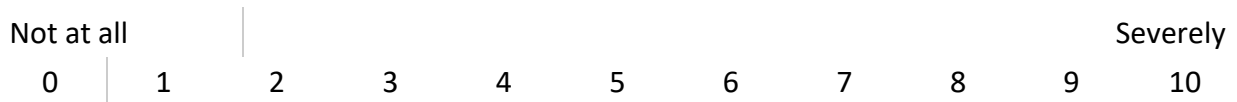
*Leave blank if you prefer not to say.*



**Experienced social isolation (complete, or near complete, lack of contact with other people)**

If you indicated that you've recently **experienced social isolation**. To what extent has this negatively impacted your emotional wellbeing?

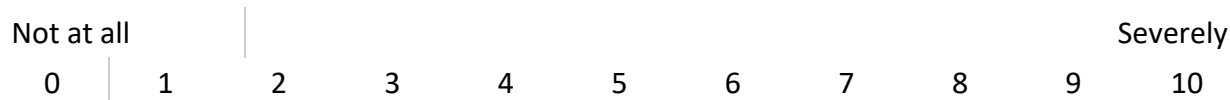
*Leave blank if you prefer not to say.*



**Been unable to stay in close contact with loved ones**

If you indicated that you've recently been **unable to stay in close contact with loved ones**, to what extent has this negatively impacted your emotional wellbeing?

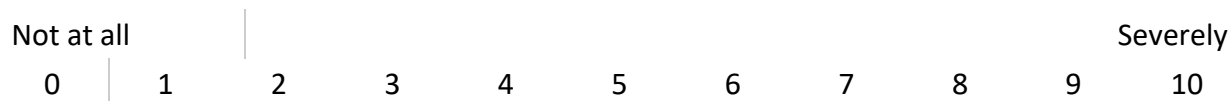
*Leave blank if you prefer not to say.*



**Experienced relationship problems**

If you indicated that you've recently **experienced relationship problems**, to what extent has this negatively impacted your emotional wellbeing?

*Leave blank if you prefer not to say.*



**Experienced domestic abuse (any type of controlling, bullying, threatening or violent behaviour between people in a relationship)**

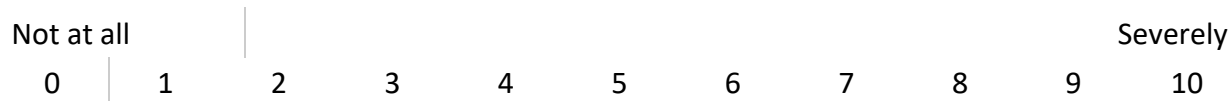
If you indicated that you've recently **experienced domestic abuse**, what form did the abuse take?

*Please tick as many categories that apply.*

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Physical  | <input type="checkbox"/> Controlling behaviour |
| <input type="checkbox"/> Sexual    | <input type="checkbox"/> Stalking / harassment |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Prefer not to say     |

To what extent has **experiencing domestic abuse** negatively impacted your emotional wellbeing?

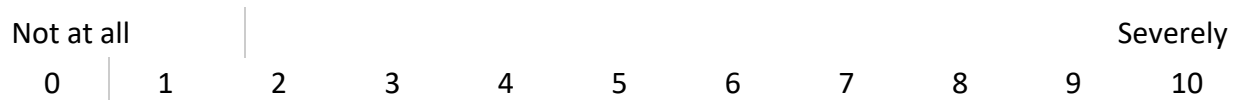
*Leave blank if you prefer not to say.*



**Been unable to access necessary healthcare**

If you indicated that you've recently **been unable to access necessary healthcare**, to what extent has this negatively impacted your emotional wellbeing?

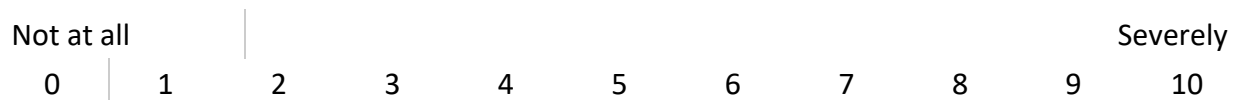
*Leave blank if you prefer not to say.*



**Had to cancel, or been unable to organise, important upcoming events (e.g. weddings, holidays, memorials)**

If you indicated that you've recently **had to cancel, or been unable to organise, important upcoming events**, to what extent has this negatively impacted your emotional wellbeing?

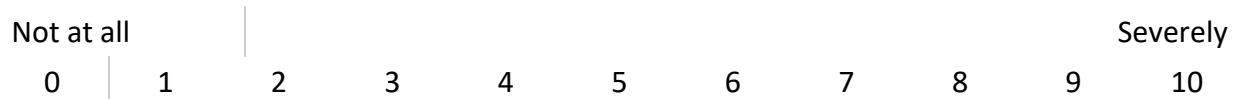
*Leave blank if you prefer not to say.*



**Experienced increased difficulties in caring for someone**

If you indicated that you've recently **experienced increased difficulties in caring for someone**, to what extent has this negatively impacted your emotional wellbeing?

*Leave blank if you prefer not to say.*



**Experienced suicidal thoughts**

If you indicated that you've recently experienced suicidal thoughts, were your suicidal thoughts...

*Leave blank if you prefer not to say.*

Fleeting?

Constant, where you were unable to think of anything else?

On and off?

Prefer not to say

**Harmed yourself with the intention to end your life**

If you indicated that you've recently harmed yourself with the intention to end your life, how many times have you done this since the start of the COVID-19 pandemic?

Once

Prefer not to say

More than once

**If you would like to add in any other difficult experiences you have faced, please write them in the box below:**

This next section will ask you about some of the worries or concerns you may be experiencing due to the Covid-19 pandemic.

On a scale of "not at all worried" to "extremely worried", how much are you currently worried about...?

*If you prefer not to say, please do not select an option.*

	Not at all worried	Slightly worried	Moderately worried	Very worried	Extremely worried
Your finances					
Your health					
The health of your loved ones					
Your career or education					
Your romantic relationships					
Your relationships with your friends					
Your relationships with your family					
Your access to resources (e.g. food, water, medicine, healthcare)					

## Section 4 of 5 – Personality & Attitudes

The following questions ask about how you respond to difficult events.

Please rate the extent to which you agree or disagree with each statement.

*If you prefer not to say, please do not select an option.*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I tend to bounce back quickly after hard times					
I have a hard time making it through stressful events					
It does not take me long to recover from a stressful event					
It is hard for me to bounce back when something bad happens					
I usually come through difficult times with little trouble					
I tend to take a long time to get over set-backs in my life					

**We are now going to ask you how you cope with stress and difficulties.**

Please indicate the degree to which you agree with each of the following items by selecting the appropriate response.

*If you prefer not to say, please do not select an option.*

	False	Mostly false	Mostly true	True
I get scared easily				
I'm afraid of far fewer things than most people				
I can get over things that would traumatize others				
It worries me to go into an unfamiliar situation without knowing all the details				
It's easy to embarrass me				
I never worry about making a fool of myself with others				



Please read the statements carefully one by one. If this statement describes your attitude for the past 2 weeks, including today, please select "TRUE". If the statement does not describe your attitude, please select "FALSE".

*If you prefer not to say, please do not select an option.*

	TRUE	FALSE
In the future, I expect to succeed in what concerns me most		
My future seems dark to me		
I just don't get the breaks, and there is no reason I will in the future		
I have great faith in the future		

Please read the statements below and rate the extent to which you agree with each statement on a scale of "strongly disagree" to "strongly agree".

If you prefer not to say, please do not select an option.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I have accepted the changes that Covid-19 has had on my life					
I have learned to accept the limitations imposed by the Covid-19 pandemic					
I accept that the Covid-19 pandemic is a real threat to many people's health					
I refuse to accept that the Covid-19 pandemic is happening					
I go out of my way to avoid hearing or seeing anything to do with Covid-19					
I actively seek out as much information as I can about Covid-19					

The next questions are about how you feel about different aspects of your life. For each one, please tell us how often you feel that way.

Please put an "X" in the appropriate box.

*If you prefer not to say, please do not select an option.*

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			

## Section 5 of 5 – Enjoyment during Coronavirus

**So far, we've asked you about lots of things that have been difficult during the COVID-19 pandemic. However, there may be things which you have enjoyed.**

*Please select all which apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Spending more time with family/children     | <input type="checkbox"/> Experiencing a slower pace of life  |
| <input type="checkbox"/> Having more time to cook/bake               | <input type="checkbox"/> Spending less money   |
| <input type="checkbox"/> Having more time for hobbies and relaxation | <input type="checkbox"/> Learning new skills   |
| <input type="checkbox"/> Having more time for exercise/fitness       | <input type="checkbox"/> Having more time for gardening /<br>home improvements                       |
| <input type="checkbox"/> Enjoying a sense of community spirit        | <input type="checkbox"/> Enjoying the environmental benefits<br>(less pollution, more birdsong etc.) |
| <input type="checkbox"/> Having time to reflect on what is important | <input type="checkbox"/> Recognising the work that the NHS do  |
| <input type="checkbox"/> Getting up later                            | <input type="checkbox"/> Nothing   |
| <input type="checkbox"/> Commuting/travelling less                   | <input type="checkbox"/> Other – please specify below  |

## Mood Restoration

In this survey, we have asked you some difficult questions. If you feel your mood has been affected by this survey, please take a deep breath and take a moment to think about some pleasant memories, some happy thoughts or things in the future that you are looking forward to. Please play some peaceful music if you would like. Once you feel your mood has been restored, please continue filling out the remaining questions.

**This is the second Wales Covid-19 Wellbeing survey. We would like to know if you took part in our previous survey between the 9th of June and the 13th July 2020?**

- Yes, I took part in the previous Wales Covid-19 Wellbeing survey
- No, this is my first time taking part in the Wales Covid-19 Wellbeing survey
- I cannot remember if I have taken part in previous surveys
- Prefer not to say

**If you did take part in our previous survey, or if you would like to take part in future surveys, please answer the following questions.**

**In the last survey, we asked you for some details that would allow us to link your previous survey responses with your future survey responses, whilst keeping your identity anonymous.**

To be able to link your answers from this survey to previous or future surveys, we would like you to answer the three questions below.

If you cannot remember your previous answers, or if you would prefer not to answer the questions, you can leave the responses blank.

**What was the name of your first pet? (if you have not had a pet, please write "none")**

**On what day of the month were you born (e.g. 15 if you were born on 15th January)?**

**What is your star sign?**

**End of Survey**

## Participating in future surveys

Thank you for completing this survey, we really appreciate your time and your honesty. Your responses will help the NHS to understand the issues affecting the mental health and wellbeing of the population of Wales and will shape services so that they can meet the needs of the population. The results of the survey will be made available on our website ([www.wales-wellbeing.co.uk](http://www.wales-wellbeing.co.uk)) when they are ready and will be given to the Health Boards across Wales. We may also publish these results in scientific journals. The results of the survey will only be presented for groups of participants. No individual's data will be reported and anonymity will be protected at all times.

We want to see how your responses change over time, if at all, as we progress through the Covid-19 pandemic and out of lock-down, etc. This research will help the NHS to track the wellbeing needs of the population over the different stages of the COVID-19 pandemic and attempt to respond to these changing needs.

Please keep a look out on our website for adverts for future follow-up surveys. Remember that you do not have to complete any future surveys if you do not want to.

## Debrief Form

### Wales Covid-19 Wellbeing Survey 2

Thank you for completing this survey, we really appreciate your time and your honesty. Diolch yn fawr!

The purpose of this study is to look at the impact of COVID-19 on the mental health and emotional wellbeing of the population of Wales.

Your responses will help the NHS understand the issues affecting the population and will shape support services so that they can meet your needs.

This research will also help the NHS to track the wellbeing needs of the population over the different stages of the COVID-19 pandemic.

## **Some Helpful Services:**

If you are experiencing any difficult thoughts, feelings or urges, you may find it useful to contact the following services:

### **C.A.L.L**

C.A.L.L is a mental health helpline for Wales. They offer a confidential listening and support service. To contact them either call 0800 132 737 or text "help" to 81066 or go to <http://www.callhelpline.org.uk/>. You will not be charged for calling them.

### **Samaritans**

Samaritans are a confidential listening service. They offer a safe place to talk about any difficulties you may be experiencing. Contact them on 116 123, the number is free to call and they have people working 24 hours a day, 365 days a year. You can also e-mail them at [jo@samaritans.org](mailto:jo@samaritans.org) or visit their website at <https://www.samaritans.org/how-we-can-help-you>.

