

Supplementary Material 1

Appendix A: Questionnaire (Demographic data)

This questionnaire assesses Staff Mental Wellbeing during the active phase of the COVID-19 pandemic

The responses are anonymous it and will only take 5 mins to complete. Thank you for completing.

1.	Are you: Female <input type="checkbox"/> Male <input type="checkbox"/>
2.	Age: 20 to 29 <input type="checkbox"/> 30 to 39 <input type="checkbox"/> 40 to 49 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 60 or over <input type="checkbox"/>
3.	What is your ethnic group? White <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/>
4.	Your professional role: Doctor <input type="checkbox"/> Consultant <input type="checkbox"/> Senior Fellow <input type="checkbox"/> Junior Fellow <input type="checkbox"/> Specialty: Surgery <input type="checkbox"/> Cardiology <input type="checkbox"/> Respiratory <input type="checkbox"/> ITU <input type="checkbox"/> Oncology <input type="checkbox"/> Imaging <input type="checkbox"/> Nurse <input type="checkbox"/> Senior Nurse <input type="checkbox"/> Junior Nurse <input type="checkbox"/> Healthcare assistant/Student <input type="checkbox"/> Other <input type="checkbox"/> (please specify): Operating Dept Practitioner <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Radiographer <input type="checkbox"/> Perfusionist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Administrator/Clerical <input type="checkbox"/> Hospital Manager <input type="checkbox"/>
5.	Place of work: ITU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> (please specify):
6.	Have you had contact with patients who have tested positive for COVID disease: Never <input type="checkbox"/> A few times <input type="checkbox"/> Frequently <input type="checkbox"/>
7.	Have you had contact with patients who have a high clinical suspicion for COVID (but no confirmed positive results): Never <input type="checkbox"/> A few times <input type="checkbox"/> Frequently <input type="checkbox"/>
8.	Have you been tested for COVID disease: Yes <input type="checkbox"/> No <input type="checkbox"/> Why: Symptoms <input type="checkbox"/> Contact with someone COVID positive <input type="checkbox"/>
9.	Have you taken any time off work over last 8 weeks: Yes <input type="checkbox"/> No <input type="checkbox"/> How Long: _____ days Why (please specify): _____
10.	During the last 8 weeks what, if anything, has upset you the most about work during the Covid period: