

Postgraduate Researchers' Online Psycho-education and Support Project

Page 1: PROPS Project

Thank you for offering to take part in this research, which is about PGR students' wellbeing and mental health.

The questionnaire should take about 10 minutes to complete. Hopefully you will find it interesting and it will greatly help our research.

Your responses will be completely confidential and anonymous. Any information about the results will only be reported in ways in which individuals cannot be identified.

Everyone who completes the questionnaire will be entered into a prize draw for one of 10 Amazon gift vouchers, each valued at £5. If you have any questions, please email me, Fatma Layas, at fatma.layas@uwe.ac.uk

1. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks * *Required*

Please don't select more than 1 answer(s) per row.

Please select at least 14 answer(s).

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please don't select more than 1 answer(s) per row.

Please select at least 9 answer(s).

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Over the last 2 weeks, how often have you been bothered by the following problems? * *Required*

Please don't select more than 1 answer(s) per row.

Please select at least 7 answer(s).

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate for each of the statements, the extent to which they apply to your situation, the way you feel now. * Required

Please don't select more than 1 answer(s) per row.

Please select at least 6 answer(s).

	Yes	More or less	No
I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss having people around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough people I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, some demographic questions

5. Are you..

- ☐ Male
- ☐ Female
- ☐ Other

6. How old are you?

7. Are you registered as..

- ☐ Full-time student
- ☐ Part-time student

8. Are you registered as

- ☐ On campus student
- ☐ Distance learner student

9. Are you registered as..

- ☐ Home Student
- ☐ EU Student
- ☐ International Student

10. What is your nationality?

11. Have you studied in the UK previously?

- ☐ Yes
- ☐ No

12. Which programme are you doing?

- ☐ PhD
- ☐ Professional Doctorates
- ☐ MPhil
- ☐ DPhil

13. In which faculty are you studying?

- ☐ Arts, Creative Industries and Education
- ☐ Business and Law
- ☐ Environment and Technology

☐ Health and Applied Sciences

14. In which year of your study are you?

- ☐ 1st Year
- ☐ 2nd Year
- ☐ 3rd Year
- ☐ 4th Year
- ☐ 5th Year
- ☐ 6th Year

15. Are you..

- ☐ Self-funded student
- ☐ Funded student

16. Do you have employment commitments?

- ☐ Yes
- ☐ No

17. Are you responsible for caring for an adult relative/partner, disabled child, or friend/neighbour?

- ☐ Yes
- ☐ No

18. Do you consider yourself to be a disabled person?

☐ Yes

☐ No

19. How would you describe your ethnic origin?

20. If you would like to be entered into the prize draw for one of 10 Amazon gift vouchers, each valued £5, please provide your University email address. This will not be used for any other purpose, and will be destroyed as soon as we make the prize draw.

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Thank you so much for taking the time out of your day to complete our short survey. We appreciate it so much!
