

Enter your study code here (a researcher will give you this): _____ Today's date: __/__/__

PART A. MY SOCIAL CONNECTIONS AND COMMUNITY

Below there is space for you to list up to 6 groups you currently belong to. Some might be formal groups that have sessions or meetings such as an exercise class, book club, study or work group, or religious group. Others may be informal groups and communities such as family, cultural group, communities based on values and beliefs such as political parties or vegetarians. Once you have listed a group, please rate its importance to you on the 7-point scale to the right.

Group Memberships	How important is this group to you? (please circle a number on this scale)								
1.	Not Important	1	2	3	4	5	6	7	Very Important
2.	Not Important	1	2	3	4	5	6	7	Very Important
3.	Not Important	1	2	3	4	5	6	7	Very Important
4.	Not Important	1	2	3	4	5	6	7	Very Important
5.	Not Important	1	2	3	4	5	6	7	Very Important
6.	Not Important	1	2	3	4	5	6	7	Very Important

If there were no groups that you were part of before joining this program, please tick this box ☐

Please rate the statement below and indicate your agreement using the scales provided.

	Strongly agree	Agree	Unsure	Disagree	Strongly Disagree
I think my wellbeing coordinator/link worker and I have a strong relationship	1	2	3	4	5

How many groups have you joined/or are about to join as part of this social prescribing program? _____

Please describe the group(s) below:

Please answer the items below in relation to this new group or groups (even if you haven't yet joined).

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I identify with others in my new group/s	1	2	3	4	5
2. I see myself as a member of my new group/s	1	2	3	4	5
3. I am pleased to be a member of my new group/s	1	2	3	4	5
4. I feel strong ties with others in my new group/s	1	2	3	4	5
5. I get support from people in my new group/s	1	2	3	4	5
6. I provide support to others in my new group/s	1	2	3	4	5

Please rate the statements below and indicate your agreement using the scales provided.

	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1. I think my wellbeing coordinator/link worker and I have a strong relationship	1	2	3	4	5
2. The group facilitator helps me feel a sense of belonging in the group	1	2	3	4	5

I am confident that I can...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. maintain strong connections with my groups during difficult times	1	2	3	4	5
2. maintain meaningful connections with members of the groups that I belong to	1	2	3	4	5
3. improve the relationships between my groups	1	2	3	4	5
4. reconnect with past group memberships that enhance my well-being	1	2	3	4	5
5. make valuable contributions to each of my groups	1	2	3	4	5

Please read each statement and decide how well it describes you. When you are not sure, base your answer on what you emotionally feel, not on what you think to be true.

	Strongly disagree	Mostly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Mostly agree	Strongly agree
1. I feel I can trust others' advice to me	1	2	3	4	5	6	7
2. I have good reason to doubt others' competence	1	2	3	4	5	6	7
3. I have to be cautious about acting on others' advice because their opinions are questionable	1	2	3	4	5	6	7
4. Other people are careless, and I cannot confidently depend on them	1	2	3	4	5	6	7

How much have the following problems bothered you in the past week:

	Never	A little	Moderately	A lot	Extremely
1. Fear of embarrassment causes me to avoid doing things or speaking to people	1	2	3	4	5
2. I avoid activities in which I am the centre of attention	1	2	3	4	5
3. Being embarrassed or looking stupid are among my worst fears	1	2	3	4	5

Everybody goes through periods of loneliness at times in our lives. For the below items, please indicate how often you experience the feeling described.

	Never	Hardly ever	Occasionally	Some of the time	Often/ Always
How often do you feel lonely?	1	2	3	4	5

	Never	Rarely	Sometimes	Always
1. How often do you feel that you lack companionship?	1	2	3	4
2. How often do you feel that there is no one you can turn to?	1	2	3	4
3. How often do you feel outgoing and friendly?	1	2	3	4
4. How often do you feel left out?	1	2	3	4
5. How often do you feel isolated from others?	1	2	3	4
6. How often do you feel you can find companionship when you want it?	1	2	3	4
7. How often do you feel that people are around you but not with you?	1	2	3	4
8. How often do you feel withdrawn from others?	1	2	3	4

PART B. MY WELLBEING AND MOOD

Below are some statements about feelings and thoughts. Please circle the box that best describes your experience of each statement:

Over the <u>last 2 weeks</u> I have...	None of the time	Rarely	Some times	Often	All of the time
1. been feeling optimistic about the future	1	2	3	4	5
2. been feeling useful	1	2	3	4	5
3. been feeling relaxed	1	2	3	4	5
4. been interested in other people	1	2	3	4	5
5. had energy to spare	1	2	3	4	5
6. been dealing with problems well	1	2	3	4	5
7. been thinking clearly	1	2	3	4	5
	None of the time	Rarely	Some times	Often	All of the time
8. been feeling good about myself	1	2	3	4	5
9. feeling close to other people	1	2	3	4	5
10. been feeling confident	1	2	3	4	5
11. been able to make up my own mind about things	1	2	3	4	5
12. been feeling loved	1	2	3	4	5
13. been interested in new things	1	2	3	4	5
14. been feeling cheerful	1	2	3	4	5

Over the <u>last two weeks</u> , I have felt...	Never	Rarely	Sometimes	Often	Always
....nervous	0	1	2	3	4
....hopeless	0	1	2	3	4
...restless or fidgety	0	1	2	3	4
...so depressed that nothing could cheer you up?	0	1	2	3	4
...that everything was an effort?	0	1	2	3	4
...worthless?	0	1	2	3	4

Please report the extent to which you have used the below strategies over the past four weeks to try to change your own or someone else's feelings

Over the past 4 weeks...	Not true for me at all	A little bit	Moderately	Quite a bit	Extremely true
1. I thought about my positive characteristics to make myself feel better	1	2	3	4	5
2. I expressed cynicism to try and make myself feel worse	1	2	3	4	5
3. I think about my shortcomings to make myself feel worse	1	2	3	4	5
4. I thought about negative experiences to make myself feel worse	1	2	3	4	5
5. I thought about something nice to try and make myself feel better	1	2	3	4	5
6. I thought of positive aspects of my situation to try to improve how I felt	1	2	3	4	5
7. I told someone about their shortcomings to try to make them feel worse	1	2	3	4	5
8. I acted annoyed towards someone to try to make them feel worse	1	2	3	4	5
9. I explained to someone how they had hurt myself or others to try to make the person feel worse	1	2	3	4	5
10. I discussed someone's positive characteristics to try to improve how they felt	1	2	3	4	5
11. I listened to someone's problems to try to improve how they felt	1	2	3	4	5
12. I spent time with someone to try to improve how they felt	1	2	3	4	5

PART C. MY HEALTH

	Very Poor	Poor	Neither Good nor Poor	Good	Very Good
My current overall health is...	1	2	3	4	5

The next questions are about the health and social care you have received in the last 3 months:

Been to Hospital as a patient?	Yes	No	Number of visits:
Used any community mental health services?	Yes	No	Number of visits:
Visited a Counsellor, Psychologist, or Psychiatrist?	Yes	No	Number of visits:
Had a GP consultation in person, over the phone, or via home visit?	Yes	No	Number of consultations:
Visited a social worker?	Yes	No	Number of visits:

Any other healthcare usage?	Yes	No	1.	Number of uses? 1.
			2.	2.
			3.	3.

Sometimes drinking alcohol can be connected with feeling isolated and can also influence our health. Please circle a response to each of the items below that best relates to your experience.

1. How often do you have an alcoholic drink?	Never	Once a month or less	Once a week	2-3 times a week	4+times a week
2. How many standard drinks do you have on a typical day?	0-2	3-4	5-6	7-9	10 or more
3. How often do you have 6 or more drinks on one occasion?	Never	Less than once /month	Once a month	Once a week	Daily/almost daily

PART D. QUESTIONS ABOUT YOU

Please circle the response that applies to you for each item

What is your gender?	Male	Female	Other
What year were you born?			
Do you identify as Aboriginal?	No / Yes	Do you identify as Torres Strait Islander?	No / Yes
What is your country of birth?			
If you migrated, how many years have you been living in Australia?			
What is your first language?	English Other (please specify) _____		
What is your relationship status?	Single Married / Cohabiting Separated/Divorced In a relationship, not living together Widowed		
How many dependents do you have?	_____ What are their ages? _____		
What is the highest level of education you have completed?	Less than year 12 / Year 12 / Certificate or Diploma University degree or Higher degree		
Do you do paid or volunteer work	No Yes If yes, please describe _____		
How many <u>days</u> of paid work did you do in the past month? (0-30) _____	How many <u>days</u> of volunteering did you do in the past month? (0-30) _____		

Thank you so much for completing this survey ☺ If you suffer any distress as a result of this research project, you should contact your Link Worker or Wellbeing coordinator who will provide you with support.