Warning system for Extreme weather events, Awareness Technology for Healthcare, Equitable delivery, and Resilience (WEATHER).

START OF WEATHER project SROI QUESTIONNAIRE FOR PARTICIPANTS

PLEASE NOTE: Your contact details and answers will be treated as strictly confidential, and all data will be anonymised. Only the UKZN & UWS research teams will have access to the information you provide.

SECTION 1

Q1. Name _____

Q2. Age _____

Q3. Gender

☐ Male ☐ Female ☐ Prefer not to say

Q4. Ethnic origin

☐ Indian/Asian ☐ Black African ☐ Coloured ☐ Mixed ☐ White

☐ Other (please specify) _____

Q5. Community: _____

Q6. Occupation: _____

Q7. Email: _____

Q8.

Please rank the following reasons for joining this research in order of relevance you to, from 1 to 8 (1 = most relevant to you, 8 = least relevant to you).

☐ Explore/ return to crafting

☐ Improve mental health & wellbeing

☐ Improve physical health & wellbeing

☐ Learn something new

☐ Meet new people

☐ Reduce fatigue

☐ Reduce stress and/ or anxiety

☐ Spend time in my community

Q9. In addition to the above, is there anything else you hope to experience from participating in the predictive early warning system (EWS) WEATHER project?

_____

_____

SECTION 2

Q10. For each statement below, please tick the box that best describes your experience over the past 2 WEEKS.

STATEMENTS	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 dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things.					

Q11. Please indicate how often you've used the following health services in the last 8 WEEKS.

In the last 8 weeks, how many appointments have you had with the following local health staff or services?	Number of online appointments	Number of face-to-face appointments
GP		
Community nurse		
Hospital		
Mental health nurse		
Community Health Worker		
Physiotherapist		
Psychiatrist		
Psychologist		
Social worker		
Other (please state)_____		

SECTION 3: How you're feeling now

Q12. Under each heading, please tick the ONE box that best describes your health TODAY.

Mobility	**Tick one option below**
I have no problems in walking about	
I have slight problems in walking about	
I have moderate problems in walking about	
I have severe problems in walking about	
I am unable to walk about	
Self-Care	**Tick one option below**
I have no problems washing or dressing myself	
I have slight problems washing or dressing myself	
I have moderate problems washing or dressing myself	
I have severe problems washing or dressing myself	
I am unable to wash or dress myself	
Usual Activities (e.g., work, study, housework, leisure activity)	**Tick one option below**
I have no problems doing my usual activities	
I have slight problems doing my usual activities	
I have moderate problems doing my usual activities	
I have severe problems doing my usual activities	
I am unable to do my usual activities	
Pain / Discomfort	**Tick one option below**
I have no pain or discomfort	
I have slight pain or discomfort	
I have moderate pain or discomfort	
I have severe pain or discomfort	
I have extreme pain or discomfort	
Anxiety / Depression	**Tick one option below**
I am not anxious or depressed	
I am slightly anxious or depressed	
I am moderately anxious or depressed	
I am severely anxious or depressed	
I am extremely anxious or depressed	

Q13. Please indicate which statements best describe your overall quality of life at the moment by placing a tick in ONE box for each of the five groups below.

Feeling settled and secure	**Tick one option below**
I am able to feel settled and secure in **all** areas of my life	
I am able to feel settled and secure in **many** areas of my life	
I am able to feel settled and secure in **a few** areas of my life	
I am **unable** to feel settled and secure in **any** areas of my life	
Love, friendship and support	**Tick one option below**
I can have **a lot** of love, friendship and support	
I can have **quite a lot** of love, friendship and support	
I can have **a little** love, friendship and support	
I **cannot** have **any** love, friendship and support	
Being independent	**Tick one option below**
I am able to be **completely** independent	
I am able to be independent in **many** things	
I am able to be independent in **a few** things	
I am **unable** to be at all independent	
Achievement and progress	**Tick one option below**
I can achieve and progress in **all** aspects of my life	
I can achieve and progress in **many** aspects of my life	
I can achieve and progress in **a few** aspects of my life	
I **cannot** achieve and progress in **any** aspects of my life	
Enjoyment and pleasure	**Tick one option below**
I can have **a lot** of enjoyment and pleasure	
I can have **quite a lot** of enjoyment and pleasure	
I can have **a little** enjoyment and pleasure	
I **cannot** have **any** enjoyment and pleasure	

Q14. For each statement below, please tick the box that best describes your experience NOW.

STATEMENTS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am content with my friendships and relationships					
I have enough people I feel comfortable asking for help at any time					
My relationships are as satisfying as I would want them to be					

Q15. For each statement below, please tick the box that best describes your experience NOW.

STATEMENTS	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough				
If someone opposes me, I can find the means and ways to get what I want				
It is easy for me to stick to my aims and accomplish my goals				
I am confident that I could deal efficiently with unexpected events				
Thanks to my resourcefulness, I know how to handle unforeseen situations				
I can solve most problems if I invest the necessary effort				
I can remain calm when facing difficulties because I can rely on my coping abilities				
When I am confronted with a problem, I can usually find several solutions				
If I am in trouble, I can usually think of a solution				
I can usually handle whatever comes my way				

SECTION 4: You and your local community

Q16. Please tell us how often you agree with each of the following statements by putting a tick in the relevant box.

STATEMENTS	Completely disagree	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Completely agreed
I always find beauty in my local community							
I always treat community with respect							
Being in community makes me very happy							
Spending time in community is very important to me							
I find being in community really amazing							
I feel part of the community							

Thank you for completing this questionnaire.

Your participation in this study is much appreciated.

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