The WISE Project

Wellbeing in Secondary Education



Teacher Questionnaire

PART I: Wellbeing at work

no effect on my work 0

This section asks how you feel about your job, and whether your health (emotional or physical) has affected your work recently.

QUESTION A	
	s a whole, taking everything into consideration? Please tick
one Very satisfied	
Satisfied	
A little dissatisfied	
Dissatisfied	
Highly dissatisfied	
2. In general, how stressful do you find	your job? Please tick one
Not at all stressful	
Mildly stressful	
Moderately stressful	
Very stressful	
Extremely stressful	
QUESTION B	
	s refers to any physical or emotional problem or symptom. <i>Please</i>
fill in the blanks or circle a number, as indi	
1. During the last four working weeks, problems?	how many days did you miss from school because of health
DAYS	
	how much did health problems affect your productivity while
you were working?	
accomplished less than you would like	in the amount or kind of work you could do, days you , or days you could not do your work as carefully as usual. If nly a little, choose a low number. Choose a high number if reat deal.
	Llandle market area
Health problems had	Health problems

PLEASE CIRCLE A NUMBER

5

3

10 completely prevented

me from working

PART II: Support at work

This section asks about providing and receiving support at work.

QUESTION C

1. Ho	w confident would you feel in helping a colle	eague who appears stressed or down? <i>Please tick</i>
one		
1	Not at all	
/	A little bit	
1	Moderately	
(Quite a bit	
I	Extremely	
2. Ho	w confident would you feel in helping a stude	nt who appears stressed or down? Please tick one
	Not at all	
/	A little bit	
1	Moderately	
	Quite a bit	
I	Extremely	
	the <u>past academic year</u> , how often have <u>yague?</u> Please tick one	you provided emotional support to a <u>distressed</u>
1	Never	
(Once or twice	
(Once a term	
(Once or twice a month	
(Once or twice a week	
I	Every day	
4. In tl	he <u>past academic year</u> , how often have you pr	ovided emotional support to a <u>distressed student?</u>
Pleas	e tick one	
	Never	
(Once or twice	
(Once a term	
(Once or twice a month	
(Once or twice a week	
I	Every day	
		sed or down, who would you talk to about it at
	ol? Please tick all that apply	_
	wouldn't talk to anyone at school	
/	A member of the senior leadership team	
	Your line manager (if different)	
	A colleague in a similar role	
/	A school counsellor or chaplain	
(Someone else at school	
1	Please state their role	

		u talked to a colleague because <u>you</u> were feeling
	d or down? <i>Please tick one</i>	
Ne	ever	
On	ice or twice	
On	ice a term	
On	nce or twice a month	
On	nce or twice a week	
Eve	ery day	
l ha	aven't felt stressed or down	
		u <u>wanted</u> to talk to a colleague because <u>you</u> were
_	stressed or down <u>but have not felt able?</u> <i>I</i>	Please tick one
	ever	
On	ice or twice	
On	ice a term	
	nce or twice a month	
On	nce or twice a week	
Eve	ery day	
l ha	aven't felt stressed or down	
Please i	rate how much you agree with the followin	g statements:
8. This s	school cares about staff wellbeing	
	ongly agree	
	ree	
Dis	sagree	
Str	rongly disagree	
	school cares about student wellbeing	_
Str	ongly agree	
Agı	ree	
Dis	sagree	
Str	rongly disagree	
	chers and students generally have good re	elationships in this school
Agı	ree	
Dis	sagree	
Str	rongly disagree	
	f generally have good relationships with ear	ach other in this school
	ree	\Box
_	sagree	Ä
	ongly disagree	
Sil	ongry disagree	

12. Are you aware of services the Yes	to support staff in school? <i>Please tick one</i>
No	☐ Please go to Part III on page 6.
13. Please say what services to	o support staff in school you are aware of.
14. Have you ever used any of Yes	these services to support staff in school? Please tick one
No	☐ Please go to Part III on page 6.
15. Please say what services n	nentioned above that you have used.

PLEASE GO TO PART III ON THE NEXT PAGE

PART III: Your Emotional Health and Wellbeing

This next section is about how you have been feeling generally in life.

QUESTION D

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last <u>2 weeks</u>

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

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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QUESTION E

Over the <u>last two weeks</u>, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	PROBLEMS	Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety that you have been moving around a lot more than usual	0	1	2	3
9.	If you ticked any problems for questions 1-9, how difficult have these problems made it for you to do your work, take care of things at home, or get alorg with other people? Please tick one Not difficult at all ⁰ Somewhat difficult ¹ Very difficult ² Extremely difficult ³		t ¹		

PART IV: A bit about you In this final section we would like you to tell us a bit more about yourself.

QUESTION F

1. Are you? Please tick one	
Male	
Female	
2. How old are you? Please tick one	
25 or under	
26–35	
36–45	
46–55	
56–65	
older than 65	
3 Which of the following best describes you	r teaching post? Please tick one
Newly qualified teacher	
Mainscale teacher	
Middle leader	
Senior leadership team member	
Other	
Please say what here	
4. Are you? Please tick one	
Part time	
Full time	
i uli ulile	
5. How long have you taught in this school?	Please tick one
Under a year	
1–2 years	
3–5 years	
6–10 years	
More than 10 years	
6. How long have you been a teacher in scho	ools? Please tick one
Under a year	
1–2 years	
3–5 years	
6–10 years	
More than 10 years	
7. Have you yourself ever experienced a mer Please tick one	ntal health problem such as anxiety or depression?
Yes	
No	
8. Has anyone in your family ever experied depression? <i>Please tick one</i>	nced a mental health problem such as anxiety or
Yes	
No	

9. H	ave you ever attended Mental Health First Aid training (MHFA)? Please tick one
	Yes
	No \square
	Can't remember
10. I	lave you ever attended any other training in emotional or mental health? Please tick one
	Yes
	No \square
	Can't remember
Plea	f you answered yes to question 10, please give the name or topic of the training below. se include all that you have attended. If you can't remember any details, please state 't remember".
12. \	Vhat is your ethnic group? <i>Please tick one</i>
	White \Box^0
	Mixed \Box^1
	Asian or Asian British
	Black or Black British
	Chinese or other ethnic group
Imag train woul staff	ESTION G line a peer support service was to be set up in this school, where staff could get advice or support from ed colleagues about any concerns to do with work, or with life more generally. The peer supporters of need to be trustworthy, good at listening, and able to offer advice in a non-judgmental way. Which members from this school do you think would be good at this job? se give up to three names. Please consider all teaching and non-teaching staff, except members of senior leadership team. Please give a reason as to why you have selected each person if possible.
1a	Name:
1b	Reason:
2a	Name:
2b	Reason:
3a	Name:
3b	Reason:

Thanks very much for your help!

Remember, all the answers you have given are confidential. If you would like to get information or talk to someone about any of the subjects in this questionnaire, we have included details of relevant websites and helplines on a separate sheet.