

OVERVIEW OF PRE AND POST QUESTIONNAIRE SCHEDULE

Questionnaire	Baseline	Follow-up	Maximum completion time
1. Personal Information	x	--	5 minutes
2. Anxiety – GAD7	x	x	5 minutes
3. Depression – PHQ9	x	x	5 minutes
4. General Help-seeking Questionnaire	x	x	5 minutes
5. Actual Help-seeking Questionnaire	x	x	5 minutes
6. Service Satisfaction 1,2,3	--	x	5 minutes
			<u>Total Time Needed</u> = 25 minutes

OVERVIEW OF “CHECKIN MONITORING” QUESTIONNAIRE SCHEDULE

At Day 15, and Day 22, participants are also sent a “check-in” which consists of the Goldberg Depression and Anxiety Scales. This questionnaire is outlined on page 8.

1) Personal Information Questionnaire

Question	Response Options
First name	Free response
Last name	Free response
Date of birth	Free response
Gender	Male, female, I'd rather not say, other
School	Will be optional, as we can track students through URL, but wanting to test how many would tell us.
Do you identify as being Aboriginal or Torres Strait Islander?	Yes, No, I'd rather not say
Do you identify as being Lesbian, Gay, Bisexual, Trans, or Intersex?	Yes, No, I'd rather not say
Do you have a job?	No, Part-time, Casual
Have you ever experienced a mental health problem or been diagnosed with a mental illness?	Yes, No, I'm not sure
Have you ever known anyone with a mental health problem or mental illness?	Yes, No, I'm not sure.
If yes, who?	Friend, family member, student from school, other
Have you ever had to care for someone with a mental illness or mental health problem?	Yes, No, I'm not sure.
If yes, who?	Friend, family member, student from school, other
Have you ever used the internet to find out information or get some help for a mental health problem?	Yes, No, I'd rather not say.
If yes, did you find it helpful?	Yes, No, I can't remember.

2) Anxiety Questionnaire (GAD-7)

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use “✓” to indicate your answer”</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

3) Depression Questionnaire (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? <i>(Use “✓” to indicate your answer”</i>	Not all	at Several days	More than half the days	Nearl y 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 or restless that you have been moving around a lot more than usual.....	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

4) General Help-Seeking Questionnaire

Please answer on a scale of 1 (extremely unlikely) to 5 (extremely likely).

If you were having a tough time with your mental health, how likely is it that you would seek help from a:

1. Boyfriend or girlfriend
2. Parents
3. Friend
4. Teacher
5. School Counsellor
6. General Practitioner or local doctor
7. Minister, Priest, or other religious leader
8. Telephone help-line
9. Website on mental health
10. Other Internet (e.g. online discussion forums, blogs, social media)
11. Other relative or family member
12. Other mental health professional
13. Other adult
14. Someone else not listed above: _____
15. I would not seek help from anyone

5) Actual Help-Seeking Questionnaire

In the last six weeks, have you turned to any of the following for help with a mental health problem?
(answered yes vs. no)

- Boyfriend or girlfriend
- Parent
- Friend
- Teacher
- School Counsellor
- Phone help-line (e.g. Kids Helpline, LifeLine)
- General Practitioner or local doctor
- Minister, Priest, or other religious leader
- Website on mental health
- Other Internet (e.g. online discussion forums, blogs, social media)
- Other relative or family member
- Other mental health professional
- Other adult
- Someone else not listed above: _____
- I would not seek help from anyone

6) Service Satisfaction Questionnaire for Students

Part 1

Please indicate whether you agree or disagree with the following statements:

1. I enjoyed using Smooth Sailing
2. I thought Smooth Sailing was interesting
3. I felt comfortable providing my mobile number
4. I felt comfortable providing my email address
5. I found Smooth Sailing to be easy to use
6. Smooth Sailing was easy to understand
7. Smooth Sailing helped me to feel in control of my feelings
8. The skills I learned from Smooth Sailing helped me a lot in everyday life
9. I understood that I might be followed up by the school counsellor and I was okay with this
10. I would use Smooth Sailing again in the future
11. I would tell a friend to use Smooth Sailing if I thought they needed it

Part 2

During the study, did any of these things happen to you?

	Yes	No
1. My internet connection didn't work		
2. I forgot how to access Smooth Sailing		
3. I didn't have the time to use Smooth Sailing		
4. I couldn't be bothered to use Smooth Sailing		
5. I felt too worried or too down to use Smooth Sailing		
6. I didn't want my school counsellor to know how I was feeling		
7. I didn't have a phone or computer to use		
8. I forgot it was there		
9. I felt Smooth Sailing wasn't what I needed		
10. I was worried about the privacy of my data		
11. I didn't trust Smooth Sailing		
12. I thought it was too hard to read on my phone		
13. I thought it took too long to load		
14. I thought the check-ins took too long to complete		
15. I thought it used up too much of my data		
16. I had trouble logging into the website		
17. Smooth Sailing made me feel worse		

Part 3

Smooth Sailing suggests a range of different websites and online programs for you to use. In the last six weeks, did you...

--- Use Mood Gym?

- Yes
 No - *Why not?*
 I can't remember

--- Use Brave Online?

- Yes
 No - *Why not?*
 I can't remember

---Visit any of other websites that Smooth Sailing suggested?

Appendix B – Outcome Measures (Revised January 2017)

- Yes
- No - *Why not?*
- I can't remember

Were you contacted by your school counsellor in the last six weeks?

Overall, on a scale of 1 to 5, how helpful was Smooth Sailing? (1= Very unhelpful, 5 = Very helpful)

*In what ways did Smooth Sailing help you?
What could be added to make it better?*

What could we do to make Smooth Sailing better?

Is there anything else you'd like to tell us about Smooth Sailing? (Leave blank if no?)

4) Monitoring Questionnaire: Goldberg Anxiety and Depression Scales

Depression. Think about how you have been feeling recently:

	Yes	No
Have you been lacking in energy?		
Have you lost interest in things?		
Have you lost confidence in yourself?		
Have you felt hopeless?		
Have you had difficulty concentrating?		
Have you lost weight (due to poor appetite)?		
Have you been waking early?		
Have you felt slowed up?		
Have you tended to feel worse in the morning?		

Anxiety. Think about how you have been feeling recently:

	Yes	No
Have you felt keyed up or on edge?		
Have you been worrying a lot?		
Have you been irritable?		
Have you had difficulty relaxing?		
Have you been sleeping poorly?		
Have you had headaches or neckaches?		
Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea, or needing to pass water more often than usual?		
Have you been worrying about your health?		
Have you had difficulty falling asleep?		

Key reference

Goldberg, D., Bridges, K., Duncan-Jones, P., & Grayson, D. (1988). Detecting anxiety and depression in general medical settings. *British Medical Journal*, 297, 897–899.