# **Appendix 2A Code No:\_\_\_\_\_\_**

# **PRE-COMPASSIONATE SELF CARE - Online Questionnaire**

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| **1. Self-Compassion** |

1. Can you describe what compassion is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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2. Can you describe what self- compassion means to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Self-Compassion Scale:**

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following 1-5 scale.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Almost never** |  |  |  | **Almost always** |
| **1** | **2** | **3** | **4** | **5** |

\_\_\_1. When I fail at something important to me I become consumed by feelings of inadequacy.

\_\_\_2. I try to be understanding and patient towards those aspects of my personality I don’t like.

\_\_\_3. When something painful happens I try to take a balanced view of the situation.

\_\_\_4. When I’m feeling down, I tend to feel like most other people are probably happier than I am.

­­\_\_\_5. I try to see my failings as part of the human condition.

\_\_\_6. When I’m going through a very hard time, I give myself the caring and tenderness I need.

\_\_\_7. When something upsets me I try to keep my emotions in balance.

\_\_\_8. When I fail at something that’s important to me, I tend to feel alone in my failure.

\_\_\_9. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.

\_\_\_10. When I feel inadequate in some way, I tend to remind myself that feelings of inadequacy are shared by most people.

\_\_\_11. I’m disapproving and judgmental about my own flaw and inadequacies.

\_\_\_12. I’m intolerant and impatient towards those aspects of my personality I don’t like.

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| **2. Your Wellbeing** |

Below are some statements about your feelings and thoughts.

Please tick the box that best describes your experience of each over the last week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
| *Example:*  *I’ve been feeling…* | *1* | *2* | *3* ***✓*** | *4* | *5* |
| I’ve been feeling optimistic about the future. | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling useful. | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling relaxed. | 1 | 2 | 3 | 4 | 5 |
| I’ve been dealing with problems well. | 1 | 2 | 3 | 4 | 5 |
| I’ve been thinking clearly. | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling close to other people. | 1 | 2 | 3 | 4 | 5 |
| I’ve been able to make up my own mind about things. | 1 | 2 | 3 | 4 | 5 |

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| **3. My Mood** |

**Capture My Mood:**

This section has 5 questions for you to complete relating to how you have felt over the last few days:

Please circle the number from 1-5 score which indicates how *‘Cheerful’, ‘Contented’, ‘Capable’, ‘Connected’, ‘Confident’* you have been.

*In the last few days I have felt ‘Cheerful’*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None of the time | Not very often | Some of the time | Very often | All of the time |
| 1 | 2 | 3 | 4 | 5 |

In the last few days I have felt ‘Contended’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None of the time | Not very often | Some of the time | Very often | All of the time |
| 1 | 2 | 3 | 4 | 5 |

*In the last few days I have felt ‘Capable’*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None of the time | Not very often | Some of the time | Very often | All of the time |
| 1 | 2 | 3 | 4 | 5 |

*In the last few days I have felt ‘Connected’*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None of the time | Not very often | Some of the time | Very often | All of the time |
| 1 | 2 | 3 | 4 | 5 |

*In the last few days I have felt ‘Confident’*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None of the time | Not very often | Some of the time | Very often | All of the time |
| 1 | 2 | 3 | 4 | 5 |

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| **4. Anxiety and Stress** |

**Prior Anxiety and Stress:**

To find out the association between a prior anxiety and stress level with levels of self-compassion, a history of anxiety and stress will be assessed by the following questions:

Have you experienced high levels of anxiety and stress when working as a nurse or midwife?

🞎Yes 🞎No If yes, please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you experienced high levels of anxiety and stress in your life?

🞎Yes 🞎No If yes, please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**State Trait Anxiety Scale:**

Read each statement below and then circle the most appropriate number to the right of the statement to indicate how you feel right now, at this moment. There are no right or wrong answers. Would you please give the answer which seems to describe your present feelings best?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Somewhat** | **Moderately** | **Very much** |
| 1. I feel calm | 1 | 2 | 3 | 4 |
| 2. I am tense | 1 | 2 | 3 | 4 |
| 3. I feel upset | 1 | 2 | 3 | 4 |
| 4. I am relaxed | 1 | 2 | 3 | 4 |
| 5. I feel content | 1 | 2 | 3 | 4 |
| 6. I am worried | 1 | 2 | 3 | 4 |

*Please make sure that you have answered all the questions*

|  |
| --- |
| **5. About You** |

Now there are just a few questions about you to finish off.

1. **Please mark the box to show which age group you fall into:**

|  |  |  |
| --- | --- | --- |
| * 16-20 | * 36-40 | * 56-60 |
| * 21-25 | * 41-45 | * 60+ |
| * 26-30 | * 46-50 |  |
| * 31-35 | * 51-55 |  |

1. **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What Ethnic group do you identify with?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What is your occupation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Employment:** What is your employment status?

🞎Full-time 🞎Part- time 🞎Contractual 🞎Self-employed 🞎Unemployed

How long have you been qualified as a Health Professional? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently registered to practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Education:** Please mark the box to show your highest level of qualification

🞎PhD 🞎Masters 🞎Postgraduate Diploma 🞎Certificate 🞎Graduate Degree

🞎Diploma 🞎Certificate

1. Have you attended any previous education or training for self-compassion?

🞎Yes 🞎No

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| --- |
| **6. Anything to Add?** |

Is there anything else you would like to discuss about your wellbeing and self-care?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you**