

**Wellcome Trust LPS Questionnaire Resource**

**V0.5; June 2021**

**Notes**

1. To reference data collected using this resource describe with:

*Data gathered from questionnaire(s) provided by Wellcome Longitudinal Population Study Covid-19 Steering Group and Secretariat (221574/Z/20/Z)*

1. To contact the secretariat for updates, support and advice email

 **wellcomecovid-19@bristol.ac.uk**

1. If using logos, please use the Wellcome Covid-19 logo on your questionnaire for participants alongside your own institution.

1. Please tag [@covid19qs](https://twitter.com/covid19qs) on twitter and/or link to <http://www.bristol.ac.uk/alspac/researchers/wellcome-covid-19/> where appropriate.

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# a. Formatting & Details

All questions that were not from ALSPAC questionnaire 1 and 2 have been given a source tag.

**Red text** indicates where the question’s original wording has been amended.

*[[Italic text in double squares bracket is note about question, not to be shown to participant.]]*

# Physical Health

## Pre-existing health conditions

**This section is asking about your current health and whether you have experienced any COVID-19, or other symptoms, so far.**

1. **Are you or do you currently have any of the following:**
	1. **If yes, please tell us exactly what you have:**
		1. Organ transplant recipient
		2. Diabetes (Type I or II)
		3. Heart disease or heart problems
		4. Hypertension (high blood pressure)
		5. Overweight
		6. A recent stroke
		7. Kidney disease
		8. Liver disease
		9. Anaemia
		10. Asthma
		11. Other lung condition such as COPD, bronchitis or emphysema
		12. Cancer
		13. Condition affecting the brain and nerves (e.g. Dementia, Parkinson’s, Multiple Sclerosis)
		14. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
		15. Depression
		16. Anxiety
		17. Psychiatric disorder
	2. **If yes, to a, b, c, k, l, m, q**
2. **Please tell us the type**
	1. [Free text]
	2. **If yes to n**
3. **Please tell us why your immune system is weakened**

[Free text]

1. **For each of the following questions please consider your *usual* situation and respond Yes or No**
	* 1. In general, do you have health problems that require you to limit your activities?
		2. Do you need someone to help you on a regular basis?
		3. In general, do you have any health problems that require you to stay at home?
		4. If you need help, can you count on someone close to you?
		5. Do you regularly use a stick, walker or wheelchair to move about?
			+ 1. Yes
				2. No
2. **Have you been contacted by letter or text message to say you are at severe risk from COVID-19 due to an underlying health condition and should be shielding?**
	1. Yes
	2. No
3. **Do you currently take any regular medication?**
	1. Yes
	2. No
4. **Do you usually bring up phlegm/sputum/mucus from the lungs, or do you usually feel like you have mucus in your lungs that is difficult to bring up, when you don’t have a cold?**

*[Source: UK BioBank]*

* 1. Yes, always
	2. Yes, Sometimes
	3. No
	4. Unsure

## COVID symptoms

1. **We are interested in whether you have experienced any symptoms listed below since** [the beginning of the pandemic/the first lockdown/the second lockdown], **which began on** [March 2020/ 23rd March 2020/5th January 2021].

**Please complete the table for *any* of the symptoms you have had and when you had them, if you can remember.** Please complete for any symptoms that were experienced irrespective of whether or not you saw a doctor and irrespective of whether or not you were told you had flu, or Covid-19 (corona virus) or any other diagnosis. Please give your best estimate or leave blank if you can’t remember.

*[[Months to be edited according to time-frame used]]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not Had  | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 |
| Decrease in appetite |  |  |  |  |  |  |
| Nausea and/or vomiting |  |  |  |  |  |  |
| Diarrhoea  |  |  |  |  |  |  |
| Abdominal pain/tummy ache |  |  |  |  |  |  |
| Runny nose |  |  |  |  |  |  |
| Sneezing |  |  |  |  |  |  |
| Blocked nose |  |  |  |  |  |  |
| Sore eyes |  |  |  |  |  |  |
| Loss of sense of smell or taste |  |  |  |  |  |  |
| Sore throat |  |  |  |  |  |  |
| Hoarse voice |  |  |  |  |  |  |
| Headache (if more often or worse than usual) |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |
| NEW Persistent cough |  |  |  |  |  |  |
| Tightness in the chest |  |  |  |  |  |  |
| Chest pain |  |  |  |  |  |  |
| Shortness of breath (affecting normal activities) |  |  |  |  |  |  |
| Fever (feeling too hot) |  |  |  |  |  |  |
| Chills (feeling too cold) |  |  |  |  |  |  |
| Difficulty sleeping |  |  |  |  |  |  |
| Felt more tired than normal |  |  |  |  |  |  |
| Severe fatigue (e.g. inability to get out of bed) |  |  |  |  |  |  |
| Numbness or tingling somewhere in the body |  |  |  |  |  |  |
| Feeling of heaviness in arms or legs |  |  |  |  |  |  |
| Achy muscles |  |  |  |  |  |  |
| Raised, red, itchy areas on the skin |  |  |  |  |  |  |
| Sudden swelling of the face or lips |  |  |  |  |  |  |
| Red/purple sores or blisters on your feet (including toes) |  |  |  |  |  |  |

1. **If you have had any of the symptoms above in the last week:**

When did the first one start?

1 2 3 4 5 6 7 days ago

Can’t remember

When did the lastone finish?

1 2 3 4 5 6 7 days ago

Can’t remember

I still have it/them

1. **In the last week have you had your temperature taken**?

Yes

No

1. **[If yes to 3] Who took your temperature?**

A doctor/nurse or other health professional

I did

It was taken by someone else

1. **[If yes to 3] If you can remember, what was the highest temperature reading?**

[Free text] °C

1. **Have you been in close contact with anyone with COVID-19 in the last two weeks?**

Yes, I was in contact with a confirmed/tested COVID-19 case

Yes, I was in contact with a suspected COVID-19 case

No, not to my knowledge

## Treatment for COVID

This section is for participants who have had COVID-19.

1. **Did you seek or receive treatment for your COVID-19 symptoms?**

No (Skip to next section)

Yes

1. **Please tell us what medical attention you received for your COVID-19 symptoms (please tick all that apply)**

I contacted NHS 111, by phone or online

I visited a pharmacist

I consulted GP/practice nurse over the phone or online

I consulted GP/practice nurse face to face

1. **Did you go to Accident and Emergency (A&E) for your COVID-19 symptoms?**

No (Skip to next section)

Yes

1. **Were you admitted to a hospital bed?**

No (Skip to next section)

Yes

1. **How many nights did you stay in hospital? (please provide a rough estimate if you can’t remember the exact number)**

\_ \_\_ nights

1. **Did you receive any breathing support during your hospital stay? (please tick all that apply)**

No

Yes, I received oxygen (through an oxygen mask, no pressure applied)]

Yes, I received non-invasive ventilation (through a special oxygen mask which pushes oxygen into your lungs, also called CPAP)

Yes, I received invasive ventilation (via a tube inserted in the throat. People are usually asleep for this procedure)

## Vaccination Intentions

1. **Which of the following best describes your thoughts about being vaccinated against coronavirus (COVID-19), once a vaccine becomes available to you? [Choose one response] \***
	1. I’ve not yet thought about getting vaccinated against COVID-19 (Go to next section)
	2. I’m not yet sure about getting vaccinated against COVID-19 (Go to next section)
	3. I’ve decided I don’t want to get vaccinated against COVID-19 (Go to Q2)
	4. I’ve decided I do want to get vaccinated against COVID-19 (Go to Q3)
2. **What is the main reason for your response? (tick all that apply)**
	1. I have had a test positive COVID-19 infection and believe I am immune
	2. I have had symptoms but not been test, however, believe I have had COVID-19 and am now immune
	3. I do not believe a vaccine will be safe
	4. I do not believe COVID-19 is that dangerous
	5. Other … [Free text]
3. **What is the main reason for your response? (tick all that apply)**
	1. I believe everyone should have the vaccine when one comes out in order to stop the infection
	2. I believe the vaccine will be safe and effective
	3. Other, please describe

## **COVID Testing**

1. **Have you ever had a test to see if you have or have had COVID-19? Tick all that apply:**
	1. No (Go to Q9)
	2. Yes, because I had symptoms
	3. Yes, because I have been in contact with someone who had COVID-19
	4. Yes, because of my job
	5. Yes, for another reason, please describe … [Free text]
2. **What kind of test have you had (tick all that apply)?**
	1. A swab test (swab taken from the your throat or nose or saliva) which tests for *active* infection, including PCR tests.
	2. An antibody test (this usually involves a drop of blood taken from your finger) which tests for *past* infection, including tests with a lateral flow device.
	3. Other, Please describe
	4. Don’t know
	5. **Set up branching such that participant completes q3 & 4 if yes to swab test, q5 & 6 if yes to antibody test, q5 & 6 if yes to other. Otherwise go to question 12**
3. **Have you had a positive result from a swab test?**
	1. No (Go to Q5)
	2. Yes
	3. Don’t know
4. **When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)**
	1. DD/MM/YY
5. **Have you had a positive result from an antibody test?**
	1. No     (Go to Q7)
	2. Yes
	3. Don’t know
6. **When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)**
	1. DD/MM/YY
7. **Have you had a positive result from the other test?**
	1. No     (Go to Q9)
	2. Yes
	3. Don’t know
8. **When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)**
	1. DD/MM/YY
9. **Do you think that you currently have or have had COVID-19?**
	1. Yes, confirmed by a positive test
	2. Yes, suspected by a doctor but not tested
	3. Yes, my own suspicions
	4. No (Go to Q11)
10. **If yes, when were you told/when did you think you first had COVID-19?**
	* + - 1. DD/MM/YYYY
11. **Do you know anyone who has died from COVID-19? (tick all that apply)**
	1. Yes, family member(s)
	2. Yes, friend(s)
	3. Yes, someone else
	4. No
	5. Prefer not to say
12. **Were you hospitalized for treatment of your COVID-19 disease?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to answer
13. **Have you had the flu vaccine in the last year?**
	1. Yes
	2. No

# Long COVID

## Your medical history

1. **In general, in the 3 months before the COVID-19 outbreak in March 2020, would you say your health was…**
	1. Excellent
	2. Very good
	3. Good
	4. Fair
	5. Poor
	6. Don’t know
	7. Prefer not to say
2. **Were you contacted by letter or text message to say you are at severe risk from COVID-19 due to an underlying health condition and should be shielding?**
	1. Yes
	2. No

## Your symptoms during the pandemic 2020 - 2021

1. **In this question we would like to know if you have had ANY of the following symptoms from ANY illness you have had over the last 6 months, whether or not you think they were related to COVID-19.**You will have the opportunity to let us know about other symptoms later on in the questionnaire.
If you have had any of these symptoms during the time periods shown below, please tick the box to indicate ‘Yes’. Leave the box blank if you have not had that symptom. We will interpret unticked boxes as ‘No’.

|  |  |  |  |
| --- | --- | --- | --- |
|  | November – December 2020 | January – February 2021 | March – April 2021 |
| a. Fever |  |  |  |
| b. Feeling feverish |  |  |  |
| c. Chills (feeling too cold) |  |  |  |
| d. Loss or change in sense of smell |  |  |  |
| e. Loss or change in sense of taste |  |  |  |
| f. Runny nose |  |  |  |
| g. Sore or painful throat |  |  |  |
| h. Shortness of breath or trouble breathing affecting normal activities |  |  |  |
| i. New persistent cough |  |  |  |
| j. Decrease in appetite |  |  |  |
| k. Diarrhoea |  |  |  |
| l. Unusual muscle pains or aches |  |  |  |
| m. Confusion, disorientation, or drowsiness |  |  |  |
| n. Unusual fatigue/feeling unusually tired |  |  |  |
| o. Headache |  |  |  |
| p. Chest pain |  |  |  |

1. **Has a doctor told you that you have developed a new health condition, illness or disability since March 2020? Please do not include a diagnosis of COVID-19 infection itself, which is covered later in this questionnaire.**
	1. I have not developed a new health condition since March 2020 (Skip to Q4)

I have developed…

|  |  |
| --- | --- |
| I have developed… | Has a doctor told you that this new health condition developed because of the COVID-19 infection? |
|  | **Yes** | **No** |
| a. High blood pressure or hypertension |  |  |
| b. A heart condition e.g., angina, heart attack, myocardial infarction, coronary thrombosis, congestive heart failure |  |  |
| c. Diabetes or high blood sugar |  |  |
| d. A stroke (cerebral vascular disease) |  |  |
| e. Arthritis (including osteoarthritis, or rheumatism) |  |  |
| f. Cancer or a malignant tumour (including leukaemia) |  |  |
| g. A condition affecting the mind or brain, e.g., expression, anxiety, and other conditions such as dementia |  |  |
| h. Post-viral fatigue |  |  |
| i. Post-COVID syndrome |  |  |
| j. A blood clot in the leg or lung |  |  |
| k. A condition affecting the nervous system outside the brain |  |  |
| l. A condition affecting the kidneys |  |  |
| m. Thyroid disease |  |  |
| n. Other condition (please specify) |  |  |

1. **Do you think that you have current have or have ever had COVID-19?**
	1. Yes, confirmed by a positive test
	2. Yes, based on medical advice
	3. Yes, based on strong personal suspicion
	4. Unsure
	5. No (Go to section 2.3)
	6. Prefer not to say (Go to section 2.3)
2. **When do you think you first got (or might have got) COVID-19? If you do not remember exactly, please put your best estimate.**
	1. DD/MM/YYYY
	2. Don’t know
	3. Prefer not to answer
3. **In the first 4 weeks of illness, did you look for any medical help for any symptoms you think may have been caused by COVID-19? Please select all that apply.**
	1. Yes – discussed symptoms with doctor/GP/practice nurse
	2. Yes – discussed symptoms with NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland
	3. Yes – accessed online advice at NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland
	4. Yes – visited pharmacist
	5. Yes – visited A&E or walk-in centre
	6. No
	7. Don’t know
	8. Prefer not to say
4. **Did you look for any medical help for any symptoms you had more than 4 weeks after your symptoms began, that you think ma yhave been caused by COVID-19? Please select all that apply.**
	1. Yes – discussed symptoms with doctor/GP/practice nurse
	2. Yes – discussed symptoms with NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland
	3. Yes – accessed online advice at NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland
	4. Yes – visited pharmacist
	5. Yes – visited A&E or walk-in centre
	6. No
	7. Don’t know
	8. Prefer not to say
5. **Have you ever had to stay in hospital because of COVID-19 symptoms?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to say
6. **Do you think you have caught COVID-19 more than once?**
	1. Yes, confirmed by a second positive test
	2. Yes, based on medical advice
	3. Yes, based on strong personal suspicion
	4. Unsure (Go to Q9)
	5. No (Go to Q9)
	6. Prefer not to say (Go to Q9)
7. **When did you catch COVID-19 the second time? If you do not remember exactly, please put your best estimate?**
	1. DD/MM/YYYY
	2. Don’t know
	3. Prefer not to say
8. **Thinking of your last, or only, episode of COVID-19, have you now recovered to normal?**
	1. Yes, I am back to normal
	2. No, I still have some or all of my symptoms
9. **How long have you had / did you have COVID-19 symptoms overall. Please include time spent with mild symptoms and the time in between symptoms if these have been coming and going.** If you have caught COVID-19 more than once, please answer about the longest episode of illness you experience**.**
	1. Less than 2 weeks
	2. 2 – 3 weeks
	3. 4 – 12 weeks
	4. More than 12 weeks
10. **For how long were you have you been able to function has normal due to COVID-19 symptoms**
	1. I was always able to function as normal (Go to Q13)
	2. 1 – 3 days
	3. 4 – 6 days
	4. 7 – 13 days
	5. 2 – 3 weeks
	6. 4 – 12 weeks
	7. 12+ weeks
11. **How many days were you or have you been so unwell that you stayed in bed or on the sofa?**
	1. None
	2. 1 – 3 days
	3. 4 – 6 days
	4. 7 – 12 days
	5. 2 – 3 weeks
	6. 4 – 12 weeks
	7. 12+ weeks
12. **Did you have any of the following problems 12 weeks (or more) after first catching COVID-19? Please only consider symptoms that are not explained by another reason. Tick all that apply.**
	1. I was back to my usual self (Go to section 2.3)
	2. Breathing problems, e.g. breathlessness, pain on breathing, cough
	3. Altered sense of taste or smell
	4. Problems thinking and communicating e.g., brain-fog, memory problems, difficulty concentrating, decreased alertness, confusion, difficulty speaking
	5. Heart problems, e.g. chest pain, palpitation
	6. Light-headedness / dizziness on standing
	7. Abdominal problems, e.g. tummy pain, diarrhoea, appetite loss
	8. Muscle problems, e.g. muscle aches, weakness, severe fatigue
	9. Altered feelings in your body, e.g. unusual tingling, pain
	10. Problems relating to mood, e.g. anxiety, feeling ‘down’, or irritable
	11. Problems sleeping, e.g. poor sleep or excessive sleep
	12. Skin rashes
	13. Bone / joint pain
	14. Headaches
13. **How much difficulty did you have with the following activities 12 weeks (3 months) after your COVID-19 illness began?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No difficulty** | **Mild** | **Moderate** | **Severe** | **Extreme/Unable to do** | **Compared to before COVID-19, are you** |
| **Better**  | **Worse** | **Same** |
| Standing for long periods, such as 30 minutes? |  |  |  |  |  |  |  |  |
| Taking care of your household responsibilities? |  |  |  |  |  |  |  |  |
| Learning a new task, e.g. learning how to get to a new place? |  |  |  |  |  |  |  |  |
| Joining in community activities (e.g. festivities, religious, other)? |  |  |  |  |  |  |  |  |
| Being emotionally affected by your health problems? |  |  |  |  |  |  |  |  |
| Concentrating on doing something for ten minutes? |  |  |  |  |  |  |  |  |
| Walking a long distance such as 1 kilometre or half a mile? |  |  |  |  |  |  |  |  |
| Washing your whole body? |  |  |  |  |  |  |  |  |
| Getting dressed? |  |  |  |  |  |  |  |  |
| Dealing with people you do not know? |  |  |  |  |  |  |  |  |
| Maintaining a friendship? |  |  |  |  |  |  |  |  |
| Your day-to-day work\* / school? |  |  |  |  |  |  |  |  |

\* Includes paid and unpaid work

1. **Thinking of how you felt 12 weeks after your COVID-19 illness began, what did you need help with because of COVID-19? Please select all that apply**
	1. Getting essential shopping, e.g. food or medication
	2. Preparing food and/or drink
	3. Washing and dressing
	4. Housework, e.g. laundry, cleaning, or hoovering
	5. Managing household responsibilities, e.g. finances or paying bills
	6. Day-to-day work / study
	7. Childcare or other caring responsibilities
	8. Letting other people know about my illness (e.g. employer, university, family)
	9. Getting about (travel), e.g. driving
	10. I have not needed any additional support
2. **What help or support have you found helpful, 12 weeks after your COVID-19 illness began?** Please select all that apply.
	1. Self-organised group or network of people with the same condition, e.g. on social media
	2. Local volunteer network
	3. Support from people you live with
	4. Support from neighbours
	5. Support from a religious group
	6. Support from a charity
	7. Support from family
	8. Support from friends
	9. Support from your local council
	10. Support from your GP or the NHS
	11. I’m not sure what was most helpful
3. **What help do you think would be most useful for people who continue to have symptoms 12 weeks after their COVID-19 illness began?** Please select the top three most useful.
	1. Network of people with the same condition
	2. Reliable, easily accessible information in one place
	3. Access to financial support
	4. Access to supermarket / food deliveries
	5. Access to therapy – e.g. occupational or physical therapy
	6. Access to psychological support
	7. Access to a doctor and if necessary, specialist care
	8. I’m not sure what would be most useful

## Testing for Coronavirus

1. **Have you ever had a swab test to see if you have COVID-19 (of your nose and/or throat, or saliva)?** Please select all that apply
	1. Yes, because of my job / studying (e.g. routine swab tests) \* (Go to Q3)
	2. Yes, because I had symptoms
	3. Yes, because I had been in contact with someone who had COVID-19
	4. Yes, because I have taken part in a research study
	5. Yes, because of travel
	6. Yes, because I needed a medical procedure (not related to COVID-19)
	7. Yes, because my local areas was involved in routine swabbing
	8. Yes, other
	9. No (go to Q5)
		* + 1. \* If you have selected this answer, please go straight to Question C3 and DO NOT answer C2 (even if you additionally select other answers that direct you to C2).
2. **Can you provide the dates of your swab / saliva test and results? If you can’t remember exactly, please give your best estimate.** If you have had routine swab tests because of your work or study, please skip to Q3.

|  |  |
| --- | --- |
|  | Test results |
| **Date of test (DD/MM/YYYY)** | **Positive** | **Negative** | **Unknown** | **Prefer not to say** |
| \_ \_ / \_ \_ / \_ \_ \_ \_  |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |

1. **Can you provide the dates of your tests and results where they were positive (if any)? Please include all positive test results you have received, whether due to routine testing or for any other reason. Do not include negative or inconclusive results. If you can’t remember exactly, please give your best estimate.**
	1. (DD / MM / YYYY) \_ \_ / \_ \_ / \_ \_ \_ \_
		* + 1. **Please go to Q5**
2. **When did you start routine testing for your work / study?** If you can’t remember exactly, please give your best estimate.
	1. (DD / MM / YYYY) \_ \_ / \_ \_ / \_ \_ \_ \_
	2. Don’t know
3. **Have you ever had a blood or finger-prick test to see if you had past infection with COVID-19 sometimes called antibody or serology tests)?** Please select all that apply
	1. Yes, because I previously had symptoms
	2. Yes, because I took part in a research study
	3. Yes, because of my job / studying (e.g. routine antibody tests)
	4. Yes, other
	5. No (Go to section 2.4)
	6. Don’t know (Go to section 2.4)
4. **Can you provide the dates of your bloody or finger-prick tests and results?** If you can’t remember exactly, please give your best estimate.

|  |  |
| --- | --- |
|  | Test results |
| **Date of test (DD/MM/YYYY)** | **Positive** | **Negative** | **Unknown** | **Prefer not to say** |
| \_ \_ / \_ \_ / \_ \_ \_ \_  |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |
| \_ \_ / \_ \_ / \_ \_ \_ \_ |  |  |  |  |

## Vaccination

1. **Have you been invited to have a COVID-19 vaccine?**
	1. Yes
	2. No (Go to Section 3)
	3. Don’t know (Go to Section 3)
	4. Prefer not to say (Go to Section 3)
2. **Have you had at least one COVID-19 vaccine injection?**
	1. Yes
	2. No – but I intend to (Go to Section 3)
	3. No – and I do not intend to (Go to Section 3)
	4. Don’t know (Go to Section 3)
	5. Prefer not to say (Go to Section 3)

If you have your vaccine card, please use that to help answer the following questions.

1. **What is the name of the vaccine you received?**
	1. Oxford AstraZeneca
	2. Pfizer BioNTech
	3. Moderna
	4. Janssen / Johson & Johnson
	5. Valneva
	6. Novavax
	7. Other – please specify:
	8. Don’t know
2. **When was your first COVID-19 vaccine injection?** If you can’t remember exactly, please put your best estimate.
	1. (DD / MM / YYYY) \_ \_ / \_ \_ / \_ \_ \_ \_
	2. Don’t know
3. **Have you had your second COVID-19 vaccine injection yet?**
	1. No (Go to Q8)
	2. Yes
4. **What is the name of the second dose vaccine you received?**
	1. Oxford AstraZeneca
	2. Pfizer BioNTech
	3. Moderna
	4. Janssen / Johnson & Johnson
	5. Valneva
	6. Novavax
	7. Other – please specify:
	8. Don’t know
5. **When was your second COVID-19 vaccine injection?** If you can’t remember exactly, please put your best estimate.
	1. (DD / MM / YYYY) \_ \_ / \_ \_ / \_ \_ \_ \_
	2. Don’t know
6. **Did you have ongoing symptoms from COVID-19 in the week before you were given your first COVID-19 vaccine injection?**
	1. Yes
	2. No (Go to Section 3)
	3. Don’t know (Go to Section 3)
7. **Please tell us whether your symptoms from your COVID-19 illness changed 2 week s or later after having your first COVID-19 vaccine injection.**
	1. Yes – They all got better
	2. Yes – Some of them got better
	3. No change
	4. Yes – Some of them got worse
	5. Yes – they all got worse
	6. Some improved and others got worse
	7. It has not yet been 2 weeks since my first COVID-19 vaccine injection

# **Mental Health and Well-Being**

## Depression

*ADULTS (18 years+) only [See Section 6.3 for questionnaires for those under 18]*

1. **Over the last two weeks, how often have you been bothered by any of the following problems?**

*Source: PHQ-9*

*Ask the last question only if safe to use in the population being studied*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Not at all | Several days | More than half the days | Nearly every day |
| Little interest or pleasure in doing things |   |   |   |   |
| Feeling down, depressed, or hopeless? |   |   |   |   |
| Trouble falling or staying asleep, or sleeping too much? |   |   |   |   |
| Feeling tired or having little energy? |   |   |   |   |
| Poor appetite or overeating? |   |   |   |   |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down? |   |   |   |   |
| Trouble concentrating on things, such as reading the newspaper or watching television? |   |   |   |   |
| 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? |   |   |   |   |
| Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

## Anxiety

1. **Over the last two weeks, how often have you been bothered by any of the following problems?**

*Source: GAD-7*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Not at all | Several days | More than half the days | Nearly every day |
| Feeling nervous, anxious or on edge? |   |   |   |   |
| Not being able to stop or control worrying? |   |   |   |   |
| Worrying too much about different things? |   |   |   |   |
| Trouble relaxing? |   |   |   |   |
| Being so restless that it is hard to sit still? |   |   |   |   |
| Becoming easily annoyed or irritable? |   |   |   |   |
| Feeling afraid as if something awful might happen? |   |   |   |   |

## Loneliness

1. **Here are some questions about how isolated you feel from those around you. For each question, you will be asked about how isolated you have been feeling recently. We will then ask you to compare with how you were feeling before** [March 2020/ 23rd March 2020/5th January 2021]

|  |  |  |
| --- | --- | --- |
|  | *How often I feel like this now* | How often I felt like this BEFORE[March 2020/ 23rd March 2020/5th January 2021] |
|  | *Hardly ever* | *Some of the time* | *Often* | *Hardly ever* | *Some of the time* | *Often* |
| How often do you feel you lack companionship? |  |  |  |  |  |  |
| How often do you feel left out? |  |  |  |  |  |  |
| How often do you feel isolated from others? |  |  |  |  |  |  |
| How often do you feel alone? |  |  |  |  |  |  |

## Focus

1. **Compared with before** [the beginning of the pandemic/the first lockdown/the second lockdown], **which began** [March 2020/ 23rd March 2020/5th January 2021]**, I find thinking and remembering things:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    | Much improved | A bit improved | No change | A bit worse | Much worse |
| Remembering things about family and friends (e.g., birthdays, addresses) |   |   |   |   |   |
| Recalling recent events / conversations a few days later |   |   |   |   |   |
| Ability to maintain focus / concentration |   |   |   |   |   |
| Learning new things in general |   |   |   |   |   |
| Making decisions on everyday matters |   |   |   |   |   |
| Using your intelligence to understand what is going on and reason through things |   |   |   |   |   |

## Mental healthcare

[the beginning of the pandemic/the first lockdown/the second lockdown], **which began** [March 2020/ 23rd March 2020/5th January 2021]

1. **Before the** [the first lockdown/the second lockdown, **which began** [23rd March 2020/5th January 2021]**, did you have any mental health difficulties?**
	1. Yes
	2. No (Go to Q4)
	3. Don’t know (Go to Q4)
2. **If yes, before** [the first lockdown/the second lockdown, **which began** [23rd March 2020/5th January 2021]**, did you receive support for your mental health difficulty?**
	1. Yes

No (Go to Q4)

1. **If yes, who did you receive help for your mental health difficulties from? (tick all that apply)**
	1. Health care professional
	2. Online helpline/service
	3. NHS phoneline
	4. Other phoneline (such as Samaritans)
	5. Family/friends
	6. Other … [Free text]
	7. None of the above
2. **Since the** [the first lockdown/the second lockdown], **which began** [23rd March 2020/5th January 2021]**, was announced [23rd March], have you had any mental health difficulties?**
	1. Yes
	2. No (Go to next section)
	3. Don’t know (Go to next section)
3. **If yes, since** [the first lockdown/the second lockdown, **which began** [23rd March 2020/5th January 2021]**, was announced, have you tried to access services to support your mental health difficulty?**
	1. Yes
	2. No (go to next section)
4. **If yes did you seek help from any of the following sources? (tick all that apply)**
	1. Health care professional
	2. Online helpline/service
	3. Crisis hotline
	4. Family/friends
	5. Other … [Free text]
5. **If you accessed care from a health care professional in what setting did this occur? (Tick all that apply)**
	1. Face-to-face in primary care / general practice
	2. Face-to-face in general hospital
	3. Face-to-face in acute/psychiatric hospital
	4. Face-to-face elsewhere, please specify: [Free text]
	5. By phone
	6. By video-link
	7. Other … [Free text]
6. **How would you rate the ongoing care you are receiving for your mental health difficulty during lockdown?**
	1. Very good
	2. Good
	3. Fair
	4. Poor
	5. Very poor
7. **How does it compare to the care you received before the**[the first lockdown/the second lockdown, **which began** [23rd March 2020/5th January 2021]**, was announced?**
	1. Much better
	2. Somewhat better
	3. Stayed the same
	4. Somewhat worse
	5. Much worse
8. **Have you had any difficulty accessing care during any lockdown periods?**
	1. Often
	2. Sometimes
	3. Seldom
	4. Never
	5. N/A - Did not access care
9. **If you accessed care from a health care professional in what setting did this occur for your initial assessment/interaction?**
	1. Face-to-face in primary care / general practice
	2. Face-to-face in general hospital
	3. Face-to-face in acute/psychiatric hospital
	4. Face-to-face elsewhere – please specify: [Free text]
	5. By phone
	6. By video-link
	7. Other .. [Free text]
10. **How would you rate the initial assessment/interaction you had with the healthcare professional?**
	1. Very good
	2. Good
	3. Fair
	4. Poor
	5. Very poor
11. **If you received follow-up care from a health care professional in what setting did this occur?**
	1. Face-to-face in general hospital
	2. Face-to-face in acute/psychiatric hospital
	3. Face-to-face elsewhere – please specify: [Free text]
	4. By phone
	5. By video-link
	6. Other … [Free text]
12. **How would you rate your follow-up care with the healthcare professional?**
	1. Very good
	2. Good
	3. Fair
	4. Poor
	5. Very poor

## Free text

1. **Have you experienced any positive aspects to lockdown?**
	1. [Free text]
2. **What are you three main worries at the moment?**
	1. [Free text 1]
	2. [Free text 2]
	3. [Free text 3]
3. **Finally, is there anything else about how the COVID-19 pandemic has affected you (positive and/or negative) that you would like to tell us?**
	1. Yes: [Free Text]
	2. No

# Social Circumstances

## Living Arrangement

1. **What type of accommodation do you live in?**
	1. House or bungalow
	2. Flat or apartment
	3. Hostel
	4. Mobile home or caravan
	5. Sheltered house
	6. Homeless
	7. Other, please specify
2. **Has your living arrangement changed because of the COVID-19 pandemic?**
	1. Yes
	2. No
3. **If yes, please tell us how they have changed (Please tick all that apply)**
	1. I moved to my current address temporarily because of the COVID-19 pandemic
	2. I started living with my partner because of the COVID-19 pandemic
	3. An adult other than my partner (e.g. sibling, child, parent) has moved into my address because of the COVID-19 pandemic
	4. Adults I live with have moved elsewhere because of the COVID-19 pandemic
	5. One or more young persons have moved into my address because of the COVID-19 pandemic
	6. Other, please describe: [free text]
4. **What is your *current* postcode?**
	1. Please enter in the format AB12 3CD (using capital letters and a space)

The following questions are about where you were living during *[the first lockdown/the second lockdown/between the first and second lockdown*], which began [*23rd March 2020/5th January 2021/1st June 2020*] and [*ended 4th July 2020/ is ongoing/ended 5th January 2021*]**.** If you have lived in more than one place, please answer about where you have spent the most time.

*[[Note: Have added option to capture the ‘between first and second lockdown’ stage.]]*

1. **Did you feel that you could experience nature while at home (e.g. by looking out of a window or by accessing an outdoor space)?**

Yes

No

Not sure

1. **Did you receive any sunlight in your home? (e.g. through windows or doors)**

Yes

No

Don’t know

1. **Did your home have a safe outdoor space (e.g., a garden or yard) where you can exercise or play?**

Yes

No (Skip to Section 4)

1. **If yes, was your garden/yard shared or private?**
	1. Shared
	2. Private

## Your Household

*[SOURCE: The COVID Personal Experience (CoPE) study, TwinsUK]*

Only present these questions if participant answers ‘Yes, I live with one other person’ to question 3.1.9

1. **How many people do you live with?**
	1. [Free text]
2. **What best describes your relationship to this person/these people? Please select from the list provided below.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** | **Person 8** |
| 1.Spouse/Partner | □ | □ | □ | □ | □ | □ | □ | □ |
| 2.Child | □ | □ | □ | □ | □ | □ | □ | □ |
| 3.Grandchild  | □ | □ | □ | □ | □ | □ | □ | □ |
| 4.Parent | □ | □ | □ | □ | □ | □ | □ | □ |
| 5.Mother-in-law/Father-in-law/Your partner’s parent | □ | □ | □ | □ | □ | □ | □ | □ |
| 6.Twin | □ | □ | □ | □ | □ | □ | □ | □ |
| 7.Sibling (not including your twin)  | □ | □ | □ | □ | □ | □ | □ | □ |
| 8.Sister-in-law/Brother-in-law/Your partner’s sibling | □ | □ | □ | □ | □ | □ | □ | □ |
| 9.Friend/Housemate  | □ | □ | □ | □ | □ | □ | □ | □ |
| 10.Grandparent | □ | □ | □ | □ | □ | □ | □ | □ |
| 11.Aunt/Uncle/Your parent’s sibling | □ | □ | □ | □ | □ | □ | □ | □ |
| 12.Great-Aunt/Great-Uncle/Your grandparent’s sibling | □ | □ | □ | □ | □ | □ | □ | □ |
| 13.Cousin/Other familial relation | □ | □ | □ | □ | □ | □ | □ | □ |
| 14.Other (Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ | □ | □ | □ | □ | □ | □ |

1. **How old is this person (to the nearest year)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** | **Person 8** |
| Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ | Age\_\_\_\_\_ |

1. **In the past week, how would you describe the quality of your relationship with this person? (Tick one box)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Prefer not to say** | **Excellent** | **Good** | **Average** | **Poor** | **Very poor** |
| Person 1  | □ | □ | □ | □ | □ | □ |
| Person 2  | □ | □ | □ | □ | □ | □ |
| Person 3  | □ | □ | □ | □ | □ | □ |
| Person 4  | □ | □ | □ | □ | □ | □ |
| Person 5  | □ | □ | □ | □ | □ | □ |
| Person 6  | □ | □ | □ | □ | □ | □ |
| Person 7  | □ | □ | □ | □ | □ | □ |
| Person 8  | □ | □ | □ | □ | □ | □ |

1. **How would you describe the quality of your relationship with this person before the lockdown on 23rd March 2020? (Tick one box)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Prefer not to say** | **Better than now** | **Worse than now** | **About the same as now** |
| Person 1  | □ | □ | □ | □ |
| Person 2  | □ | □ | □ | □ |
| Person 3  | □ | □ | □ | □ |
| Person 4  | □ | □ | □ | □ |
| Person 5  | □ | □ | □ | □ |
| Person 6  | □ | □ | □ | □ |
| Person 7  | □ | □ | □ | □ |
| Person 8  | □ | □ | □ | □ |

## Housing

**These questions are about where you are currently living**

1. **Do you have trouble with damp or mould in your home?**
	1. Yes
	2. No
	3. Don’t know
2. **Have you used any treatment for damp on mould since *[the first lockdown/the second lockdown], which began [23rd March 2020/5th January 2021]?***

No

Yes, please describe [Free text]

1. **Do you have trouble with vermin (e.g. mice, other rodents, cockroaches) in your home?**
	1. Yes
	2. No
2. **Has this changed since the start of *[the first lockdown/the second lockdown], which began [23rd March 2020/5th January 2021*]?**
	1. Yes, it has got worse
	2. Yes, it has got better
	3. No, it has stayed the same
3. **How many rooms are in your home (not including the kitchen and bathroom)?**
	1. [Free text] rooms
4. **Which of the following is the main source of heating inside your home (indicate any that apply)**
	1. Gas
	2. Electricity
	3. Coal
	4. Wood
	5. Oil
	6. Do not have ability to heat home
	7. Other … [Free text]
5. **Which of the following is the main source for cooking in your home (indicate any that apply)**
	1. Gas
	2. Electricity
	3. Coal
	4. Wood
	5. Oil
	6. Do not have ability to heat home
	7. Other … [Free text]
6. **Do you have an extractor fan for cooking?**
	1. Yes
	2. No (Go to Q10)
7. **If yes, do you use it when you cook?**
	1. Mostly
	2. Sometimes
	3. Never
8. **Does the room where you cook have a window or door you can open when cooking?**
	1. Yes
	2. No
9. **Has your cooking frequency changed since the start of *[the first lockdown/the second lockdown], which began [23rd March 2020/5th January 2021*]??**
	1. Yes, increased a lot
	2. Yes, increased a little
	3. No, it’s the same
	4. Yes, decreased a little
	5. Yes, decreased a lot
10. **Which of the following is the main way you keep the inside of your house cool in warm weather? [choose all that apply]**
	1. Natural ventilation or shade (e.g. open windows or doors, using heat absorbing shades)

Open outside doors

Electronic devices (e.g. fans or air conditioning)

Other, please specify

## Neighbourhoods

**Please tell us about your neighbourhood *before* *[the first lockdown/the second lockdown], which began [23rd March 2020/5th January 2021].***

1. **What was the general opinion of your neighbourhood?**
	1. Very good area
	2. Fairly good area
	3. Not very good area
	4. Bad area
	5. Don’t know
2. **Did you argue with your neighbours?**
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
3. **Did you socialise with your neighbours? (visit their home, go out together)**
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always

**Please tell us about your neighbourhood *now***

1. **What is the general opinion of your neighbourhood?**
	1. Very good area
	2. Fairly good area
	3. Not very good area
	4. Bad area
	5. Don’t know
2. **Do you argue with your neighbours?**
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
3. **Do you socialise with your neighbours? (visit their home, go out together when there are no restrictions due to COVID)**
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
4. **How much of a problem is noise from other people’s homes**
	1. Serious problem
	2. Minor problem
	3. No problem (Go to Q9)
	4. No opinion (Go to Q9)
5. **How much of a problem is noise from outside in the street?**
	1. Serious problem
	2. Minor problem
	3. No problem (Go to Q11)
	4. No opinion (Go to Q11)
6. **Would you say you were more or less sensitive to noise compared to other people?**
	1. Serious problem
	2. Minor problem
	3. No problem (Go to Q13)
	4. No opinion (Go to Q13)

## Social Contacts

1. **How many people outside those in your household did you speak to in the last week from each of the following age groups:** *(enter the number of people in each box, it is fine to estimate this)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Face to face (in person) | Remotely over the phone (no video image) | Remotely with a video image | With physical contact (e.g. handshake/hug/kissas part of your work etc.) |
| Children aged 0-4 years  |  |  |  |  |
| Children aged 5-17 years |  |  |  |  |
| Young adults (<18 years) |  |  |  |  |
| Adults aged 18-29 years |  |  |  |  |
| Adults aged 30-39 years |  |  |  |  |
| Adults aged 40-49 years |  |  |  |  |
| Adults aged 50-59 years |  |  |  |  |
| Adults aged 60-69 years |  |  |  |  |
| Adults aged 70+ years |  |  |  |  |

## Finance

1. **How much do you agree with the following statements?**
	* 1. **I am worried about my future financial situation**
		2. **I am worried about my job security**
		3. **I’m worried about my partners’ job security (If applicable)**
			+ 1. Strongly agree
				2. Agree
				3. Neither agree nor disagree
				4. Disagree
				5. Strongly disagree
2. **Before the [*first / second*] official lockdown was announced on the [*23rd March 2020/5th January 2021*], how well would you say you personally were managing financially?**
	1. Living comfortably
	2. Doing all right
	3. Just about getting by
	4. Finding it quite difficult
	5. Finding it very difficult
3. **Overall,** **how do you feel your current financial situation compares to before the [*first / second*] official lockdown was announced on the [*23rd March 2020 / 5th January 2021*]?**
	1. I’m much worse off
	2. I’m a little worse off
	3. I’m about the same
	4. I’m a little better off
	5. I’m much better off
4. **Which of the following statements best describes the food eaten in your household in the last week?**
	1. You all always had enough of the kinds of foods you wanted to eat. (Go to Q5)
	2. You all had enough to eat, but not always the kinds of food you wanted (Go to Q5)
	3. You sometimes did not have enough to eat. (Skip to Q6)
	4. You often didn't have enough to eat. (Skip to Q6)
5. **You said that you sometimes or often did not have enough to eat. Who in your household was affected?**
	1. Everyone
	2. Adults only
	3. Mother only
6. **How often has your household used a food bank, or similar service, in the 12 months before the first coronavirus lockdown, that is, from February 2019-February 2020?**
	1. Never
	2. Less than four times
	3. Four times or more
7. **How often did your household use a food bank, or similar service, from the 23rd March 2020 – 4th July 2020 i.e. during the main period of the first coronavirus lockdown?**
	1. Never
	2. Less than four times
	3. Four times or more
8. **How often did your household use a food bank, or similar service, from the 4th July 2020 – 5th January 2021 i.e. between the first and second coronavirus lockdown?**
	1. Never
	2. Less than four times
	3. Four times or more
9. **How often has your household used a food bank, or similar service, in the last two weeks?**
	1. Never
	2. Less than four times
	3. Four times or more
10. **In the three months prior to the coronavirus outbreak (I.e. December 2019-February 2020) did you or anyone in your household claim any of the following benefits? [Select all that apply]**
	1. None
	2. Free school meals
	3. Universal credit
	4. Pension credit
	5. Employment support allowance
	6. Statutory sick pay
	7. Housing benefit
	8. Council tax benefit
	9. Carers allowance
	10. PIP
	11. Don’t know
	12. Prefer not to answer
11. **Are you or anyone in your household receiving any of the following benefits now? [Select all that apply]**
	1. None
	2. Free school meals
	3. Universal credit
	4. Pension credit
	5. Employment support allowance
	6. Statutory sick pay
	7. Housing benefit
	8. Council tax benefit
	9. Carers allowance
	10. PIP
	11. Don’t know
	12. Prefer not to answer

## Employment

The next set of questions are about your job, or any other things that you have been doing before and since the first UK lockdown

1. **Which of these would you say best described your employment situation NOW? (if you are doing more than one of these please choose the activity that you spend most time doing)**
	* 1. Self-employed and employing others
		2. Self-employed, not employing others
		3. Employed and supervising others
		4. Employed but not supervising others
		5. Doing voluntary/unpaid work
		6. In education at school/college/university
		7. Retired
		8. Permanently sick or disabled
		9. Looking after home and/or family/dependents
		10. Unemployed
		11. Other, please describe [Free text]
2. **And how many hours per week do you usually work now, not including meal breaks but including overtime? Please enter your answer in the box below."**
	1. [Range: 1 – 168.00 (allow decimal places)]
3. **Which of the following best describes your work location since the [*first / second*] official lockdown was announced on the [*23rd March 2020 / 5th January 2021*]**
	1. Work from your own home
	2. Work at employer’s premises
	3. Work at a client’s or patient’s premises
	4. Work in a car or other vehicle
	5. Work outside (e.g., construction site)
	6. Public spaces
4. **Did your employment status change after the first lockdown was introduced on 23rd March 2020?**
	1. Yes
	2. No (Go to Q7)
5. **Which of these would you say best described your employment situation BEFORE the first lockdown (March 23rd 2020)? (if you were doing more than one of these please choose the activity that you spent most time doing)**
	* 1. Self-employed and employing others
		2. Self-employed, not employing others
		3. Employed and supervising others
		4. Employed but not supervising others
		5. Doing voluntary/unpaid work
		6. In education at school/college/university
		7. Retired
		8. Permanently sick or disabled
		9. Looking after home and/or family/dependents
		10. Unemployed
		11. Other, please describe [Free text]
6. **How many hours per week did you usually work, not including meal breaks but including overtime before the first lockdown on the 23rd March 2020? Please enter your answer in the box below**
	1. [Range: 1 – 168.00 (allow decimal places)]
7. **Did your employment status change after the second lockdown was introduced on 5th January 2021?**
	1. Yes
	2. No (Go to Q9)
8. **Which of these would you say best described your employment situation BEFORE the second lockdown (5th January 2021)? (if you were doing more than one of these please choose the activity that you spent most time doing)**
	* 1. Self-employed and employing others
		2. Self-employed, not employing others
		3. Employed and supervising others
		4. Employed but not supervising others
		5. Doing voluntary/unpaid work
		6. In education at school/college/university
		7. Retired
		8. Permanently sick or disabled
		9. Looking after home and/or family/dependents
		10. Unemployed
		11. Other, please describe [Free text]
9. **How many hours per week did you usually work, not including meal breaks but including overtime before the second lockdown on the 5th January 2020? Please enter your answer in the box below**
	1. [Range: 1 – 168.00 (allow decimal places)]
10. **Is your work currently (select one)**
	1. Mostly inside
	2. Equally inside and outside
	3. Mostly outside
11. **If you are still going to work, are you exposed to any of the following:**
	* 1. Persistent noise that you cannot control
		2. Fumes (strong-smelling gas, smoke, vapour)
		3. Dust
			+ 1. Yes, most of the time
				2. Yes, some of the time
				3. Yes, but not very often
				4. Not at all

***If question 1 response is c or d:***

1. **Have you ever received a written letter or email from your employer to confirm that you have been furloughed under the Coronavirus Job Retention Scheme?**
	1. Yes
	2. No

***If question 1 response is a or b***

1. **How worried are you about the impact of COVID-19 on your business?**
	1. Not at all worried
	2. Slightly worried
	3. Moderately worried
	4. Very worried
	5. Extremely worried
	6. Not applicable
2. **How confident are you that your business will survive the COVID-19 pandemic?**
	1. Not confident at all
	2. Not very confident
	3. Somewhat confident
	4. Very confident
	5. Not applicable

Questions about businesses that have already been lost

1. **Have you applied to the Self-Employment Income Support Scheme?**
	1. Yes
	2. No (Go to Q12)
	3. Don’t know (Go to Q12)

**Have you received financial support from the Self-Employment Income Support Scheme?**

* 1. Yes
	2. No, my application is under review
	3. No, my application was declined
	4. Don’t know
	5. Not applicable
1. **What is the postcode of where you have been working since lockdown started if this is not at home?** Please enter in the format AB12 3CD (using capital letters and a space)
	1. I have been working at home (tick)
	2. [Free text]

***If question 1 response is a, b, c or d:***

1. **When COVID-19 restrictions were put in place, were you designated as a key worker or critical worker?**
	1. Yes
	2. No (Skip to Section 4.8)
2. **What sector do you work in?**
	* 1. Health, social care or relevant related support worker (e.g. doctor, nurse, NHS volunteer)
		2. Teaching or childcare worker
		3. Key public services (justice, religious staff, journalist or mortuary)
		4. Local and national government
		5. Food and other necessary goods (production, sales, delivery)
		6. Public safety or national security worker (police, armed forces)
		7. Transport or border worker
		8. Utilities, communication and financial services
3. **Does your work require you to be in close contact (i.e. within 2 m) with others, who you do not live with, including while travelling to work?**
	1. Yes, all of the time
	2. Yes, most of the time
	3. Some of the time
	4. Rarely
	5. Not at all
4. **In your workplace, do you have access to necessary personal protective equipment (PPE)?**
	1. Yes, all of the time
	2. Yes, most of the time
	3. Some of the time
	4. Rarely
	5. Not at all
	6. Not applicable

## Partner’s Employment

1. **If you have a partner, which of these bests describes what your partner was doing just before the first lockdown on the 23rd March 2020?” If they were doing more than one activity, please choose the activity that they spent most time doing.**
	* 1. Employed
		2. Self-employed
		3. In unpaid/ voluntary work
		4. Apprenticeship
		5. Unemployed
		6. Permanently sick or disabled
		7. Looking after home or family
		8. In education at school/college/university
		9. Retired
		10. I do not have a partner (Skip to Section 4.9)
2. **How many hours per week did your partner usually work, not including meal breaks but including overtime before the first lockdown on the 23rd March 2020? Please enter your answer in the box below**
	1. [Range: 1 – 168.00 (allow decimal places)]
3. **If you have a partner, which of these bests describes what your partner was doing just before the second lockdown on the 5th January 2021?” If they were doing more than one activity, please choose the activity that they spent most time doing.**
	* 1. Employed
		2. Self-employed
		3. In unpaid/ voluntary work
		4. Apprenticeship
		5. Unemployed
		6. Permanently sick or disabled
		7. Looking after home or family
		8. In education at school/college/university
		9. Retired
		10. I do not have a partner (Skip to Section 4.9)
4. **How many hours per week did your partner usually work, not including meal breaks but including overtime before the second lockdown on the 5th January 2021? Please enter your answer in the box below**
	1. [Range: 1 – 168.00 (allow decimal places)]
5. **Which of these would you say best describes your partner’s current situation, now?**
	* 1. Employed and working the same number of hours (pre-lockdown)
		2. Employed and working reduced number of hours
		3. Employed but on paid leave (including furlough)
		4. Employed and on unpaid leave
		5. Apprenticeship
		6. In unpaid/voluntary work.
		7. Self-employed and currently working
		8. Self-employed but not currently working
		9. Unemployed
		10. Permanently sick or disabled
		11. Looking after home or family
		12. In education at school/college/university
		13. Retired
6. **And how many hours per week does your partner usually work now, not including meal breaks but including overtime? Please enter your answer in the box below.**
	1. [Range: 1 – 168.00 (allow decimal places)]

## New connections

1. **Have you given help to someone who you haven't helped before during COVID-19?**
	1. Yes, and I am being paid to do so
	2. Yes, and I am not being paid to do so
	3. No (Go to Q3)
2. **If yes, what help did you give? (Tick all that apply)**
	1. Shopping for groceries (including online shopping)
	2. Getting in touch to check on wellbeing
	3. Delivering medicines
	4. Providing transport to appointments
	5. Other … [Free text]
3. **Have you received help that you wouldn’t normally receive during the COVID-19 pandemic?**
	1. Yes, paid help
	2. Yes, unpaid help
	3. No (Skip to Q5)
4. **If yes, what help did you receive? (Tick all that apply)**
	1. Help with shopping for groceries (including online shopping)
	2. People getting in touch to check on your wellbeing
	3. Delivery of medicines
	4. Help with transport to appointments
	5. Other … [Free text]
5. **Over the past week how often have you taken part in a community activity, e.g. online community group, online chat group, street or neighbourhood WhatsApp group (Tick one response)**

*[Source: Centre for Longitudinal Studies Web Survey]*

* 1. Never
	2. Every day
	3. Every 2-3 days
	4. Every 4-5 days

# Lifestyle

## Impact on life

**Consider repeating/replacing these questions for the different lockdown periods**

1. **Since the start of the pandemic in March 2020, have any of the following aspects of your life changed? (*If you didn't do the activity before, and aren't doing it now, please select 'not applicable'.)***
	* 1. Amount you sleep
		2. Amount of physical activity/exercise you do
		3. Visiting green space (e.g. park, beach, woodland; not your garden)
		4. Amount you smoke/vape
		5. Amount of alcohol you drink
		6. Number of hours you work outside your home
		7. Number of hours you work at home
		8. Time spent travelling on public transport
		9. Time spent travelling in a car
		10. Time spent on a bike
		11. Time spent on computer, tablet or phone (playing games, accessing the internet etc)
		12. Time spent watching TV
		13. Time spent talking to family/friends **inside** your home (face to face or on the phone/online)
		14. Time spent talking to family/friends **outside** your home (face to face or on the phone/online)
		15. Time spent talking to work colleagues (face to face or on the phone/online)
		16. Practising relaxation/mindfulness/meditation
		17. Time spent listening to the news
		18. Time spent learning new things
		19. Time spent doing hobbies/things you enjoy
		20. Amount you eat
		21. Amount of fruit you eat
		22. Amount of vegetables you ear
		23. Amount of meat you eat
		24. Amount of fish you eat
		25. Amount of dairy products (e.g., milk, cheese, eggs) you eat
		26. Amount of savoury snacks you eat
		27. Number of sweet snacks and confectionary you eat
		28. Amount of other fast food you eat
		29. Amount of sugar sweetened drinks (including tea) you drink
		30. Amount of money you’ve spent
			+ 1. Decreased a lot
				2. Decreased a little
				3. Stayed the same
				4. Increased a little
				5. Increased a lot
				6. Not applicable
2. **Which of the following best described your isolation status during the [*first / second*] lockdown, which began [*23rd March 2020 / 5th January 2021*]? [tick all that apply]**
	1. I lived my life as normal
	2. I did not self-isolate, but I cut down on my usual activities as a precaution/I did social distancing
	3. I did not self-isolate specifically, but I stopped going to work like normal and worked from home
	4. I self-isolated due to diagnosis of Covid-19 or possible symptoms
	5. I self-isolated because I have an existing medical condition or am categorised as high risk
	6. I self-isolated as I was worried about spreading it to others or getting ill (but I am not high risk)
	7. I self-isolated to protect a family member, friend or housemate who has an existing medical condition/is high risk
	8. I self-isolated as it was ordered by the government or local authority as part of a lockdown
	9. I self-isolated but this is NOT because of Covid-19 but because of another reason e.g. a pre-existing health condition or disability
3. **Which of the following best describes how often you left the house during the [*first / second*] lockdown, which began [*23rd March 2020 / 5th January 2021*]?**
	1. I did not leave the house
	2. I rarely left the house and when I did, I had little interaction with others (e.g. for exercise)
	3. I rarely left the house but had to visit somewhere with lots of people (e.g. supermarket, hospital)
	4. I had to leave the house often and was in contact with other people (e.g. working outside the house or using public transport)
4. **Before 23rd March 2020, how many days a week would you leave the house/garden (e.g., to work, go to college/university, shop, exercise)?**
	1. Every day
	2. 4-6 days
	3. 1-3 days
	4. Never
5. **Since 23rd March 2020, how many days a week do you leave the house (e.g. to work, shop or exercise)?**

Every day

4-6 days

1-3 days

Never

1. **Since 5th January 2021, how many days a week do you leave the house (e.g. to work, shop or exercise)?**

Every day

4-6 days

1-3 days

Never

## Digital access and leisure

[*SOURCE: CovidLife survey]*

We would like to know about how you spend your time. This will include how much time you spend on different activities and how you keep in touch with your friends and family. We would like to understand how this has changed since COVID-19 measures were introduced.

1. **Please tell us which of the following you currently have access to. (Select all that apply)**
	1. Landline telephone
	2. Basic mobile phone (for phone calls and texts only)
	3. Smartphone
	4. Desktop computer
	5. Laptop computer
	6. iPad or other tablet
	7. Kindle or other e-reader
	8. Gaming console
	9. Unlimited internet access
	10. None of the above
2. **Thinking back to just before COVID-19 measures were introduced (i.e., January 2020), on an average weekday, how many hours per day did you:**
	1. [Answer table below]
3. **Thinking back to just before COVID-19 measures were introduced (i.e., January 2020), on an average weekend day, how many hours per day did you:**
	1. [Answer table below]
4. **On an average weekday now, how many hours per day do you:**
	1. [Answer table below]
5. **On an average weekend day now, how many hours per day do you:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None | Less than 1 | 1-2 | 3-4 | 5-6 | 7-8 | 9+ |
| Watch TV |  |  |  |  |  |  |  |
| Watch TV on catch up services, e.g., BBC iPlayer |  |  |  |  |  |  |  |
| Use streaming services, e.g., Netflix, Amazon Prime |  |  |  |  |  |  |  |
| Watch YouTube videos |  |  |  |  |  |  |  |
| Listen to the radio or podcasts  |  |  |  |  |  |  |  |
| Play video games on PC/laptop or games console |  |  |  |  |  |  |  |
| Use a computer or laptop for work  |  |  |  |  |  |  |  |
| Use a computer or laptop (not for gaming or for work) |  |  |  |  |  |  |  |
| Use your phone, or tablet |  |  |  |  |  |  |  |
| Read books for pleasure (including e-books)  |  |  |  |  |  |  |  |
| Look at or use social media  |  |  |  |  |  |  |  |

## Alcohol consumption

Will need to include a ‘drinkogram (see here:<https://www.bris.ac.uk/media-library/sites/alspac/documents/participants/drinkogram.pdf>) for ALSPAC version to translate common types of alcoholic drinks and their amounts into a standard number of drinks (units), based on strength and volume.

1. **Before the first lockdown (i.e. since 23rd March 2020), how often did you have a drink containing alcohol?**
	1. Never (Skip to Q4)
	2. 2-4 times a month
	3. 2-3 times a week
	4. 4 or more times a week
2. **Before the first lockdown, how many units (standard measures) did you have on a typical day when you were drinking?**
	1. 1 or 2
	2. 3 or 4
	3. 5 or 6
	4. 7 to 9
	5. 10 or more
3. **Before the first lockdown, how often did you have more than six units (standard measures) on one occasion?**
	1. Never
	2. Less than monthly
	3. Monthly
	4. Weekly
	5. Daily or almost daily
4. **During the first lockdown (i.e., between 23rd March 2020 and 4th July 2020), how often did you have a drink containing alcohol?**
	1. Never (Skip to next section)
	2. Monthly or less
	3. 2-4 times a month
	4. 2-3 times a week
	5. 4 or more times a week
5. **During the first lockdown, how many units (standard measures) did you have on a typical day when you are drinking?**
	1. 1 or 2
	2. 3 or 4
	3. 5 or 6
	4. 7 to 9
	5. 10 or more
6. **During the first lockdown, how often did you have more than six units (standard measures) on one occasion?**
	1. Never
	2. Less than monthly
	3. Monthly
	4. Weekly
	5. Daily or almost daily
7. **After the second lockdown was announced, (i.e., after 5th January 2021), how often do you have a drink containing alcohol?**
	1. Never (Skip to next section)
	2. Monthly or less
	3. 2-4 times a month
	4. 2-3 times a week
	5. 4 or more times a week
8. **After the second lockdown was announced, how many units (standard measures) do you have on a typical day when you are drinking?**
	1. 1 or 2
	2. 3 or 4
	3. 5 or 6
	4. 7 to 9
	5. 10 or more
9. **After the second lockdown was announced, how often do you have more than six units (standard measures) on one occasion?**
	1. Never
	2. Less than monthly
	3. Monthly
	4. Weekly
	5. Daily or almost daily

# For Parents Concerning Children and Young People

These are questions about children and young people to be completed by their parents or guardians. Please see Section 11 for questions to be answered directly by children or young people themselves.

## Behaviour

(Children defined as under 18, living in the same household – need to identify that a household has children)

1. **Since** [the beginning of the pandemic/the first lockdown/the second lockdown], **which began** [March 2020/ 23rd March 2020/5th January 2021] **have any of the following aspects of your children’s life changed?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Decreased a lot** | **Decreased a little** | **Stayed the same** | **Increased a little** | **Increased a lot** | **N/A** |
| Amount they sleep |  |  |  |  |  |  |
| Amount of physical activity/exercise they do |  |  |  |  |  |  |
| Time they spend learning in the house (including home schooling) |  |  |  |  |  |  |
| Time they spend playing inside the house |  |  |  |  |  |  |
| Amount of time they spend outside the home |  |  |  |  |  |  |
| Amount of time they spend in green spaces such as parks or gardens |  |  |  |  |  |  |
| Time spent using devices with a screen |  |  |  |  |  |  |
| Amount of fruits they eat |  |  |  |  |  |  |
| Amount of vegetables they eat |  |  |  |  |  |  |
| Amount of meat they eat |  |  |  |  |  |  |
| Amount of fish they eat |  |  |  |  |  |  |
| Amount of dairy product they eat (e.g. milk, cheese and eggs) |  |  |  |  |  |  |
| Amounts of savoury snacks they eat |  |  |  |  |  |  |
| Amount of sweets, pastry, ice-cream they eat |  |  |  |  |  |  |
| Amount of other fast-foods they eat |  |  |  |  |  |  |
| Amount of sugar sweetened beverage including tea they drink |  |  |  |  |  |  |
| Time spent outdoors in in the open air (e.g. spending time in the garden, in a park, walking, jogging, other sport) |  |  |  |  |  |  |

## Education

1. **Do you have one or more children in full time education? Include school or college courses and includes children who are schooled at home**
	1. Yes
	2. No (Go to Section 6.3)
2. **Before the first official lockdown was announced on the 23rd March 2020, how was each child being educated? *(pick the best answer)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Was going to a school/college in person** | **Was enrolled on a distance learning course** | **Was schooled at home** |
| My youngest child |  |  |  |
| My second youngest child |  |  |  |
| My third youngest child |  |  |  |
| My fourth youngest child |  |  |  |
| Any other children [opens free text box] |  |  |  |

1. **Since [**the first lockdown/the second lockdown], **which began** [23rd March 2020/5th January 2021**], how has each child been educated? (*pick the best answer)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Still goes to a school/college in person** | **Still enrolled on a distance learning course** | **Now does work set by the school/****college at home** | **Still schooled at home** |
| My youngest child |  |  |  |  |
| My second youngest child |  |  |  |  |
| My third youngest child |  |  |  |  |
| My fourth youngest child |  |  |  |  |
| Any other children [opens free text box] |  |  |  |  |

1. **Since [**the first lockdown/the second lockdown], **which began** [23rd March 2020/5th January 2021**], has your child or children had any of these problems accessing education?** *(tick any that apply)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Difficulty adapting to remote learning | Limited quality or quantity of remote lessons | Lack of device or internet connection for accessing remote learning | No suitable place in the home to learn |
| My youngest child |  |  |  |  |
| My second youngest child |  |  |  |  |
| My third youngest child |  |  |  |  |
| My fourth youngest child |  |  |  |  |
| Any other children [opens free text box] |  |  |  |  |

## Physical Health

1. **We are interested in whether your child has experienced any symptoms listed below since** [23rd March 2020/5th January 2021**). Please complete the table for *any* of the symptoms you child may have had and when they had them, if you can remember. Please complete for any symptoms that were experienced irrespective of whether or not your child saw a doctor and irrespective of whether or not you were told they had flu, or Covid-19 (coronavirus) or any other diagnosis. Please give your best estimate or leave blank if you can’t remember.**

*[[Months to be edited according to time-frame used]]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not Had  | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 |
| Decrease in appetite |  |  |  |  |  |  |
| Nausea and/or vomiting |  |  |  |  |  |  |
| Diarrhoea  |  |  |  |  |  |  |
| Abdominal pain/tummy ache |  |  |  |  |  |  |
| Runny nose |  |  |  |  |  |  |
| Sneezing |  |  |  |  |  |  |
| Blocked nose |  |  |  |  |  |  |
| Sore eyes |  |  |  |  |  |  |
| Loss of sense of smell or taste |  |  |  |  |  |  |
| Sore throat |  |  |  |  |  |  |
| Hoarse voice |  |  |  |  |  |  |
| Headache (if more often or worse than usual) |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |
| NEW Persistent cough |  |  |  |  |  |  |
| Tightness in the chest |  |  |  |  |  |  |
| Chest pain |  |  |  |  |  |  |
| Shortness of breath (affecting normal activities) |  |  |  |  |  |  |
| Fever (feeling too hot) |  |  |  |  |  |  |
| Chills (feeling too cold) |  |  |  |  |  |  |
| Difficulty sleeping |  |  |  |  |  |  |
| Felt more tired than normal |  |  |  |  |  |  |
| Severe fatigue (e.g. inability to get out of bed) |  |  |  |  |  |  |
| Numbness or tingling somewhere in the body |  |  |  |  |  |  |
| Feeling of heaviness in arms or legs |  |  |  |  |  |  |
| Achy muscles |  |  |  |  |  |  |
| Raised, red, itchy areas on the skin |  |  |  |  |  |  |
| Sudden swelling of the face or lips |  |  |  |  |  |  |
| Red/purple sores or blisters on your feet (including toes) |  |  |  |  |  |  |

1. **Has your child had COVID-19 (Coronavirus)?**
	1. Yes, diagnosed by a doctor and recovered
	2. Yes, diagnosed and still ill
	3. Suspected and recovered
	4. Suspected and still ill
	5. No
2. **Since the first official lockdown was announced on March 23rd 2020, was your child due any routine vaccinations? (tick one)**
	1. No (Skip to next section)
	2. Yes
3. **If yes, did your child receive these vaccines? (tick one)**
	1. No
	2. Yes (Skip to Section 6)
4. **If no, please tell us why your child did not receive these vaccinations (tick all that apply)**
	1. I was worried about COVID-19 and decided to wait
	2. I did not receive an invite from the GP
	3. Other … [Free text]

# Personal Response to the Pandemic

In this section we are interested in understanding how either the factors you have described in sections 1 to 5 **or** other events might have made the situation you experience better or worse. Below are questions about whether you feel they influenced the impact of the pandemic and the COVID-19 restrictions.

## Impact of COVID-19 Restrictions

1. **Have you been following the government guidance on:** [Source: CovidLife3]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Most of the time | Some of the time | Never |
| Social distancing |  |  |  |  |
| Staying at home as much as possible |  |  |  |  |
| Self-isolating |  |  |  |  |
| Wearing face-coverings in enclosed spaces, such as on public transport or in shops |  |  |  |  |

1. **How much has COVID-19 changed your daily routine?** [Source: CovidLife1]
	1. A lot
	2. Some
	3. A little
	4. Not at all
2. **Have your education, employment, or life plans changed as a result of COVID-19**? [Source: TeenCovidLife2]
	1. Yes
	2. No
	3. Don't know
	4. Prefer not to say
3. **How long do you think it will be before your life returns to normal? [**SOURCE: Office of National Statistics, https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/29january2021]
	1. Less than one month
	2. 1 to 3 months
	3. 4 to 6 months
	4. 7 to 9 months
	5. 10 to 12 months
	6. More than a year
	7. Never
	8. Not sure
	9. Prefer not to say
4. **At this time, how comfortable or uncomfortable do you feel about leaving your home due to the coronavirus (COVID-19 pandemic?** [Source: ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/29january2021>]
	1. Very comfortable
	2. Comfortable
	3. Neither comfortable nor uncomfortable
	4. Uncomfortable
	5. Very uncomfortable
	6. Not applicable
	7. Don’t know
	8. Prefer not to say

Please tell us, on a scale of 1 (do not agree at all) to 10 (agree very strongly), how strongly you agree with the following statements:

1. **My actions will influence whether or not I get COVID-19** [Source: CovidLife3]
2. **It is my responsibility to follow all Government guidance to prevent the spread of COVID-19 to others** [Source:CovidLife3]
	1. 1 0 Do not agree at all … 10 – Agree very strongly
3. **On a scale of 1 (not at all) to 5 (a lot), please tell us how much these COVID-19 measures have *negatively affected* you and other members of your household?** [Source: CovidLife1]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Not at all | 2 | 3 | 4 | 5 A lot |
| Social distancing |  |  |  |  |  |
| Self-isolation |  |  |  |  |  |
| Staying at home as much as possible |  |  |  |  |  |
| Travel restrictions in your local area |  |  |  |  |  |
| Wider travel restrictions |  |  |  |  |  |
| Restrictions on who can work |  |  |  |  |  |
| Home-based working |  |  |  |  |  |
| Access to GP and NHS services |  |  |  |  |  |
| School and nursery closures |  |  |  |  |  |

1. **Since the** [the first lockdown / the second lockdown] **was introduced on** [23rd March 2020/5th January 2021]**, have you been worried about:** [Source: CovidLife1]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all worried | Slightly worried | Moderately worried | Very worried | Extremely worried | Not applicable |
| Physical health of you and others in your household |  |  |  |  |  |  |
| Mental wellbeing of you and other in your household |  |  |  |  |  |  |
| Losing your job/not getting paid |  |  |  |  |  |  |
| Others in your household losing your job/not getting paid |  |  |  |  |  |  |
| Household finances |  |  |  |  |  |  |
| Not being able to pay mortgage or rent |  |  |  |  |  |  |
| Your education |  |  |  |  |  |  |
| Your children’s education  |  |  |  |  |  |  |
| Access to GP and NHS services |  |  |  |  |  |  |
| Access to social care or other support services |  |  |  |  |  |  |
| Access to medication |  |  |  |  |  |  |
| Access to food |  |  |  |  |  |  |
| Your relationship with your spouse/partner |  |  |  |  |  |  |
| Arguing with your spouse/partner |  |  |  |  |  |  |
| Your relationship with your children |  |  |  |  |  |  |
| Not being able to see family members who don’t live with you |  |  |  |  |  |  |
| Not being able to see friends |  |  |  |  |  |  |
| Having life plans put on hold |  |  |  |  |  |  |

1. **In which ways is the coronavirus (COVID-1) outbreak affected your life? (Select as many as applicable)** [Source: ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/29january2021>]
	1. My health is being affected
	2. My work is being affected
	3. Schools, colleges and universities are being affected
	4. My household finances are being affected
	5. My well-being is being affected (for example, boredom, loneliness, anxiety and stress)
	6. Lack of freedom and independence
	7. My relationships are being affected
	8. My caring responsibilities are being affected
	9. My access to paid or unpaid care is being affected
	10. My exercise routine is being affected
	11. Access to groceries, medications and essentials are being affected (for example, not able to shop as often, depending on others to shop for me)
	12. Access to healthcare and treatment for non-coronavirus (COVID-19) related issues is being affected
	13. Transport is being affected
	14. Personal travel plans are being affected (for example, holidays and gap year)
	15. Work travel plans are being affected
	16. Life event plants are being affected (for example, weddings and funerals)
	17. I am unable to make plans
	18. Other

## Managing Health in the Pandemic

Please tell us, on a scale of 1 (do not agree at all) to 10 (agree very strongly), how strongly do you agree with the following statements:

1. **Managing my health has become more difficult during the COVID-19 pandemic** [Source: CovidLife1]
2. **Accessing and remembering to take my medications has become more difficult during the COVID-19 pandemic** [Source: CovidLife1]
	1. 1 – Do not agree at all … 10 – Agree very strongly, Not applicable

--

1. **How do you think your weight has changed since the** [first lockdown / second lockdown] **introduced on** [March 23rd 2020 / 4th January 2021]**?** [Source: CovidLife3]
	1. I have gained weight
	2. My weight has stayed the same
	3. I have lost weight
2. **Compared to before the** [first lockdown / second lockdown] **was introduced on** [March 23rd 2020 / 4th January 2021 **are you:** [Source: CovidLife1]
	1. Smoking more now than before
	2. Smoking about the same
	3. Smoking less now than before
	4. I don’t smoke – ex-smoker
	5. I don’t some – never smoked
3. **Compared to before the** [first lockdown / second lockdown] **was introduced on** [March 23rd 2020 / 4th January 2021**] are you:** Source: CovidLife1]
	1. Vaping more now than before
	2. Vaping about the same
	3. Vaping less now than before
	4. I don’t vape
4. **Compared to before the** [first lockdown / second lockdown] **was introduced on** [March 23rd 2020 / 4th January 2021 **are you:** [Source: CovidLife1]
	1. Drinking more alcohol now than before
	2. Drinking about the same amount of alcohol
	3. Drinking less alcohol now than before
	4. I don’t drink alcohol
5. **In the last two weeks, how often have you felt nervous or stressed because of COVID-19?** [Source: CovidLife]
	1. Never
	2. Some of the time
	3. Most of the time
	4. All of the time

## Transport and Accessibility

In this section, we would like to know a bit more about how the COVID-19 measures have impacted on transport in your daily life.

[SOURCE: RuralCovidLife]

1. **Do you consider yourself to live in a geographically remote area?**
	1. Yes
	2. No
	3. Don’t know
2. **Before the** [first lockdown / second lockdown] **was introduced on** [March 23rd 2020 / 4th January 2021**, how often did you have difficulty planning a route using public transport?**
	1. All of the time
	2. Most of the time
	3. Some of the time
	4. None of the time
3. **How often do you have difficulty planning a route using public transport now?**
	1. All of the time
	2. Most of the time
	3. Some of the time
	4. None of the time

## Connectivity

The measures used to prevent further spread of COVID-19 have meant that many people are spending more time online, working from home, staying in touch with friends, etc. This section is all about your access to the internet and how easily you can access it.

[SOURCE: RuralCovidLife]

1. **How does your household connect to the internet? Select all that apply.**
	1. Superfast fibre broadband (e.g., Virgin Media, BT Infinity)
	2. Cable modem or DSL broadband (e.g., BT, Plusnet, Sky)
	3. Broadband via satellite
	4. Public WiFi
	5. Mobile broadband via mobile phone network (3G or 4G) via a mobile phone, smartphone or tablet
	6. Dial up access
	7. Other (please specify) \_\_\_\_
	8. My household does not have access to the internet
	9. Don’t know
2. **How would you describe your current broadband connection?**
	1. Very poor
	2. Poor
	3. Fair
	4. Good
	5. Very good
	6. Excellent
	7. Don’t know
	8. Not applicable

Please tell us how important each of the following is to you/your household **now**

[SOURCE: RuralCovidLife]

How important is reliable high-speed broadband…

1. **To be able to work from home**
2. **To be able to run your business**
3. **To keep in touch with friends and family**
4. **To access health and support services**
5. **For your children to do their school work from home**
	1. Very important
	2. Quite important
	3. Not very important
	4. Not at all important
	5. Not applicable

# Impact of Brexit

To what extent to you agree or disagree with each of the following statements:

1. **The more I hear about Brexit, the more confusing it gets**. [Source: Britain Thinks, April 2019: <https://britainthinks.com/pdfs/Brexit-Diaries-April-19_Full-Presentation.pdf>]
2. **Anxiety about Brexit is bad for people’s mental health.** [Source: Britain Thinks]
3. **Regardless of the outcome on Brexit, Britain will thrive over the next 10 years.** [Source: Britain Thinks]
4. **I am unsure what Brexit means for me and my family** [Source: Britain Thinks, December 2018: https://britainthinks.com/pdfs/Brexit-Diaries\_December-2018-Update\_Tables\_FINAL\_FOR-PUBLIC-USE.pdf]
	1. Strongly agree
	2. Tend to agree
	3. Tend to disagree
	4. Strongly disagree
5. **Thinking about the next year or so, how optimistic or pessimistic do you feel about the United Kingdom?** [Source: Britain Thinks, February 2020: https://britainthinks.com/pdfs/Brexit-Diaries-2020\_Data-tables.pdf]
	1. Very optimistic
	2. Fairly optimistic
	3. Fairly pessimistic
	4. Very pessimistic
	5. Don’t know
6. **Have you felt anxious or depressed specifically because of Brexit in the last year?** [Source: Mental Health Foundation]
	1. Yes, I have felt anxious because of Brexit
	2. Yes, I have felt depressed because of Brexit
	3. Yes, I have felt both anxious and depressed because of Brexit
	4. No, I have not felt anxious or depressed because of Brexit
	5. Don’t know

Have you experienced either of the following specifically because of Brexit in the last year?[SOURCE: Mental Health Foundation]

1. **Problems sleeping**
	1. Yes, I have
	2. No, I have not
	3. Don’t know
2. **High levels of stress**
	1. Yes, I have
	2. No, I have not
	3. Don’t know
3. **Have you ever experience conflict with a partner/family member because of a disagreement about Brexit?** [SOURCE: Mental Health Foundation]
	1. Yes I have
	2. No I have not
	3. Don’t know
4. **Which, if any, of the following describe the emotions that Brexit has caused you to feel in the last year? (Please select all that apply. If Brexit has not caused you to feel any emotions in particular, please select the ‘Not applicable’ option).** [SOURCE: Mental Health Foundation]
	1. Powerless
	2. Angry
	3. Worried
	4. Low mood
	5. Hopeful
	6. Happy
	7. Confident
	8. Other
	9. Don’t know
	10. Not applicable – Brexit has not caused me to feel any emotions in particular

# COVID-19 Knowledge and Policy

## COVID-19 Knowledge

1. **How would you rate your knowledge about COVID-19?**
	1. Extremely good
	2. Somewhat good
	3. Neither good nor bad
	4. Somewhat bad
	5. Extremely bad
2. **I get information about Covid-19 (the coronavirus) from: (choose all that apply)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | The origin of the virus | The spread of the virus in the UK and other countries | The rules which apply during lockdown | The best way to stay healthy during lockdown | How to get better if you catch the virus | How to prevent others from getting infected by the virus  |
| Friends, family, colleagues |  |  |  |  |  |  |
| Workplace |  |  |  |  |  |  |
| Television |  |  |  |  |  |  |
| Printed media |  |  |  |  |  |  |
| Printed health education posters |  |  |  |  |  |  |
| Social media |  |  |  |  |  |  |
| Official websites including the UK Government, NHS, WHO and CDC |  |  |  |  |  |  |
| Other websites |  |  |  |  |  |  |
| My doctor or other healthcare workers |  |  |  |  |  |  |
| Articles in scientific journals |  |  |  |  |  |  |

1. **I think the following sources are: (choose one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very reliable | Slightly reliable | Neither reliable nor unreliable | Slightly unreliable | Very unreliable |
| Friends, family, colleagues |   |   |   |   |   |
| Workplace |   |   |   |   |   |
| Television |   |   |   |   |   |
| Printed media |   |   |   |   |   |
| Printed health education posters |   |   |   |   |   |
| Social media |   |   |   |   |   |
| Official websites including the UK Government, NHS, WHO and CDC |   |   |   |   |   |
| Other websites |   |   |   |   |   |
| My doctor or other healthcare workers |   |   |   |   |   |
| Articles in scientific journals |   |   |   |   |  |

## Communication of COVID-19 Information

1. **Do you find the UK Government guidance on COVID-19 easy to understand?** [SOURCE: CovidLife3]
	1. Extremely easy
	2. Somewhat easy
	3. Neither easy nor difficult
	4. Somewhat difficult
	5. Extremely difficult
2. **Do you find the Scottish Government guidance on COVID-19 easy to understand?** [SOURCE: CovidLife3]
	1. Extremely easy
	2. Somewhat easy
	3. Neither easy nor difficult
	4. Somewhat difficult
	5. Extremely difficult
3. **On a scale of 1 (not at all difficult) to 10 (extremely difficult), how difficult has it been for you to find accurate, understandable information about COVID-19?** [Source: CovidLife3]
	1. 1 … 10
4. **During the** [the first lockdown / the second lockdown] **from** [23rd March 2020/5th January 2021]**, how easy or difficult do you think it** [was/is] **to follow the lockdown measures where you live?** [Source: ONS]
	1. Very easy
	2. Easy
	3. Neither easy nor difficult
	4. Difficult (Show Q5)
	5. Very difficult (Show Q5)
5. **For what reasons do you think it is difficult to follow lockdown measures?** [Source: ONS]
	1. Impact on income and household finances
	2. Impact on health
	3. Impact on wellbeing
	4. Strain on relationships with family and friends
	5. Life events being missed
	6. Don’t feel coronavirus (COVID-19) is a personal risk
	7. Coronavirus (COVID-19) is low in my rea
	8. Other
	9. Don’t know

# Domestic Violence

The following section is about domestic violence and abuse. We know this is a sensitive subject, but it is important to ask as it affects many people. Please remember that all answers are confidential. You do not have to answer any of these questions if you do not want to.

1. **How often altogether have any of your partner/ex-partner/spouse ever intentionally done any of the following to you during the 12 months before the first lockdown on 23rd March 2020?**

By 'partner', we mean anyone you have ever been out with or had a relationship with, long-term or short-term (including 'one night stands').

|  |  |
| --- | --- |
|  | *Cross one option* *on each line*  |
|  | Never | Once | A few times | Often |
| a) Told you who you could see and where you could go and/or regularly checked what you were doing and where you were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent you hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened you into sending a sexual image or photo of yourself against your wishes? |  |  |  |  |
| d) Made fun of you, called your hurtful names, shouted at you?  |  |  |  |  |
| e) Used physical force such as pushing, slapping, hitting or holding you down? |  |  |  |  |
| f) Used more severe physical force such as punching, strangling, beating you up, hitting you with an object? |  |  |  |  |
| g) Pressured you into kissing/touching/something else? |  |  |  |  |
| h) Physically forced you into kissing/touching/something else? |  |  |  |  |
| i) Pressured you into having sexual intercourse? |  |  |  |  |
| j) Physically forced you into having sexual intercourse? |  |  |  |  |
| k) Did any of the above make you feel scared or frightened, or did any partner make you feel frightened in any other way? |  |  |  |  |

➨ If you answered 'Never' to ALL the above questions, please go to Q3

1. How did you feel after they did these things to you? (cross one option on each line)

|  |  |  |
| --- | --- | --- |
| 1. Upset/unhappy
 | Yes  | No |
| 1. Affected my work/studies
 | Yes  | No |
| 1. Made me feel sad
 | Yes  | No |
| 1. No effect/not bothered
 | Yes  | No |
| 1. Anxious
 | Yes  | No |
| 1. Made me drink more alcohol/take more drugs
 | Yes  | No |
| 1. Felt loved/protected/ wanted
 | Yes  | No |
| 1. Thought it was funny
 | Yes  | No |
| 1. Angry/annoyed
 | Yes  | No |
| 1. Depressed
 | Yes  | No |
| 1. Isolated/lonely
 | Yes  | No |

1. **How often altogether have any of your partner/ex-partner/spouse ever intentionally done any of the following to you during the first lockdown, from 23rd March 2020 to 5th July 2020?**

By 'partner', we mean anyone you have ever been out with or had a relationship with, long-term or short-term (including 'one night stands').

|  |  |
| --- | --- |
|  | *Cross one option* *on each line*  |
|  | Never | Once | A few times | Often |
| a) Told you who you could see and where you could go and/or regularly checked what you were doing and where you were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent you hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened you into sending a sexual image or photo of yourself against your wishes? |  |  |  |  |
| d) Made fun of you, called your hurtful names, shouted at you?  |  |  |  |  |
| e) Used physical force such as pushing, slapping, hitting or holding you down? |  |  |  |  |
| f) Used more severe physical force such as punching, strangling, beating you up, hitting you with an object? |  |  |  |  |
| g) Pressured you into kissing/touching/something else? |  |  |  |  |
| h) Physically forced you into kissing/touching/something else? |  |  |  |  |
| i) Pressured you into having sexual intercourse? |  |  |  |  |
| j) Physically forced you into having sexual intercourse? |  |  |  |  |
| k) Did any of the above make you feel scared or frightened, or did any partner make you feel frightened in any other way? |  |  |  |  |

➨ If you answered 'Never' to ALL the above questions, please go to Q5

1. How did you feel after they did these things to you? (cross one option on each line)

|  |  |  |
| --- | --- | --- |
| 1. Upset/unhappy
 | Yes  | No |
| 1. Affected my work/studies
 | Yes  | No |
| 1. Made me feel sad
 | Yes  | No |
| 1. No effect/not bothered
 | Yes  | No |
| 1. Anxious
 | Yes  | No |
| 1. Made me drink more alcohol/take more drugs
 | Yes  | No |
| 1. Felt loved/protected/ wanted
 | Yes  | No |
| 1. Thought it was funny
 | Yes  | No |
| 1. Angry/annoyed
 | Yes  | No |
| 1. Depressed
 | Yes  | No |
| 1. Isolated/lonely
 | Yes  | No |

1. **How often altogether have any of your partner/ex-partner/spouse ever intentionally done any of the following to you since the second lockdown was announced on 5th January 2021?**

By 'partner', we mean anyone you have ever been out with or had a relationship with, long-term or short-term (including 'one night stands').

|  |  |
| --- | --- |
|  | *Cross one option* *on each line*  |
|  | Never | Once | A few times | Often |
| a) Told you who you could see and where you could go and/or regularly checked what you were doing and where you were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent you hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened you into sending a sexual image or photo of yourself against your wishes? |  |  |  |  |
| d) Made fun of you, called your hurtful names, shouted at you?  |  |  |  |  |
| e) Used physical force such as pushing, slapping, hitting or holding you down? |  |  |  |  |
| f) Used more severe physical force such as punching, strangling, beating you up, hitting you with an object? |  |  |  |  |
| g) Pressured you into kissing/touching/something else? |  |  |  |  |
| h) Physically forced you into kissing/touching/something else? |  |  |  |  |
| i) Pressured you into having sexual intercourse? |  |  |  |  |
| j) Physically forced you into having sexual intercourse? |  |  |  |  |
| k) Did any of the above make you feel scared or frightened, or did any partner make you feel frightened in any other way? |  |  |  |  |

➨ If you answered 'Never' to ALL the above questions, please go to Q7

1. How did you feel after they did these things to you? (cross one option on each line)

|  |  |  |
| --- | --- | --- |
| 1. Upset/unhappy
 | Yes  | No |
| 1. Affected my work/studies
 | Yes  | No |
| 1. Made me feel sad
 | Yes  | No |
| 1. No effect/not bothered
 | Yes  | No |
| 1. Anxious
 | Yes  | No |
| 1. Made me drink more alcohol/take more drugs
 | Yes  | No |
| 1. Felt loved/protected/ wanted
 | Yes  | No |
| 1. Thought it was funny
 | Yes  | No |
| 1. Angry/annoyed
 | Yes  | No |
| 1. Depressed
 | Yes  | No |
| 1. Isolated/lonely
 | Yes  | No |

1. How often altogether have you done any of the following to any of your partner/ex-partner/spouse during the 12 months before lockdown?

|  |  |
| --- | --- |
|  | *Cross one option on each line*  |
|  | Never | Once | A few times | Often |
| a) Told them who they could see and where they could go and/or regularly checked what they were doing and where they were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent them hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened them into sending a sexual image or photo of themself against their wishes? |  |  |  |  |
| d) Made fun of them, called them hurtful names, shouted at them? |  |  |  |  |
| e) Hit, slapped, kicked or otherwise physically hurt them |  |  |  |  |
| f) Pressured or forced them into kissing, touching, sexual intercourse or any other sexual activity when they did not want to? |  |  |  |  |

1. How often altogether have you done any of the following to any of your partner/ex-partner/spouse during the first lockdown from 23rd March 2020 to 4th July 2020?

|  |  |
| --- | --- |
|  | *Cross one option on each line*  |
|  | Never | Once | A few times | Often |
| a) Told them who they could see and where they could go and/or regularly checked what they were doing and where they were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent them hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened them into sending a sexual image or photo of themself against their wishes? |  |  |  |  |
| d) Made fun of them, called them hurtful names, shouted at them? |  |  |  |  |
| e) Hit, slapped, kicked or otherwise physically hurt them |  |  |  |  |
| f) Pressured or forced them into kissing, touching, sexual intercourse or any other sexual activity when they did not want to? |  |  |  |  |

1. How often altogether have you done any of the following to any of your partner/ex-partner/spouse since the second lockdown was announced on 5th January 2021?

|  |  |
| --- | --- |
|  | *Cross one option on each line*  |
|  | Never | Once | A few times | Often |
| a) Told them who they could see and where they could go and/or regularly checked what they were doing and where they were (including in person, by phone, online messaging or via social media)? |  |  |  |  |
| b) Sent them hurtful or threatening messages or comments online?  |  |  |  |  |
| c) Pressured or threatened them into sending a sexual image or photo of themself against their wishes? |  |  |  |  |
| d) Made fun of them, called them hurtful names, shouted at them? |  |  |  |  |
| e) Hit, slapped, kicked or otherwise physically hurt them |  |  |  |  |
| f) Pressured or forced them into kissing, touching, sexual intercourse or any other sexual activity when they did not want to? |  |  |  |  |

*If you are affected by any of the issues raised in this section, you may wish to contact:*

*Women's Aid: 24 hr national helpline 0808 2000 247* [*-*](http://www.womensaid.org.uk)

*Men's Advice Line: 0808 801 0327 www.mensadviceline.org.uk*

*Alternatively there are a number of organisations listed on the enclosed Helpline Information sheet.*

# Healthcare

In the following section we would like to know whether you have had medical treatments postponed or cancelled in the last few months.

1. **Have you had any medical treatments or appointments cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer treatment, etc.**
	1. Yes
	2. No (Go to Q5)
	3. Don’t know (Go to Q5)
	4. Prefer not to answer (Go to Q5)
2. **What types of medical treatments or appointments were cancelled or postponed? (tick all that apply)**
	1. GP referral
	2. Hospital referral
	3. Routine clinic appointment
	4. Surgery
	5. Dialysis
	6. Cancer treatment
	7. Cancer testing
	8. Cancer screening
	9. Other
3. **Who cancelled these treatments/appointments?**
	1. I did
	2. The NHS (or other service provider) did
	3. A mixture of myself and the NHS
4. **Are you worried about your heath because of this cancelled or postponed treatment?**
	1. Not at all worried
	2. Slightly worried
	3. Moderately worried
	4. Very worried
	5. Extremely worried
5. **During the COVID-19 pandemic, have you developed signs and symptoms that you would like to have looked at or investigated by your GP, or another healthcare professional?**
	1. Yes
	2. No (Skip to Q8)
	3. Don’t know
	4. Prefer not to answer
6. **Have you contacted your GP or another healthcare professional about these signs and symptoms?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to answer
7. **Are you worrying about these new signs or symptoms?**
	1. Not at all worried
	2. Slightly worried
	3. Moderately worried
	4. Very worried
	5. Extremely worried
8. **If a COVID 19 vaccination is made available and offered to you, would you get vaccinated?**
	1. Yes (Go to Q10)
	2. No
	3. Don’t know (Go to Q10)
9. **If No, what are your reasons?**
	1. [Free text]
10. **If you have children would you let your child/ren get vaccinated?**
	1. Yes (Go to next section)
	2. No
	3. Don’t know (Go to next section)
11. **If No, what are your reasons**
	1. [Free text]

# Environmental Attitudes

1. **My ideal vacation spot would be a remote, wilderness area.**
	1. [1 to 5 scale from strongly agree to strongly disagree]
2. **I always think about how my actions affect the environment**
	1. [1 to 5 scale from strongly agree to strongly disagree]
3. **My connection to nature and the environment is a part of my spirituality.**
	1. [1 to 5 scale from strongly agree to strongly disagree]
4. **I take notice of wildlife wherever I am.**
	1. [1 to 5 scale from strongly agree to strongly disagree]
5. **My relationship to nature is an important part of who I am.**
	1. [1 to 5 scale from strongly agree to strongly disagree]
6. **I feel very connect to all living things and the earth.**
	1. [1 to 5 scale from strongly agree to strongly disagree]
7. **Has the COVID-19 pandemic changed your thinking on the importance of climate change? (Select one)**
	1. Less important
	2. Hasn’t changed
	3. More important

As a result of your experiences since the COVID-19 pandemic and the methods used to contain it (i.e., social distancing, lockdown), will you change your behaviour going forward with respect to any of the following?

1. **Use of car**
	1. Do not own/use a car
	2. Reduce a lot
	3. Reduce a little
	4. No change
	5. Increase a little
	6. Increase a lot
2. **Use of public transport**
	1. Reduce a lot
	2. Reduce a little
	3. No change
	4. Increase a little
	5. Increase a lot
3. **Taking plane flights**
	1. Have not flown at all in the last 5 years
	2. Reduce a lot
	3. Reduce a little
	4. No change
	5. Increase a little
	6. Increase a lot
4. **Eating meat**
	1. Am vegetarian/Vegan
	2. Reduce a lot
	3. Reduce a little
	4. No change
	5. Increase a little
	6. Increase a lot
5. **Spending time outside**
	1. Reduce a lot
	2. Reduce a little
	3. No change
	4. Increase a little
	5. Increase a lot
6. **Exercising outside**
	1. Reduce a lot
	2. Reduce a little
	3. No change
	4. Increase a little
	5. Increase a lot

# Views on Science and Research

[Source: Ipsos MORI, [Ipsos MORI report (ukri.org)](https://www.ukri.org/wp-content/uploads/2020/09/UKRI-271020-COVID-19-Trust-Tracker.pdf)]

1. **Which of these most closely reflects your view?**
	1. Benefits of science to the UK are much greater than the harmful effects
	2. Benefits of science to the UK on the whole greater than harmful effects
	3. Science generally has roughly equal benefits and harmful effects for the UK
	4. Harmful effects of science on the UK on the whole greater than the benefits
	5. Harmful effects of science on the UK much greater than benefits
	6. Don’t know
2. **In general, do you think that scientists are trustworthy or untrustworthy? Please use a scale of 1 to 5, where 1 is very trustworthy and 5 is very untrustworthy.**
	1. Trustworthy (1)
	2. 2
	3. 3
	4. 4
	5. Untrustworthy (5)
	6. Don’t know
3. **In general, do you think that scientists advising the UK government on actions to deal with COVID-19 are trustworthy or untrustworthy? Please use a scale of 1 to 5, where 1 is very trustworthy and 5 is very untrustworthy.**
	1. Trustworthy (1)
	2. 2
	3. 3
	4. 4
	5. Untrustworthy (5)
	6. Don’t know

[SOURCE: 3M State of Science Index: [PowerPoint Presentation (3m.com)](https://multimedia.3m.com/mws/media/1898512O/3m-sosi-2020-pandemic-pulse-global-report-pdf.pdf)]

How much do you agree or disagree with each of the following statements

1. **I am sceptical of science**
2. **I trust science**
3. **I trust scientists**
4. **There are negative consequences for society if people do not value scientists**
5. **If science didn’t exist, my everyday life wouldn’t be all that different**
	1. Completely disagree
	2. Somewhat disagree
	3. Somewhat agree
	4. Completely agree

Thinking about the present-day, how important do you feel science is…

1. **To you in your everyday life**
2. **To your family in their everyday lives**
3. **To your local community/town**
4. **To society in general**
	1. Not important at all
	2. Somewhat important
	3. Very important
	4. No opinion
	5. Don’t care

[SOURCE: SFI Science in Ireland Barometer: [SFI-Science-in-Ireland-Barometer-2020-Research-Report.pdf](https://www.sfi.ie/engagement/barometer/SFI-Science-in-Ireland-Barometer-2020-Research-Report.pdf)]

1. **How much do you distrust or trust scientists at publicly funded institutions (such as universities) to:**
	* 1. Publicly communicate accurate information about their research
		2. Create knowledge that is useful
		3. Do their work with the intention of benefiting the public
		4. Be open and honest about who is paying for their work
		5. Be honest about how they’re using public funding
			+ 1. Completely distrust
				2. Partially distrust
				3. Neither distrust not trust
				4. Partially trust
				5. Complete trust
				6. Not applicable/No opinion
2. **To what extent do you agree or disagree with each of the following statements?**
	* 1. Science is too difficult to understand
		2. Science has no relation to what I experience in the real world
		3. Learning science changes my ideas about how the world works
		4. Science is useful in solving everyday problems in my life
		5. It is important to me that I am informed about science
		6. Public money spent on science is well worth spending
		7. The government should spend more money on scientific research
		8. The general public should have a say in how science develops
		9. This country is spending too much money on science
		10. The government should look for scientific evidence when deciding how to solve problems
		11. Scientific evidence should guide government policy
		12. Scientific research should be a priority for our nation
		13. Scientific discoveries are doing more harm than good
		14. Science is failing to help with the real problems of ordinary people
		15. Science makes very little difference in fixing real problems of ordinary people
		16. People who will be directly affected by scientific research should have a say in how it develops
		17. Scientists have a professional responsibility to talk about research findings with the public
		18. Science is making the world a better place
		19. Science is too concerned with theory to be useful to government when making policy decisions
			+ 1. Strongly disagree
				2. Disagree
				3. Neutral
				4. Agree
				5. Strongly agree
				6. Not applicable/No opinion

# Engagement in Research

1. **How do you feel about the frequency of communication from [LONGITUDINAL POPULATION STUDY]?** {N}
	1. Too frequent
	2. About right
	3. Not frequent enough
2. **How do you feel about the detail in communication from [LONGITUDINAL POPULATION STUDY]?** {N}
	1. Too detailed
	2. About right
	3. Not detailed enough
3. **Do you think taking part in this study is worthwhile?** [SOURCE: CovidLife 1]
	1. A lot
	2. A little
	3. Not at all
4. **Do you think this study is relevant to your life?** [SOURCE: CovidLife 1]
	1. A lot
	2. A little
	3. Not at all
5. **Would you participate in other projects by [LONGITUDUINAL POPULATION STUDY] in future?** {N}
	1. Definitely yes
	2. Probably yes
	3. Probably no
	4. Definitely no
6. **Would recommend a friend or family member join [LONGITUDUINAL POPULATION STUDY]?** {N}

Definitely yes

Probably yes

Probably no

Definitely no

# Remote vs Face-to-Face Research

[SOURCE: Questions for end of study/Evaluation of remote visits: PROMOTe]

1. **Would you have taken part in this study if it had taken part in person, instead of remotely?**
	1. Yes
	2. No
2. **You have come in for research visits in the past. How did you find taking part in the study remotely over video calls/the internet instead of face-to-face?**
	1. I preferred taking part remotely over video call/the internet rather than face-to-face (Go to Q3)
	2. I would have preferred taking part face-to-face (go to Q4)
	3. I have no strong preference either way (Go to Q5)
3. **Why do you feel this way? Please select the main reason from the list below.**
	1. No need to travel
	2. I needed less time off from my work/caring responsibilities
	3. No risk of catching COVID-19
	4. I preferred taking my own samples and measures
	5. I preferred participating from the privacy of my own home
	6. Avoid traffic and difficulty parking
	7. No effect of the weather or other external factors
	8. I preferred to not interact with research staff/other participants face-to-face
	9. Other (please specify)
4. **Why do you feel this way? Please select the main result from the list below.**
	1. I like travelling
	2. I prefer talking to the research staff in person
	3. I like meeting other participants on the day
	4. I disliked taking all my own samples and measures
	5. I found it hard to complete the measures online/via video call
	6. I found posting the samples back on time difficult
	7. My internet connection at home is poor/unstable
	8. I feel like I get more of a chance to discuss the study
	9. Other (please specify)
5. **Did you require help to access the study remotely (i.e., to access the video meetings, the online survey, etc)**
	1. Yes, a lot of help
	2. Yes, a bit of help
	3. No, no help needed
6. **Do you feel more confident with using the internet/video calls for taking part in research studies after this study?**
	1. A lot more confident
	2. A bit more confident
	3. No difference
	4. A bit less confident
	5. A lot less confident
7. **If [LONGITUDINAL STUDY] carried out more studies remotely in this way, would you consider taking part?**
	1. Yes, I would take part in remote studies
	2. No, I would not take part in remote studies

# Measures for Children and Young People to Complete

These questions are intended to be completed by children and young people themselves, rather than by a parent or guardian. Please see *Section 5* for questionnaires to be answered by parents/guardians.

## School

(For use in 8 – 17 year olds)

1. **Are you a secondary school pupil?** [TeenCovidLife]
	1. Yes (Skip to next section)
	2. No
2. **Which year are you in at school?** [TeenCovidLife]
	1. S1 (1) … S6 (6)
3. **How do you feel about school at present?** [TeenCovidLife/HBSC]
	1. I like it a lot
	2. I like it a bit
	3. I don’t like it very much
	4. I don’t like it at all
4. **How pressured (stressed) do you feel by the schoolwork you have to do?** [TeenCovidLife/HBSC]
	1. Not at all
	2. A little
	3. Some
	4. A lot

We are going to ask you about bullying at school. We are asking this because we want to understand how you find school.

1. **How often do other children or young people bully you in school? [TeenCovidLife]**
	1. All of the time
	2. Some of the time
	3. Never bullied
	4. Prefer not to say

We’ve collected some trusted webpages to provide help and advice for young people. These can be found [here](https://www.ed.ac.uk/generation-scotland/covidlife-volunteers/useful-covid19-support-links) and include resources for young people who are being bullied.

## Impact of COVID-19 on School

1. **It is safe for me and other pupils to return to school full-time** [TCL2]
	1. Strongly agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Strongly disagree
2. **I worry that I am not on track with my studies due to COVID-19** [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **I worry that my future grades will be affected by COVID-19** [TCL2]

Not at all true of me

* 1. A little true of me
	2. Pretty much true of me
	3. Very much true of me
	4. Prefer not to say
1. **I worry that returning to school will increase the risk of me getting COVID-19**. [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I worry that returning to school will increase my family’s risk of getting COVID-19** [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **What are you doing now or planning to do after leaving school?**
	1. Studying at college
	2. Studying at university
	3. In employment
	4. Apprentice
	5. Something else
	6. Don’t know
	7. Prefer not to say
4. **Have your future education or employment plans changed because of COVID-19?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to say

## COVID-19 Mitigation Behaviours

1. **Have you been following the government guidance on:** [Source: CovidLife3]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Most of the time | Some of the time | Never |
| Social distancing |  |  |  |  |
| Staying at home as much as possible |  |  |  |  |
| Self-isolating |  |  |  |  |
| Wearing face-coverings in enclosed spaces, such as on public transport or in shops |  |  |  |  |

1. **How much has COVID-19 changed your daily routine?** [Source: CovidLife1]
	1. A lot
	2. Some
	3. A little
	4. Not at all
2. **Have your education or employment plans changed as a result of COVID-19**? [Source: TeenCovidLife2]
	1. Yes
	2. No
	3. Don't know
	4. Prefer not to say
3. **Overall, what type of impact has the COVID-19 pandemic had on your life**? [Source: TeenCovidLife2]
	1. Very negative impact
	2. Quite negative impact
	3. Neither negative nor positive impact
	4. Quite positive impact
	5. Very positive impact

## Life Satisfaction

[SOURCE: Good Childhood Index]

1. **How happy are you with your life as a whole?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
2. **How happy are you with your relationships with your family?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
3. **How happy are you with your relationships with you friends?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
4. **How happy are you are you with what may happen to you later in life (in future)?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
5. If School Pupil, SHOW: **How happy are you with the school that you go to?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)

## Mental Health

*8 - 17 years only*

1. **Please mark the word that shows how often each of these things happens to you. There are no right or wrong answers**

[Source: RCADS 25]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Sometimes | Often | Always |
| I feel sad or empty |  |  |  |  |
| I worry when I think I have done poorly at something |  |  |  |  |
| I would feel afraid of being on my own at home |  |  |  |  |
| Nothing is much fun anymore |  |  |  |  |
| I worry that something awful will happen to someone in my family |  |  |  |  |
| I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds) |  |  |  |  |
| I worry what other people think of me |  |  |  |  |
| I have trouble sleeping |  |  |  |  |
| I feel scared if I have to sleep on my own |  |  |  |  |
| I have problems with my appetite |  |  |  |  |
| I suddenly become dizzy or faint when there is no reason for this |  |  |  |  |
| I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) |  |  |  |  |
| I have no energy for things |  |  |  |  |
| I suddenly start to tremble or shake when there is no reason for this |  |  |  |  |
| I cannot think clearly |  |  |  |  |
| I feel worthless |  |  |  |  |
| I have to think of special thoughts (like numbers or words) to stop bad things from happening |  |  |  |  |
| I think about death |  |  |  |  |
| I feel like I don’t want to move |  |  |  |  |
| I worry that I will suddenly get a scared feeling when there is nothing to be afraid of |  |  |  |  |
| I am tired a lot |  |  |  |  |
| I feel afraid that I will make a fool of myself in front of people |  |  |  |  |
| I have to do some things in just the right way to stop bad things from happening |  |  |  |  |
| I feel restless |  |  |  |  |
| I worry that something bad will happen to me |  |  |  |  |

## Resilience

Select one option to indicate how much you disagree or agree with each of the statements. [SOURCE: Brief Resilience Scale, TeenCovidLife]

1. **I tend to bounce back quickly after hard times**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
2. **I have a hard time making it through stressful events**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
3. **It does not take me long to recover from stressful events**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
4. **It is hard for me to snap back when something bad happens**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
5. **I usually come through difficult times with little trouble**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
6. **I tend to take a long time to get over set-backs in life**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree

## Sleep

Now we are going to ask you some questions about your sleep.

[SOURCE: Adolescent Sleep-Wake Scale (ASWS) 10 item version, TeenCovidLife]

Using the statements below, please indicate how often the following things have happened during the past month.

1. **When it’s time to go to bed, I want to stay up and do other things**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
2. **In general, I am ready for bed at bedtime**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
3. **In general, I try to “put off” or delay going to bed**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
4. **When it’s time to go to sleep, I have trouble settling down**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
5. **In general, I need help getting to sleep (for example, I need to listen to music, watch TV or take medication)**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always

|  |
| --- |
|  |

1. **After waking up during the night, I have trouble going back to sleep**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
2. **After waking up during the night, I have trouble getting comfortable**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
3. **After waking up during the night, I need help to go back to sleep (for example, I need to watch TV or read)**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
4. **In the morning, I wake up and feel ready to get up for the day**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
5. **In the morning, I wake up feeling rested and alert**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
6. **Now, we would like to know how your sleep is now compared to before [**the first lockdown/the second lockdown**], which began [**23rd March 2020/5th January 2021]. **Compared to before [**the first lockdown/the second lockdown**], are you sleeping:** [TCL2]
	1. Much better **now**
	2. Somewhat better **now**
	3. About the same **now**
	4. Somewhat worse **now**
	5. Much worse **now**

## Socio-Emotional Health

Here are some statements about how you think and feel now. Read each sentence and select the answers that best says how true the sentence is for you.

[SOURCE: Social Emotional Health Survey, TeenCovidLife]

1. **I can work out my problems**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I can do most things if I try**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **There are many things that I do well**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say

If School Pupil, SHOW:

1. **At my school, there is a teacher or some other adult who always wants me to do my best**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **At my school, there is a teacher or some other adult who listens to me when I have something to say**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **At my school, there is a teacher or some other adult who believes that I will be a success**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
4. **My family members really help and support one another**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
5. **There is a feeling of togetherness in my family**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
6. **My family really gets along well with each other**

Not at all true of me

* 1. A little true of me
	2. Pretty much true of me
	3. Very much true of me
	4. Prefer not to say
1. **I have a friend my age who really cares about me**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I have a friend my age who talks with me about my problems**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **I have a friend my age who helps me when I’m having a hard time**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
4. **Each day I look forward to having a lot of fun**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
5. **I usually expect to have a good day**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
6. **Overall, I expect more good things to happen to me than bad things**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say

# Suggested Helplines

If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 please visit:

Coronavirus explained: [coronavirusexplained.ukri.org/en/](https://coronavirusexplained.ukri.org/en/)

Government guidelines: [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus)

NHS advice: [www.nhs.uk/conditions/coronavirus-COVID-19/symptoms-and-what-to-do/](http://www.nhs.uk/conditions/coronavirus-Covid-19/symptoms-and-what-to-do/)

Samaritans - Emotional support for everyone: [www.samaritans.org](http://www.samaritans.org/)

Mind - Advice and support for anyone with a mental health problem [www.mind.org.uk](http://www.mind.org.uk/)