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**Wellcome Trust LPS Questionnaire Resource**

**Updated: 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**](mailto: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.
2. 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.

# 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.]]*

# 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]