

SABRE_ID

SABRE

COVID-19 Questionnaire

Version:16/11/2020

The questionnaire covers the impact of the coronavirus outbreak on your work, your health, your family, and your social life. The answers you give will help researchers understand the impact of the outbreak on people's lives. We will ask you to do this at regular intervals throughout the outbreak to see how things change for you.

The survey should take about 30 minutes to complete. As always, answering these questions is voluntary and you can skip over any questions that you cannot or would prefer not to answer. The 'Privacy and data protection' FAQs on the study website provide details about how we protect the information you provide and how it will be used for research.

If you have any problems, queries or concerns, you can contact us using at sabre@ucl.ac.uk or please telephone +44 20 7679 9471.

Please enter the date you completed the questionnaire:

Day Month 2020

Please enter a cross if the questionnaire was completed by proxy on behalf of the study member

What is the relationship of proxy to study member:

The first few questions will ask about your health.

1. Do you think that you have or have had Coronavirus?

- Yes, confirmed by a positive test (1)
- Yes, based on strong personal suspicion or medical advice (2)
- Unsure (3)
- No (4) → go to question 5

2. When do you think you got (or might have got) Coronavirus?

If you have thought you have had Coronavirus on more than one occasion please tick the month in which you most recently think you got it.

- February or earlier (1)
- March (2)
- April (3)
- May (4)
- June (5)
- July (6)
- August (7)
- September (8)
- October (9)

3. Have you sought medical advice in relation to any symptoms you have had, which you think may be caused by Coronavirus? *Please tick all that apply.*

- Yes - discussed symptoms with doctor/GP/practice nurse (1)
- Yes - discussed symptoms with NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (2)
- Yes – accessed online advice at NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (3)
- Yes - visited pharmacist (4)
- Yes - visited A&E or walk in centre (5)
- No (6)

4. Have you been in hospital because of Coronavirus symptoms?

- Yes (1)
- No (2)

5. Have you been tested for Coronavirus? *Please tick all that apply.*

- Yes - a throat swab or nasal swab or saliva test or nasal mucus test for current infection (1)
- Yes – a finger stick or blood test or serology test or antibody test for past infection (2)
- Yes – but I don't know which type (3)
- No (4) → *go to question 8*

6. What was the result of your coronavirus test? *If you had more than one test please report the findings of the latest test.*

- Positive - it showed I had coronavirus (1)
- Negative - it showed I did not have coronavirus (2)
- Inconclusive (3)
- Waiting for results (4)

7. When did you have this test?

- February or earlier (1)
- March (2)
- April (3)
- May (4)
- June (5)
- July (6)
- August (7)
- September (8)
- October (9)

8. Have you experienced any of the following symptoms **in the past 2 weeks?**

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Fever (1) | <input type="checkbox"/> Fatigue (11) |
| <input type="checkbox"/> Cough - dry (2) | <input type="checkbox"/> Unusual loose motions or diarrhoea (12) |
| <input type="checkbox"/> Cough - mucus or phlegm (3) | <input type="checkbox"/> Vomiting (13) |
| <input type="checkbox"/> Sore throat (4) | <input type="checkbox"/> Loss of smell (14) |
| <input type="checkbox"/> Chest tightness (5) | <input type="checkbox"/> Loss of taste (15) |
| <input type="checkbox"/> Shortness of breath (6) | <input type="checkbox"/> Skin rash (16) |
| <input type="checkbox"/> Runny nose (7) | <input type="checkbox"/> Headaches (17) |
| <input type="checkbox"/> Nasal congestion (8) | <input type="checkbox"/> Other, please specify (18) |
| <input type="checkbox"/> Sneezing (9) | _____ |
| <input type="checkbox"/> Muscle or body aches (10) | <input type="checkbox"/> No - none of these (19) |

9. In general, would you say your health is...
- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
10. In general, in the 3 months **before** the Coronavirus outbreak would you say your health was...
- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
11. At the time of the Coronavirus outbreak in March, were you taking any prescribed medication?
- Yes (1)
 - No (2) → *go to question 17*
12. Which type of prescribed medication were you taking at that time?
Please tick all that apply.
- Asthma medication (1) → *go to question 14*
 - Oral contraceptive or hormone replacement therapy (2) → *go to question 14*
 - Anti-depressant or anxiety medication (3) → *go to question 14*
 - Diabetes medication (4) → *go to question 14*
 - Hypertension or cardiovascular disease medication (5)
 - Cancer chemotherapy (6) → *go to question 14*
 - Other (7) → *go to question 14*

- 13.** Were you taking any of the following medications for hypertension or cardiovascular disease at that time?

Please tick all that apply.

- ACE-inhibitor (e.g. Ramipril, Lisinopril) ⁽¹⁾
- Sartan (e.g. Losartan, Valsartan, Candesartan) ⁽²⁾
- Entresto (sucubitril/valsartan) ⁽³⁾
- None of these ⁽⁴⁾

- 14.** Since the Coronavirus outbreak in March, have you had any difficulty obtaining any of your prescribed medication?

- Yes ⁽¹⁾
- No / Not applicable ⁽²⁾ → *go to question 17*

- 15.** Which type of medication did you have difficulty obtaining?

Please tick all that apply.

- Asthma medication ⁽¹⁾
- Oral contraceptive or hormone replacement therapy ⁽²⁾
- Anti-depressant or anxiety medication ⁽³⁾
- Diabetes medication ⁽⁴⁾
- Hypertension or cardiovascular disease medication ⁽⁵⁾
- Cancer chemotherapy ⁽⁶⁾
- Other ⁽⁷⁾

- 16.** Are you still having any difficulty obtaining any of your prescribed medication?

- Yes ⁽¹⁾
- No ⁽²⁾
- Not applicable – no longer require this medication ⁽³⁾

17. At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a **consultation, investigation, treatment**?

- Yes ⁽¹⁾
- No ⁽³⁾ → *go to question 22*

18. Have you now **had** your in-patient or out-patient hospital appointment for a consultation, investigation or treatment?
If you have had more than one appointment booked, and if there are any which you have not yet had, please tick 'No'.

- Yes ⁽¹⁾
- No ⁽²⁾ → *go to question 21*

19. Did your (last) appointment take place on the planned date or was it delayed?

- Appointment took place on the planned date ⁽¹⁾
- Appointment was delayed ⁽²⁾

20. Did your (last) appointment take place in-person or by phone/video?

- In-person appointment ⁽¹⁾
- Appointment took place via phone/video ⁽²⁾

Go to question 22

21. Why has your in-patient or out-patient hospital appointment for a consultation, investigation or treatment not taken place?

- My appointment was postponed and has not yet happened ⁽¹⁾
- My appointment was not postponed, but it hasn't happened yet ⁽²⁾
- My appointment was cancelled ⁽³⁾

22. At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for **surgery**?

- Yes (2)
- No (3) → *go to question 26*

23. Have you now **had** your surgery?

If you have had more than one surgery booked, and if there are any which have you have not yet had, please tick 'No'.

- Yes (1)
- No (2) → *go to question 25*

24. Did your (last) surgery take place on the planned date or was it delayed?

- Surgery took place on the planned date (1)
- Surgery was delayed (2)

Go to question 26

25. Why has your surgery not taken place?

- My surgery was postponed and has not yet happened (1)
- My surgery was not postponed, but it hasn't happened yet (2)
- My surgery was cancelled (3)

26. At the time of the Coronavirus outbreak in March, did you have an appointment booked for cognitive behaviour therapy, counselling or psychological therapy?

- Yes (1)
- No (2) → *go to question 31*

- 27.** Have you now had your appointment for cognitive behaviour therapy, counselling or psychological therapy?

If you have had more than one appointment booked, and if there are any which you have not yet had, please tick 'No'.

- Yes (1)
- No (2) → *go to question 30*

- 28.** Did your (last) appointment take place on the planned date or was it delayed?

- Appointment took place on the planned date (1)
- Appointment was delayed (2)

- 29.** Did your (last) appointment take place in-person or by phone/video?

- In-person appointment (1)
- Appointment took place via phone/video (2)

Go to question 31.

- 30.** Why has your appointment for cognitive behaviour therapy, counselling or psychological therapy not taken place?

- My appointment was postponed and has not yet happened (1)
- My appointment was not postponed, but it hasn't happened yet (2)
- My appointment was cancelled (3)

The next questions are about who you are currently living with.

- 31.** How many people do you currently live with? Please include yourself.

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If you live alone, go to question 40

32. If you live with other people, who do you currently live with?

Please tick all that apply.

- Husband/Wife/Cohabiting Partner ⁽¹⁾→ *go to question 34*
- Children (including adult children, step-children, adopted children, foster children or any other children you consider yourself parent to) ⁽²⁾
- Parent or Parent-in-law (including step-parent or adoptive parent) ⁽³⁾→ *go to question 34*
- Grandchild ⁽⁵⁾→ *go to question 34*
- Sibling ⁽⁶⁾→ *go to question 34*
- Other relative ⁽⁷⁾→ *go to question 34*
- Friend / unrelated sharer ⁽⁸⁾→ *go to question 34*
- Other ⁽⁹⁾→ *go to question 34*

33a. How many of your children do you currently live with?

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33b. Please give the age and gender of each child you live with.

	Age		Gender			
			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Child 1			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Child 2			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Child 3			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Child 4			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Child 5			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

34. Do you have any children who you do not live with? Please include adult children, step-children, adopted children, foster children or any other children you consider yourself parent to.

Yes (1)

No (2)

35. Are you in a relationship (husband/wife/partner) with someone at the moment?

Yes (1)

No (2) → *go to question 38*

36. On a scale from 1 to 7, where '1' means that you are 'very unhappy' and '7' means that you are 'very happy', how happy is your relationship with your partner at the moment, all things considered?

Please tick one option.

Very unhappy				Very happy		
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. **Since the national lockdown restrictions started to be eased in June**, has the amount you have argued with your partner changed, compared to when the lockdown restrictions were strictest?

My partner and I have argued more often since June, compared to when the lockdown restrictions were strictest (1)

No change - same as during the period when lockdown restrictions were strictest (2)

My partner and I have argued less often since June, compared to when the lockdown restrictions were strictest (3)

38. *If you live in a household more people than either just you, or you and your partner*
During the period **between March and May**, when the lockdown restrictions were strictest, did the amount you argued with the people you live with change compared to before the Coronavirus outbreak?
- I argued with the people I live with more often between March and May, compared to before the Coronavirus outbreak ⁽¹⁾
- No change - same as before the Coronavirus outbreak ⁽²⁾
- I argued with the people I live with less often between March and May, compared to before the Coronavirus outbreak ⁽³⁾
- Not applicable – only live with partner or alone ⁽⁴⁾→ *go to question 40*
39. *If you live in a household more people than either just you, or you and your partner*
Since the national lockdown restrictions started to be eased in June, has the amount you have argued with the people you live with changed compared to when the lockdown restrictions were strictest?
- I have argued with the people I live with more often since June, compared to when the lockdown restrictions were strictest ⁽¹⁾
- No change - same as during the period when lockdown restrictions were strictest ⁽²⁾
- I have argued with the people I live with less often since June, compared to when the lockdown restrictions were strictest ⁽³⁾
- Not applicable – only live with partner or alone ⁽⁴⁾
40. **In the month before the Coronavirus outbreak in March**, did **you** need help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because you could not manage them alone?
- Yes - I needed help ⁽¹⁾
- No ⁽³⁾→ *go to question 43*

41. In the month before the Coronavirus outbreak in March, who provided you with the help you needed? *Please tick all that apply.*

- Nobody – needs were not met ⁽¹⁾→ *go to question 43*
- Husband/wife/partner ⁽²⁾
- Son or daughter or other family member (include even if not blood related) ⁽³⁾
- Friend or neighbour ⁽⁴⁾
- Voluntary helper ⁽⁵⁾
- Paid/professional help ⁽⁶⁾
- Other ⁽⁷⁾

42. In the month before the Coronavirus outbreak in March, how many hours of help did you usually get each week?

- Up to 4 hours ⁽¹⁾
- 5-9 hours ⁽²⁾
- 10-19 hours ⁽³⁾
- 20-34 hours ⁽⁴⁾
- 35 hours or more ⁽⁵⁾

43. **In the month before the Coronavirus outbreak in March, did someone you lived with need help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because they could not manage them alone?**

- Yes - someone you lived with needed help ⁽²⁾
- No ⁽³⁾→ *go to question 46*
- Not applicable – live alone ⁽⁴⁾→ *go to question 46*

44. In the month before the Coronavirus outbreak in March, who provided the person you live with the help they needed? *Please tick all that apply.*

- Nobody – needs were not met ⁽¹⁾→ *go to question 46*
- Me ⁽²⁾
- My husband / wife / partner ⁽³⁾
- Son or daughter or other family member (include even if not blood related) ⁽⁴⁾
- Friend or neighbour ⁽⁵⁾
- Voluntary helper ⁽⁶⁾
- Paid/professional help ⁽⁷⁾
- Other ⁽⁸⁾

45. In the month before the Coronavirus outbreak in March, how many hours of help did they usually get each week?

- Up to 4 hours ⁽¹⁾
- 5-9 hours ⁽²⁾
- 10-19 hours ⁽³⁾
- 20-34 hours ⁽⁴⁾
- 35 hours or more ⁽⁵⁾

46. **In the last four weeks**, have **you** needed help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because you could not manage them alone?

- Yes - I needed help ⁽¹⁾
- No ⁽³⁾→ *go to question 50*

47. Compared to before the Coronavirus outbreak, has the amount of help that you now need changed?

- Amount of help needed has increased (1)
- Amount of help needed has decreased (2)
- Amount of help needed has stayed the same (3)
- Not applicable (4)

48. In the last four weeks, who has provided you with the help you have needed?

Please tick all that apply.

- Nobody – needs were not met (1) → *go to question 50*
- Husband/wife/partner (2)
- Son or daughter or other family member (include even if not blood related) (3)
- Friend or neighbour (4)
- Voluntary helper (5)
- Paid/professional help (6)
- Other (7)

49. In the last four weeks, how many hours of help have you usually received each week?

- Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

- 50. In the last four weeks, has someone you lived with needed help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because they could not manage them alone?**
- Yes - someone I lived with needed help (2)
- No (3) → *go to question 54*
- Not applicable – live alone (4) → *go to question 54*
- 51. Compared to before the Coronavirus outbreak, has the amount of help that someone you lived with now need changed?**
- Amount of help needed has increased (1)
- Amount of help needed has decreased (2)
- Amount of help needed has stayed the same (3)
- Not applicable (4)
- 52. In the last four weeks, who provided the person you live with the help they needed? Please tick all that apply.**
- Nobody – needs were not met (1) → *go to question 54*
- Me (2)
- Husband/wife/partner (3)
- Son or daughter or other family member (include even if not blood related) (4)
- Friend or neighbour (5)
- Voluntary helper (6)
- Paid/professional help (7)
- Other (8)

53. In the last four weeks, how many hours of help has someone you lived with usually received each week?

- Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

The next few questions are about where you are currently living.

54. Which country do you live in?

- England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)
- Other (specify) (5) _____

55. Have you moved to a new address since the beginning of June?

- Yes (1)
- No (2) → *go to question 59*

56. Please enter the postcode of the address at which you are currently living, even if this is a temporary address.

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57. How many rooms are there in the home where you are currently living, not counting kitchens, bathrooms, toilets utility rooms, halls and garages?

Please do not include conservatories unless they are used as a living room all year round.

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58. Do you have a garden, a patio or yard, a roof terrace or large balcony?

Please tick all that apply

- A garden (1)
- A patio or yard (2)
- A roof terrace or large balcony (3)
- None of the above (4)

59. Do you (or your household) own or rent your home or have some other arrangement?

- Own – outright (1)
- Own - buying with help of a mortgage / loan (2)
- Pay part rent and part mortgage (shared / equity ownership) (3)
- Rent it (4)
- Live here rent-free, including rent-free in relative's / friend's / employer's property; exclude squatting (5)
- Squatting (6)
- Other arrangement (7)

60. Has your tenure changed since the start of the Coronavirus outbreak in March?

- Yes (1)
- No (2) → *go to question 62*

61. At the start of the Coronavirus outbreak in March, did you (or your household) own or rent your home or have some other arrangement?

- Own – outright (1)
- Own - buying with help of a mortgage / loan (2)
- Pay part rent and part mortgage (shared / equity ownership) (3)
- Rent it (4)
- Live here rent-free, including rent-free in relative's / friend's / employer's property; exclude squatting (5)
- Squatting (6)
- Other arrangement (7)

The following questions are about your financial situation, your job, or any other things that you were doing.

62. Overall, how do you feel your **current** financial situation compares to **before the Coronavirus outbreak**?

- I'm much worse off (1)
- I'm a little worse off (2)
- I'm about the same (3) → *go to question 64*
- I'm a little better off (4) → *go to question 64*
- I'm much better off (5) → *go to question 64*

63. You said that you are worse off now compared to before the Coronavirus outbreak. Have you {if living with a partner: or your partner} done any of the following as a result of this?

Please tick all that apply.

- Reduced spending (1)
- Used savings (1)
- New borrowing from bank or credit card (1)
- New borrowing from family and friends (1)
- None of these (1)

64. In **12 months' time**, how do you expect your financial situation will compare to **before the Coronavirus outbreak**?

- I will be much worse off (1)
- I will be a little worse off (2)
- I will be about the same (3)
- I will be a little better off (4)
- I will be much better off (5)

65. **Since the Coronavirus outbreak in March**, have you (or your partner if you have one) made any **new** claims for the following?

Please tick all that apply.

- Universal credit (2)
- Employment and Support Allowance (3)
- Statutory sick pay (4)
- Council tax support or reduction (5)
- Carers allowance or Personal independence payments (6)
- New government financial support for self employed people (7)
- No - none of these (8)

66. **Since the Coronavirus outbreak in March**, have you used any of the following?

Please tick all that apply.

- Mortgage or rent payment holidays (1)
- Council tax payment holiday (5)
- Other debt repayment or interest payment holidays (2)
- No - none of these (4)

67. **Between March 2019 and March 2020**, did you **give** financial help, in the form of money or by paying for goods (for example groceries, medicines) to any of the following?

Please tick all that apply.

- Adult children, including in-laws (1)
- Parents, including in-laws (2)
- Siblings (3)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not give financial help to anyone (7)

68. **Since the Coronavirus outbreak in March**, have you **given** financial help, in the form of money or by paying for goods (for example groceries, medicines) to any of the following?

Please tick all that apply.

- Adult children, including in-laws (1)
- Parents, including in-laws (2)
- Siblings (3)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not give financial help to anyone (7)

69. Compared with before the Coronavirus outbreak in March, has the amount of financial help you have been **giving** since then?

- Increased (1)
- Decreased (2)
- Stayed the same (3)
- No - did not give financial help to anyone (4)

70. **Between March 2019 and March 2020**, did you **receive** financial help, in the form of money or by paying for goods (for example groceries, medicines) from any of the following?

Please tick all that apply.

- Adult children, including in-laws (1)
- Parents, including in-laws (2)
- Siblings (3)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not receive financial help to anyone (7)

71. **Since the Coronavirus outbreak in March**, have you **received** financial help, in the form of money or by paying for goods (for example groceries, medicines) from any of the following?

Please tick all that apply.

- Adult children, including in-laws (1)
- Parents, including in-laws (2)
- Siblings (3)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not receive financial help to anyone (7)

72. Compared with before the Coronavirus outbreak in March, has the amount of financial help you have been **receiving** since then?

- Increased ⁽¹⁾
- Decreased ⁽²⁾
- Stayed the same ⁽³⁾
- No - did not receive financial help to anyone ⁽⁴⁾

73. Which of these would you say best describes your situation **now**?

- Employed and currently working (or on annual leave / holiday) ⁽¹⁾ → *go to question 74*
- Employed but on paid leave (including furlough) ⁽²⁾ → *go to question 78*
- Employed and on unpaid leave ⁽³⁾ → *go to question 78*
- Apprenticeship ⁽⁴⁾ → *go to question 74*
- In unpaid/voluntary work ⁽⁵⁾ → *go to question 74*
- Self-employed and currently working ⁽⁶⁾ → *go to question 74*
- Self-employed but not currently working ⁽⁷⁾ → *go to question 78*
- Unemployed ⁽⁸⁾ → *go to question 79*
- Permanently sick or disabled ⁽⁹⁾ → *go to question 79*
- Looking after home or family ⁽¹⁰⁾ → *go to question 79*
- In education at school/college/university ⁽¹¹⁾ → *go to question 79*
- Retired ⁽¹²⁾ → *go to question 79*
- Doing something else ⁽¹³⁾ → *go to question 79*

74. How many hours per week do you usually work **now**, not including meal breaks but including overtime?

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75. Which of the following best describes your work location **since** the Coronavirus outbreak?

- Work from your own home ⁽¹⁾
- Work at employer's premises ⁽²⁾ → *go to question 77*
- Work some days at home and some days at employer's premises ⁽³⁾
- Other ⁽⁴⁾ → *go to question 77*

76. Using a scale of 0 to 10, where 0 means 'completely disagree' and 10 means 'completely agree', please indicate the extent to which you agree or disagree with the statement below.

I am able to work effectively whilst being at home

Completely disagree

Completely agree

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77. Are you a Key worker, or has your work been classified as critical to the Covid-19 response?

- Yes ⁽¹⁾
- No ⁽²⁾

78. All things considered, how satisfied or dissatisfied are you with your present job overall?

- Very satisfied (1)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (4)
- Very dissatisfied (5)
- Not applicable (6)

79. Which of these would you say best describes **your partner's** situation **now**?

- Employed and currently working (1)→ *go to question 80*
- Employed but on paid leave (including furlough) (2)→ *go to question 82*
- Employed and on unpaid leave (3)→ *go to question 82*
- Apprenticeship (4)→ *go to question 80*
- In unpaid/voluntary work (5)→ *go to question 80*
- Self-employed and currently working (6)→ *go to question 80*
- Self-employed but not currently working (7)→ *go to question 82*
- Unemployed (8)→ *go to question 82*
- Permanently sick or disabled (9)→ *go to question 82*
- Looking after home or family (10)→ *go to question 82*
- In education at school/college/university (11)→ *go to question 82*
- Retired (12)→ *go to question 82*
- Doing something else (13)→ *go to question 82*
- Not applicable, no partner (0)→ *go to question 82*

80. How many hours per week does **your partner** usually work **now**, not including meal breaks but including overtime?

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81. Is **your partner** a Key worker, or has their work been classified as critical to the Covid-19 response?

Yes (1)

No (2)

The next set of questions are about smoking, drinking alcohol, exercise, diet and sleep.

82. Which of these statements applies to you?

I've never smoked cigarettes (1) → *go to question 84*

I used to smoke cigarettes but don't at all now (2) → *go to question 84*

I now smoke cigarettes occasionally but not every day (3)

I smoke cigarettes every day (4)

83. **In the last four weeks**, how many cigarettes a day have you typically smoked?

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84. Now thinking about electronic cigarettes or vaping devices, which of these statements applies to you?

I've never used an electronic cigarette or a vaping device (1) → *go to question 86*

I used to use an electronic cigarette or a vaping device but don't at all now (2) → *go to question 86*

I now use an electronic cigarette or a vaping device occasionally but not every day (3)

I use electronic cigarettes or vaping devices every day (4)

85. In the last four weeks, has the amount you have been using an electronic cigarette or vaping device changed?

- Yes - I have used an electronic cigarette or vaping device more often (1)
- Yes - I have used an electronic cigarette or vaping device less often (2)
- No (3)

86. In the last four weeks, how often have you had a drink containing alcohol?

- 4 or more times a week (1)
- 2-3 times a week (2)
- 2-4 times per month (3)
- Monthly or less (4)
- Never (5) → *go to question 89*

87. In the last four weeks, how many standard alcoholic drinks do you have on a typical day when you were drinking?

- 1-2 (1)
- 3-4 (2)
- 5-6 (3)
- 7-9 (4)
- 10+ (5)

88. Since the national lockdown restrictions started to be eased in June, how often have you found you were not able to stop drinking once you had started?

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

89. In the last four weeks, on how many days in a typical week did you do 30 minutes or more of exercise where you are working hard enough to raise your heart rate and break into a sweat?

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90. In the last four weeks, how many portions of fresh fruit and vegetables have you eaten in a typical day?

A portion of fruit could be a whole piece of fruit, like an apple or banana or 80g of fruit (like in a fruit salad).

A portion of vegetables is 3 heaped tablespoons of cooked vegetables or beans /pulses or a handful of cherry tomatoes or a small bowl of salad. It does not include potatoes.

Juice/smoothies can count as 1 portion per day.

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91. In the last four weeks, how many hours have you slept each night on average? Please round to the nearest hour.

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The next question is about your weight.

92. What is your weight?

Please report your weight in kilograms or stones and pounds.

- Kilograms ⁽¹⁾
 OR
 Stones and Pounds ⁽²⁾
 OR
 I do not wish to report my weight ⁽³⁾

The next few questions are about the contact you have had with people you do not live with in the last seven days.

93. In the last seven days, on how many days did you meet up in person with any of your family or friends who do not live with you?

- Every day ⁽¹⁾
 4-6 days ⁽²⁾
 2-3 days ⁽³⁾
 1 day ⁽⁴⁾
 Never ⁽⁵⁾

94. In the last seven days, on how many days did you talk to family or friends you do not live with via phone or video calls?

- Every day ⁽¹⁾
 4-6 days ⁽²⁾
 2-3 days ⁽³⁾
 1 day ⁽⁴⁾
 Never ⁽⁵⁾

95. In the last seven days, on how many days did you keep in contact with family or friends you do not live with by email or text or other electronic messaging?

- Every day (1)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

96. In the last seven days, on how many days did you take part in an online community activity, e.g. an online community group, online chat group, street or neighbourhood social media group?

- Every day (1)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

97. In the last seven days, on how many days did you give help to people outside of your household affected by Coronavirus or the current restrictions?

- Every day (1)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

The next few questions are about the way you have been feeling recently.

98. Are you basically satisfied with your life?

Yes (1)

No (2)

99. Have you dropped many of your activities and interests?

No (1)

Yes (2)

100. Do you feel that your life is empty?

No (1)

Yes (2)

101. Are you afraid that something bad is going to happen to you?

No (1)

Yes (2)

102. Do you feel happy most of the time?

Yes (1)

No (2)

103. Do you often feel helpless?

No (1)

Yes (2)

104. Do you feel you have more problems with memory than most?

No (1)

Yes (2)

105. Do you feel full of energy?

No (1)

Yes (2)

106. Do you feel that your situation is hopeless?

No (1)

Yes (2)

107. Do you think that most people are better off than you are?

No (1)

Yes (2)

108. Over the last 2 weeks, how often have you been bothered by the following problems?

Please tick one option for each row	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 109.** On a scale from 0-10, where 0 is 'never' and 10 is 'always', how **willing to take risks** would say you are?

Please tick one option.

Never									Always	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 110.** On a scale from 0-10, where 0 is 'never' and 10 is 'always', how **patient** would you say you are?

Please tick one option.

Never									Always	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 111.** On a scale from 0-10 where 0 means you are 'not at all trusting' of other people and 10 means you are 'extremely trusting' of other people, **how trusting of other people** would you say you are?

Please tick one option.

Not at all trusting							Extremely trusting			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 112.** On a scale from 0-10 where 0 means you are 'not at all trusting' and 10 means you are 'extremely trusting', how **trusting are you that British Governments**, of any party, place the needs of the nation above the needs of their own political party?

Please tick one option.

Not at all trusting							Extremely trusting			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know about how you have been spending your time recently.

113. How many hours have you been spending doing each of the following activities on a typical week day in the **last two weeks**?

Please enter whole hours (e.g. 1) or half hours (e.g. 1.5). Please round to the nearest half an hour.

If you are not sure of the exact amount of time, please give your best estimate.

If you have not typically spent any time doing an activity, or you have typically spent less than half an hour doing an activity please enter 0.

	Number of hours
Paid work ⁽¹⁾	
Volunteering / unpaid work (not for your household) ⁽²⁾	
Home schooling your children (if you have any) ⁽³⁾	
Other interactive activities with children (e.g. reading to them, playing games with them, painting/drawing with them, doing puzzles together). ⁽⁴⁾	
Caring for someone other than a child ⁽⁵⁾	
Housework (e.g. cleaning, laundry, cooking, DIY) ⁽⁶⁾	
Studying ⁽⁷⁾	
Physical activity / exercise ⁽⁸⁾	
Other leisure activities and hobbies (e.g. TV, gaming, reading, news, listening to music, gardening, online shopping, mealtime, relaxing) ⁽⁹⁾	
Socialising with non-household members via telephone, video-calling or messaging ⁽¹⁰⁾	
Socialising with non-household members in person ⁽¹¹⁾	
Travelling for work ⁽¹²⁾	
Shopping or essential appointments ⁽¹³⁾	
Personal care (e.g. taking a shower/bath, grooming, getting dressed etc.) ⁽¹⁴⁾	
Ill in bed ⁽¹⁵⁾	
Other ⁽¹⁶⁾	

- 114.** How many hours in total have you been spending outside of your home on a typical week day in the **last two weeks**?

Please do not include time spent in your garden or any other outdoor space which is part of your home.

Please round to the nearest hour.

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- 115.** The next questions will ask about a number of events.
Please read each item carefully and then indicate whether or not each event has happened to you in the 12 months prior to the Coronavirus outbreak or since the Coronavirus outbreak in March.

<i>Please tick one option for each row</i>	Yes in 12 months before COVID (1)	Yes, since COVID outbreak (2)	No (3)
Have you had a serious illness or been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has one of your immediate family been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your close friends or other close relatives been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or an immediate family member been subject to any abuse, attack or threat because of race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or an immediate family member been subject to any abuse, attack or threat for another reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your immediate family died?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your other close relatives or close friends died?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you separated from your partner (not including death)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick one option for each row

	Yes in 12 months before COVID (1)	Yes, since COVID outbreak (2)	No (3)
Have you or your partner been unemployed or seeking work for more than one month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your partner been sacked from your job or made redundant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any major financial difficulties (e.g. debts, difficulty paying bills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any serious housing difficulties such as being evicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or an immediate member of your family been a victim of crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116. Have you experienced any other events that have had a major impact on your life since the outbreak of the Coronavirus in March?

Yes (1)

No (2) → go to question 118

117. Please describe what has happened to you.

Thank you for completing the questionnaire

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