

Southall and Brent Revisited COVID-19 Questionnaire

Version: 15/04/2021

Thank you for taking part in the 3rd wave of the Southall and Brent Revisited COVID-19 questionnaire.

The questionnaire covers the impact of the coronavirus outbreak on your health, your family, your social life, and your work. 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 2021

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 set questions are 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 11

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 2020 or earlier (1)
- March 2020 (2)
- April 2020 (3)
- May 2020 (4)
- June 2020 (5)
- July 2020 (6)
- August 2020 (7)
- September 2020 (8)
- October 2020 (9)
- November 2020 (10)
- December 2020 (11)
- January 2021 (12)
- February 2021 (13)
- March 2021 (14)
- April 2021 (15)
- May 2021 (16)
- June 2021 (17)

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. For how long were you unable to function as normal due to COVID-19 Coronavirus symptoms?

- I was always able to function as normal (1)
- 1-3 days (2)
- 4-6 days (3)
- 1 week or more, less than 2 weeks (4)
- 2 weeks or more, less than 4 weeks (5)
- 4 weeks or more, less than 12 weeks (6)
- 12 weeks or more (7)

6. How many days were you so unwell that you stayed in bed or on the sofa due to Coronavirus?

- None (1)
- 1-3 days (2)
- 4-6 days (3)
- 1 week or more, less than 2 weeks (4)
- 2 weeks or more, less than 4 weeks (5)
- 4 weeks or more, less than 12 weeks (6)
- 12 weeks or more (7)

7. Have you been told by a doctor that you may have a new condition, illness, or disability as a result of Coronavirus?

- Yes (1)
- No (2) → go to question 9

8. What new condition, illness or disability does your doctor think you may have as a result of Coronavirus? *Please tick all that apply.*

- Post-viral fatigue (1)
- A blood clot in the leg, heart, lung or brain (2)
- A heart condition (3)
- A lung condition (4)
- A condition affecting the mind or brain (5)
- A condition affecting the nervous system outside the brain (6)
- Thyroid disease (7)
- Other (specify) (8) _____

9. In the past few weeks have you been troubled by....

	Rarely (1)	Some of the time (2)	A good part of the time (3)	Most of the time (4)
Waking up tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired after rest or relaxation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing to sleep longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged tiredness after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. The next questions are about how you have been feeling in the last month.

In the last month....	Less than usual (1)	No more than usual (2)	More than usual (3)	Much more than usual (4)
Have you had problems with tiredness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you needed to rest more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt sleepy or drowsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems starting things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lacked energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made slips of the tongue when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you found it more difficult to find the right word?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 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 14*

12. What was the result of your coronavirus test?

If you had more than one test please report the findings of the latest test.

	Current infection (Nasal or saliva)	Past infection (Blood)	Unsure of type
Positive – had COVID (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative – did not have COVID (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconclusive (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for results (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. When did you have this test?

	Current infection (Nasal or saliva)	Past infection (Blood)	Unsure of type
February 2020 or earlier ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March 2020 ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 2020 ⁽³⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 2020 ⁽⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 2020 ⁽⁵⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2020 ⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 2020 ⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 2020 ⁽⁸⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 2020 ⁽⁹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November 2020 ⁽¹⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
December 2020 ⁽¹¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 2021 ⁽¹²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
February 2021 ⁽¹³⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March 2021 ⁽¹⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 2021 ⁽¹⁵⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 2021 ⁽¹⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 2021 ⁽¹⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In the past few weeks have you been troubled by being excessively tired or exhausted?

- Rarely (1)
- Some of the time (2)
- A good part of the time (3)
- Most of the time (4)

15. The next questions are about how you have been feeling in the last month.

In the last month....	Less than usual (1)	No more than usual (2)	More than usual (3)	Much more than usual (4)
Have you had less strength in your muscles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt weak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had difficulties concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How is your memory?

- Better than usual (1)
- No worse than usual (2)
- Worse than usual (3)
- Much worse than usual (4)

17. Over the **past two months**, have you experienced strange, unpleasant sensations in your skin, such as pricking, tingling or burning?

- Yes (1)
- No (2)

18. Over the **past two months**, on average, how often has shortness of breath caused you to limit what you wanted to do?

- Never (1)
- Less than once a month (2)
- Between once a week and once a month (3)
- More than once a week (4)
- Nearly every day (5)

19. Over the **past two months**, how often have you experienced your heart racing, when you are not exercising (palpitations)?

- Never (1)
- Less than once a month (2)
- Between once a week and once a month (3)
- More than once a week (4)
- Nearly every day (5)

20. Over the **past two months**, how often have you had to restrict your work or normal daily activity due to how you feel?

- Never (1)
- Less than once a month (2)
- Between once a week and once a month (3)
- More than once a week (4)
- Nearly every day (5)

21. 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) |

22. Have you downloaded the NHS COVID 19 Test and Trace App?

- Yes (1)
- No (2)
- Unable as do not have suitable device (3)

23. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you are complying with social distancing guidelines?

Not complying at all

Fully complying

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

24. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you complied with Government guidelines to reduce the spread of COVID-19?

Not complying at all

Fully complying

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"/>

25. Have you been offered a vaccination for COVID-19?

Yes ⁽¹⁾

No ⁽²⁾ → *go to question 30*

26. Have you been vaccinated for COVID-19?

Yes ⁽¹⁾ → *go to question 27*

No – but I intend to be ⁽²⁾ → *go to question 30*

No – and I do not intend to be ⁽³⁾ → *go to question 29*

27. Please enter the date that you got vaccinated?

If you have only had one vaccination, leave the second vaccination date blank.

	dd	mm	yyyy
First vaccination	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Second vaccination	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

28. Which vaccination did you receive?

	First dose	Second dose
Pfizer Vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Oxford, AstraZeneca vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Moderna Vaccine	<input type="checkbox"/>	<input type="checkbox"/>

29. Why have you chosen not to get vaccinated?*Please tick all that apply.*

- Covid-19 vaccine safety not proven yet
- Covid-19 vaccine effectiveness not proven yet
- I have had Coronavirus, so may be immune
- I am not worried about catching Coronavirus
- I distrust officials
- Vaccines are not safe in general

30. On a scale from 0 to 10, where 0 means 'very badly' and 10 means 'very well', how well would you say the Government has been handling the Coronavirus crisis since the outbreak in March 2020?*Please tick one option.***Very badly****Very well**

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

31. In general, would you say your health is...

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

32. Do you currently have any of the following?

Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Cancer (1) | <input type="checkbox"/> High blood pressure (9) |
| <input type="checkbox"/> Cystic fibrosis (2) | <input type="checkbox"/> Heart disease, congenital or acquired (10) |
| <input type="checkbox"/> Asthma (3) | <input type="checkbox"/> Depression or other emotional, nervous or psychiatric problems (11) |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (4) | <input type="checkbox"/> Obesity (12) |
| <input type="checkbox"/> Wheezy bronchitis (5) | <input type="checkbox"/> Infection (13) |
| <input type="checkbox"/> Diabetes (6) | <input type="checkbox"/> HIV / Immunodeficiency (14) |
| <input type="checkbox"/> Recurrent backache, prolapsed disc, sciatica or other back problem (7) | <input type="checkbox"/> Condition affecting the brain and nerves (e.g. Parkinson's, Multiple Sclerosis) (15) |
| <input type="checkbox"/> Problems with hearing (8) | <input type="checkbox"/> None of the above (16) |

33. At the time of the Coronavirus outbreak in March 2020, were you taking any prescribed medication or have you been prescribed any medication since then?

- Yes (1)
- No (2) → *go to question 36*

34. Since the Coronavirus outbreak in March 2020, have you had any difficulty obtaining any of your prescribed medication?

- Yes (1)
- No / Not applicable (2) → *go to question 36*

35. Why did you have difficulty obtaining your prescribed medication?

Please tick all that apply.

- My medication was not available because of a shortage of supply (1)
- My medication was available but neither I, nor anyone I know, was able to collect it (2)
- Other reason (3)

36. Since the Coronavirus outbreak in March 2020, have you at any time had any medical appointments booked?

Please tick all that apply.

- Hospital appointment for consultation, investigation or treatment (1)
- Hospital appointment for surgery (2)
- Appointment for cognitive behaviour therapy, counselling or psychological therapy (3)
- Any other medical appointment (4)
- No medical appointments booked (5) → *go to question 39*
- GP appointment (6)

37. Were any of your medical appointments cancelled or delayed?

- Yes (1)
- No (2) → *go to question 39*

38. Which type of medical appointment was cancelled or delayed?

Please tick all that apply.

- Hospital appointment for consultation, investigation or treatment (1)
- Hospital appointment for surgery (2)
- Appointment for cognitive behaviour therapy, counselling or psychological therapy (3)
- Any other medical appointment (4)
- GP appointment (6)

39. Did you **at any time** receive a letter or text message from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch Coronavirus, because you have an underlying disease or health condition?

- Yes (1)
- No (2)

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

40. How many people do you currently live with? Please include yourself.

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If you live alone, go to question 42.

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

Please tick all that apply.

- Husband/Wife/Cohabiting Partner ⁽¹⁾
- 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⁾
- Grandchild ⁽⁵⁾
- Sibling ⁽⁶⁾
- Other relative ⁽⁷⁾
- Friend / unrelated sharer ⁽⁸⁾
- Other ⁽⁹⁾

42. 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⁾

43. Are you in a relationship with someone at the moment?

- Yes ⁽¹⁾
- No ⁽²⁾ → *go to question 46*

44. 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"/>

45. In the time since the Coronavirus outbreak in March 2020, has the amount you argued with your partner change, compared to before the Coronavirus outbreak?

- My partner and I argued **more often** since March 2020, compared to before the Coronavirus outbreak (1)
- No change - **same** as before the Coronavirus outbreak (2)
- My partner and I argued **less often** since March 2020, compared to before the Coronavirus outbreak (3)
- My partner and I were not together at the time of the coronavirus outbreak (4)

46. *If you live in a household with more people than either just you, or you and your partner*

In the time since the Coronavirus outbreak in March 2020, has the amount you have argued with the people you live with changed, compared to before the Coronavirus outbreak?

- I argued with the people I live with **more often** since March 2020, 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** since March 2020, compared to before the Coronavirus outbreak (3)
- Not applicable – only live with partner or alone (4)

47. **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 51*

48. Compared to **before the Coronavirus outbreak in March 2020**, 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)

49. 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 51*
- 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)

50. 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)

51. 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 55*
- Not applicable – live alone (4) → *go to question 55*

52. Compared to before the Coronavirus outbreak in March 2020, has the amount of help that the person (or people) you lived with, 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)

53. 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 55*
- 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)

54. 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.

55. Which country do you live in?

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

56. Have you moved to a new address since the **beginning of October 2020**?

- Yes (1)
- No (2) → go to question 63

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

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- 58.** 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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- 59.** 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)

- 60.** 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)

- 61.** Has your tenure changed since the start of the Coronavirus outbreak in March 2020?

- Yes (1)
- No (2) → *go to question 63*

62. 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)

63. Do you live in a care home?

- Yes (1)
- No (2)

We would like to ask you about what you are currently doing.

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

If you are doing more than one activity, please choose the activity that you spend most time doing.

Are you...

- Employed and currently working (or on annual leave / holiday) ⁽¹⁾→ *go to question 65*
- Employed but on paid leave (including furlough) ⁽²⁾ → *go to question 65*
- Employed and on unpaid leave ⁽³⁾→ *go to question 65*
- Apprenticeship ⁽⁴⁾→ *go to question 65*
- In unpaid/voluntary work ⁽⁵⁾ → *go to question 65*
- Self-employed and currently working (or on holiday) ⁽⁶⁾ → *go to question 65*
- Self-employed but not currently working ⁽⁷⁾→ *go to question 65*
- Unemployed ⁽⁸⁾→ *go to question 74*
- Permanently sick or disabled ⁽⁹⁾→ *go to question 74*
- Looking after home or family ⁽¹⁰⁾→ *go to question 74*
- In education at school/college/university ⁽¹¹⁾→ *go to question 74*
- Retired ⁽¹²⁾→ *go to question 74*
- Doing something else ⁽¹³⁾ → *go to question 74*

65. Are you doing the same type of work now, that you were doing at the time of the Coronavirus outbreak in March 2020?

- Yes ⁽¹⁾ → *go to question 69*
- No ⁽²⁾

66. What is your job title?

67. Please describe in your own words what you mainly do in this job. Please describe in detail (for example job title and the type of work) and describe any special qualifications or training needed to do the job.

68. What does the firm or organisation you worked for, or own mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

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

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Not currently working ⁽⁻⁹⁾ → go to question 73

70. 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 72*
- Work some days at home and some days at employer's premises ⁽³⁾
- Other ⁽⁴⁾ → *go to question 72*

71. 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"/> |

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

- Yes ⁽¹⁾
- No ⁽²⁾

73. 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⁾

We would like to ask you about what your **partner** is currently doing.

- 74.** Which of these would best describes what your partner situation **now**?
If they were doing more than one activity, please choose the activity that they spent most time doing.

Is your partner...

- Employed and currently working ⁽¹⁾→ *go to question 75*
- Employed but on paid leave (including furlough) ⁽²⁾→ *go to question 75*
- Employed and on unpaid leave ⁽³⁾→ *go to question 75*
- Apprenticeship ⁽⁴⁾→ *go to question 75*
- In unpaid/voluntary work ⁽⁵⁾→ *go to question 75*
- Self-employed and currently working ⁽⁶⁾→ *go to question 75*
- Self-employed but not currently working ⁽⁷⁾→ *go to question 75*
- Unemployed ⁽⁸⁾→ *go to question 81*
- Permanently sick or disabled ⁽⁹⁾→ *go to question 81*
- Looking after home or family ⁽¹⁰⁾→ *go to question 81*
- In education at school/college/university ⁽¹¹⁾→ *go to question 81*
- Retired ⁽¹²⁾→ *go to question 81*
- Doing something else ⁽¹³⁾→ *go to question 81*
- Not applicable, no partner ⁽⁰⁾→ *go to question 81*

- 75.** Was your partner working for the same employer or doing the same type of work that they were doing at the time of the Coronavirus outbreak in March 2020?

- Yes ⁽¹⁾ → *go to question 79*
- No ⁽²⁾
- I was not living with my partner at the time of the Coronavirus outbreak in March 2020 ⁽³⁾ → *go to question 81*

76. What is **your partner's** job title?

77. Please describe in your own words what **your partner** mainly does in this job. Please describe in detail (for example job title and the type of work).

78. What does the firm or organisation **your partner** worked for, or own, mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

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

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Not currently working (-9) → go to question 81

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

- Yes (1)
- No (2)
- Not applicable (3)

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

81. 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)
- I'm a little better off (4)
- I'm much better off (5)

82. In 12 months' time, how do you expect your financial situation will compare to before the Coronavirus outbreak in March 2020?

- I'm much worse off (1)
- I'm a little worse off (2)
- I'm about the same (3) → *go to question 84*
- I'm a little better off (4) → *go to question 84*
- I'm much better off (5) → *go to question 84*

83. You said that you are worse off now compared to before the Coronavirus outbreak in March 2020. Have you or your partner done any of the following as a result of this?

Please tick all that apply.

- Reduced spending (1)
- Used savings (2)
- New borrowing from bank or credit card (3)
- New borrowing from family and friends (4)
- None of these (5)

84. **Since the Coronavirus outbreak in March**, have you or your partner 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)
- Coronavirus Self-Employment Income Support Scheme (7)
- Test and trace support payment for those instructed to self-isolate (9)
- No - none of these (8)

85. **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 (2)
- Other debt repayment or interest payment holidays (2)
- No - none of these (4)

- 86. Since the Coronavirus outbreak in March 2020, 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⁾
- Siblings ⁽³⁾ → *go to question 89*
- Former spouse or partner ⁽⁴⁾ → *go to question 89*
- Friends or neighbours ⁽⁵⁾ → *go to question 89*
- Someone else ⁽⁶⁾ → *go to question 89*
- No - did not give financial help to anyone ⁽⁷⁾ → *go to question 89*

- 87. In total, how much financial help have you given to your adult children, including in-laws since the coronavirus outbreak in March 2020?**
If you don't know the precise amount it would be helpful if you could provide the best estimate.

£

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- Prefer not to answer ⁽⁻⁹⁾

- 88. Is the amount of financial help you have given your adult children, including in-laws since the Coronavirus outbreak in March 2020 different to the amount you would have given if the Coronavirus outbreak had not happened?**

- Yes – I have given more financial help because of the Coronavirus outbreak ⁽¹⁾
- Yes - I have given less financial help because of the Coronavirus outbreak ⁽²⁾
- No – I would have given the same amount of financial help if the Coronavirus outbreak had not happened. ⁽³⁾
- Prefer not to answer ⁽⁻⁹⁾

- 89. Since the Coronavirus outbreak in March 2020, 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)
- Siblings (3) → *go to question 92*
- Former spouse or partner (4) → *go to question 92*
- Friends or neighbours (5) → *go to question 92*
- Someone else (6) → *go to question 92*
- No - did not receive financial help from anyone (7) → *go to question 92*

- 90. In total, how much financial help have you **received from** your adult children, including in-laws since the Coronavirus outbreak in March 2020?**
If you don't know the precise amount it would be very helpful if you could provide your best estimate.

£

- Prefer not to answer (-9)

- 91. Is the amount of financial help you have **received from** your adult children, including in-laws since the Coronavirus outbreak in March different to the amount you would have received if the Coronavirus outbreak had not happened?**

- Yes – I have received more financial help because of the Coronavirus outbreak (1)
- Yes - I have received less financial help because of the Coronavirus outbreak (2)
- No – I would have received the same amount of financial help if the Coronavirus outbreak had not happened. (3)
- Prefer not to answer (-9)

- 92.** The coronavirus pandemic has affected many people's financial circumstances. We know that changes in financial circumstances can have a significant impact on many aspects of life including health and well-being. We would therefore like to ask you about you and your partner's current income and whether this has changed since the coronavirus outbreak in March 2020.

Which letter (A – F) best describes you and your partner's current take-home income from earnings, benefits and any other source of regular income, after tax and deductions?

Letter

Prefer not to answer (-9) → go to question 95

	Weekly	Monthly	Annually
A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year
B	£200 or more per week, less than £350 per week	£800 or more per month, less than £1400 per month	£10,000 or more per year, less than £18,000 per year
C	£350 or more per week, less than £500 per week	£1400 or more per month, less than £2000 per month	£18,000 or more per year, less than £26,000 per year
D	£500 or more per week, less than £750 per week	£2000 or more per month, less than £3000 per month	£26,000 or more per year, less than £39,000 per year
E	£750 or more per week, less than £1000 per week	£3000 or more per month, less than £4000 per month	£39,000 or more per year, less than £52,000 per year
F	More than £1000 per week	More than £4000 per month	More than £52,000 per year

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- 93.** Has your and your partner's take-home income from earnings, benefits and any other source of regular income, after tax and deductions changed since the outbreak of the Coronavirus in March 2020?

Yes ⁽¹⁾

No ⁽²⁾ → go to question 95

94. Which letter (A – F) best describes you and your partner's take-home income from earnings, benefits and any other source of regular income, after tax and deductions at the time of the outbreak in March 2020?

Letter

Prefer not to answer ⁽⁻⁹⁾

	Weekly	Monthly	Annually
A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year
B	£200 or more per week, less than £350 per week	£800 or more per month, less than £1400 per month	£10,000 or more per year, less than £18,000 per year
C	£350 or more per week, less than £500 per week	£1400 or more per month, less than £2000 per month	£18,000 or more per year, less than £26,000 per year
D	£500 or more per week, less than £750 per week	£2000 or more per month, less than £3000 per month	£26,000 or more per year, less than £39,000 per year
E	£750 or more per week, less than £1000 per week	£3000 or more per month, less than £4000 per month	£39,000 or more per year, less than £52,000 per year
F	More than £1000 per week	More than £4000 per month	More than £52,000 per year

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

95. Which of these statements applies to you?

- I've never smoked cigarettes ⁽¹⁾ → go to question 97
- I used to smoke cigarettes but don't at all now ⁽²⁾ → go to question 97
- I now smoke cigarettes occasionally but not every day ⁽³⁾
- I smoke cigarettes every day ⁽⁴⁾

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

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97. 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 99*
- I used to use an electronic cigarette or a vaping device but don't at all now (2) → *go to question 99*
- 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)
98. **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)
99. **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) → *go to question 102*
- Never (5) → *go to question 102*
100. **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)

101. Since the Coronavirus outbreak in March 2020, 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)

102. 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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103. 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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104. 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.

105. 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⁾

On a typical weekday, how much time do you spend in front of a screen? Please tell us separately about the time you spend on a screen for work or study and the time you spend on a screen whilst not working or studying. Please include time spent on all devices including computers, laptops, tablets, phones or TV.

106. For work or study

- No time ⁽¹⁾
 Less than 1 hour ⁽²⁾
 More than 1 hour or more, less than 2 hours ⁽³⁾
 More than 2 hours or more, less than 4 hours ⁽⁴⁾
 More than 4 hours or more, less than 6 hours ⁽⁵⁾
 More than 6 hours or more, less than 8 hours ⁽⁶⁾
 More than 8 hours or more, less than 10 hours ⁽⁷⁾
 More than 10 hours or more ⁽⁸⁾

107. Not for work or study

- No time (1)
- Less than 1 hour (2)
- More than 1 hour or more, less than 2 hours (3)
- More than 2 hours or more, less than 4 hours (4)
- More than 4 hours or more, less than 6 hours (5)
- More than 6 hours or more, less than 8 hours (6)
- More than 8 hours or more, less than 10 hours (7)
- More than 10 hours or more (8)

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

108. 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)

109. 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)

110. 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)

111. 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)

112. 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)

113. If you were sick in bed how much could you count on the people around you to help out?

- Not at all (1)
- A little (2)
- Somewhat (3)
- A great deal (4)

114. If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?

- Not at all (1)
- A little (2)
- Somewhat (3)
- A great deal (4)

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

115. Are you basically satisfied with your life?

- Yes (1)
- No (2)

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

- No (1)
- Yes (2)

117. Do you feel that your life is empty?

- No (1)
- Yes (2)

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

No (1)

Yes (2)

119. Do you feel happy most of the time?

Yes (1)

No (2)

120. Do you often feel helpless?

No (1)

Yes (2)

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

No (1)

Yes (2)

122. Do you feel full of energy?

No (1)

Yes (2)

123. Do you feel that your situation is hopeless?

No (1)

Yes (2)

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

No (1)

Yes (2)

125. 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"/>

126. Please select the answer that best describes your experience of each **over the last two weeks**

Please tick one option for each row	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
In uncertain times, I usually expect the best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

127. 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"/>

- 128.** 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"/>

- 129.** 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"/>

- 130.** 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"/>

The next questions will ask about a number of events.

- 131.** Please read each item carefully and then indicate whether or not each event has happened to you since the Coronavirus outbreak in March.

<i>Please tick one option for each row</i>	Yes, since COVID outbreak (2)	No (3)
Have you had a serious illness or been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>
Has one of your immediate family been seriously ill or injured?	<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"/>
Have you, or an immediate family member been subject to any abuse, attack or threat because of race?	<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"/>
Have any of your immediate family died?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your other close relatives or close friends died?	<input type="checkbox"/>	<input type="checkbox"/>
Have you separated from your partner (not including death)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your partner been unemployed or seeking work for more than one month?	<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"/>
Have you had any major financial difficulties (e.g. debts, difficulty paying bills)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any serious housing difficulties such as being evicted?	<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"/>

