

Southall and Brent Revisited COVID-19 Questionnaire

Version: 29/04/2021

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 / / 2 0 2

Second vaccination / / 2 0 2

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. In general, in the 3 months **before** the Coronavirus outbreak in March 2020 how would you say your health was...

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

33. 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) |

34. **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 37*

35. 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 37*

36. 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)

37. **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)
- GP appointment (6)
- No medical appointments booked (5) → *go to question 40*

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

- Yes (1)
- No (2) → *go to question 40*

39. 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⁾

40. 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.

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

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If you live alone, go to question 45.

42. 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 45*
- 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 45*
- Grandchild ⁽⁵⁾→ *go to question 45*
- Sibling ⁽⁶⁾→ *go to question 45*
- Other relative ⁽⁷⁾→ *go to question 45*
- Friend / unrelated sharer ⁽⁸⁾→ *go to question 45*
- Other ⁽⁹⁾→ *go to question 45*

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

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44. 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"/>

45. 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)
46. Have there been any changes to the people you are living with since the Coronavirus outbreak in March 2020? In other words has anyone different moved in, has someone moved out, or have you moved out to live with someone else or to be on your own?
- Yes (1)
- No (2) → go to question 48
47. Which of the following changes have occurred **since** the Coronavirus outbreak? *Please tick all that apply.*
- Started living with your partner (1)
- At least one of my children has moved into my home (2)
- At least one of my children has moved out of my home (3)
- I have moved into one of my children's homes (4)
- At least one of my parents (or in-laws) has moved in with me (5)
- I have moved in with at least one of my parents (or in-laws) (6)
- Someone other than a parent (or in-law) or child has moved in to my home (7)
- I have moved in to someone other than a parent (or in-law) or child's home (8)
- None of these (9)

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

- Yes (1)
- No (2) → go to question 50

49. 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"/>

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

50. Which country do you live in?

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

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

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52. 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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53. 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)

54. 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)

55. Has your tenure changed since the start of the Coronavirus outbreak in March 2020?

- Yes (1)
- No (2) → *go to question 57*

56. 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)

57. Do you live in a care home?

- Yes (1)
- No (2)

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

58. 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 59
- Employed but on paid leave (including furlough) ⁽²⁾ → go to question 59
- Employed and on unpaid leave ⁽³⁾→ go to question 59
- Apprenticeship ⁽⁴⁾→ go to question 59
- In unpaid/voluntary work ⁽⁵⁾ → go to question 59
- Self-employed and currently working (or on holiday) ⁽⁶⁾ → go to question 59
- Self-employed but not currently working ⁽⁷⁾→ go to question 59
- Unemployed ⁽⁸⁾→ go to question 70
- Permanently sick or disabled ⁽⁹⁾→ go to question 70
- Looking after home or family ⁽¹⁰⁾→ go to question 70
- In education at school/college/university ⁽¹¹⁾→ go to question 70
- Retired ⁽¹²⁾→ go to question 70
- Doing something else ⁽¹³⁾ → go to question 70

59. 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 63
- No ⁽²⁾

60. What is your job title?

- 61.** 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.

- 62.** 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).

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

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Not currently working → go to question 69

64. Has the number of hours you usually work per week, changed since the outbreak of Coronavirus in March 2020?

- Yes ⁽¹⁾
- No ⁽²⁾ → go to question 66

65. **Just before the Coronavirus outbreak in March 2020**, how many hours per week did you usually work, not including meal breaks but including overtime? Please round to the nearest hour.

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66. 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 68
- Work some days at home and some days at employer's premises ⁽³⁾
- Other ⁽⁴⁾ → go to question 68

67. 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"/>

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

- Yes ⁽¹⁾
- No ⁽²⁾

69. 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 also like to ask you about what you were doing before the Coronavirus outbreak in March 2020 so that we can see how things may have changed for you.

70. Which of these best describes what you were doing just before the Coronavirus outbreak in March 2020?

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

- Employed (1) → *go to question 71*
- Self-employed (2) → *go to question 71*
- In unpaid/voluntary work (3) → *go to question 71*
- Apprenticeship (4) → *go to question 71*
- Unemployed (5) → *go to question 75*
- Permanently sick or disabled (9) → *go to question 75*
- Looking after home or family (10) → *go to question 75*
- In education at school/college/university (11) → *go to question 75*
- Retired (12) → *go to question 75*
- Doing something else (13) → *go to question 75*

71. What was your job title at that time?

72. Please describe in your own words what you mainly did 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.

73. What did 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).

74. In this job, did you have a zero hours contract?

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

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

- 75.** 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 76*
- Employed but on paid leave (including furlough) ⁽²⁾→ *go to question 76*
- Employed and on unpaid leave ⁽³⁾→ *go to question 76*
- Apprenticeship ⁽⁴⁾→ *go to question 76*
- In unpaid/voluntary work ⁽⁵⁾→ *go to question 76*
- Self-employed and currently working ⁽⁶⁾→ *go to question 76*
- Self-employed but not currently working ⁽⁷⁾→ *go to question 76*
- Unemployed ⁽⁸⁾→ *go to question 84*
- Permanently sick or disabled ⁽⁹⁾→ *go to question 84*
- Looking after home or family ⁽¹⁰⁾→ *go to question 84*
- In education at school/college/university ⁽¹¹⁾→ *go to question 84*
- Retired ⁽¹²⁾→ *go to question 84*
- Doing something else ⁽¹³⁾→ *go to question 84*
- Not applicable, no partner ⁽⁰⁾→ *go to question 84*

- 76.** 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 80*
- No ⁽²⁾
- I was not living with my partner at the time of the Coronavirus outbreak in March 2020 ⁽³⁾ → *go to question 89*

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

78. 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) and describe any special qualifications or training needed to do the job.

79. 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).

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

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Not currently working → go to question 84

81. Has the number of hours your partner usually work per week, changed since the outbreak of Coronavirus in March 2020?

Yes ⁽¹⁾ → *go to question 83*

No ⁽²⁾

82. **Just before the Coronavirus outbreak in March 2020**, how many hours per week did your partner usually work, not including meal breaks but including overtime?

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83. 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⁾

- 84.** We would also like to ask you about what your partner was doing before the Coronavirus outbreak in March 2020 so that we can see how things may have changed for them. Which of these best describes what you were doing just before the Coronavirus outbreak in March 2020?

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

- Employed ⁽¹⁾→ *go to question 85*
- Self-employed ⁽²⁾ → *go to question 85*
- In unpaid/voluntary work ⁽³⁾→ *go to question 85*
- Apprenticeship ⁽⁴⁾→ *go to question 85*
- Unemployed ⁽⁵⁾→ *go to question 85*
- Permanently sick or disabled ⁽⁹⁾→ *go to question 89*
- Looking after home or family ⁽¹⁰⁾→ *go to question 89*
- In education at school/college/university ⁽¹¹⁾→ *go to question 89*
- Retired ⁽¹²⁾→ *go to question 89*
- Doing something else ⁽¹³⁾ → *go to question 89*

- 85.** What was their job title at that time?

- 86.** Please describe in your own words what your partner mainly did 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.

- 87.** What did 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).

- 88.** In this job, did your partner have a zero hours contract?

- 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.

- 89.** In the 3 months before the Coronavirus outbreak in March, how well would you say you personally were managing financially?

- Living comfortably (1)
- Doing all right (2)
- Just about getting by (3)
- Finding it quite difficult (4)
- Finding it very difficult (5)

90. 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)

91. 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 93*
- I'm a little better off (4) → *go to question 93*
- I'm much better off (5) → *go to question 93*

92. 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?

Pease 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)

- 93.** In the **three months before the Coronavirus outbreak in March**, did you (or your partner if you have one) receive any of the following?

Please tick all that apply.

- Universal credit ⁽²⁾
- Pension credit ⁽³⁾
- Income support or Job Seeker's Allowance ⁽⁴⁾
- Working Tax Credit or Child Tax credit ⁽⁵⁾
- Employment and Support Allowance ⁽⁶⁾
- Statutory sick pay ⁽⁷⁾
- Housing benefit ⁽⁸⁾
- Council tax support or reduction ⁽⁹⁾
- Carers allowance, Personal independence payments, or Disability Living Allowance ⁽¹¹⁾
- No - none of these ⁽¹²⁾

- 94.** 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⁾
- Coronavirus Self-Employment Income Support Scheme ⁽⁷⁾
- Test and trace support payment for those instructed to self-isolate ⁽⁹⁾
- No - none of these ⁽⁸⁾

95. 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)

96. 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)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not give financial help to anyone (7)

97. 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)
- Former spouse or partner (4)
- Friends or neighbours (5)
- Someone else (6)
- No - did not receive financial help from anyone (7)

- 98.** 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 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 101*

	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

- 99.** 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 101*

- 100.** 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

- 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. 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)

103. 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.

104. Are you basically satisfied with your life?

- Yes (1)
- No (2)

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

- No (1)
- Yes (2)

106. Do you feel that your life is empty?

- No (1)
- Yes (2)

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

No (1)

Yes (2)

108. Do you feel happy most of the time?

Yes (1)

No (2)

109. Do you often feel helpless?

No (1)

Yes (2)

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

No (1)

Yes (2)

111. Do you feel full of energy?

No (1)

Yes (2)

112. Do you feel that your situation is hopeless?

No (1)

Yes (2)

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

No (1)

Yes (2)

114. 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"/>

115. 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"/>

116. 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"/>

- 117.** 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"/>

- 118.** 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.

- 119.** 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 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"/>
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 serious housing difficulties such as being evicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

120. 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 122*

121. Please describe what has happened to you.

122. We would welcome any comments about your own experiences, which have not been captured by the questions.
You can write as much or little as you like, and cover any topic you choose.

Thank you for completing the questionnaire