



VIS/Consent



How the Government COVID-19 measures are affecting you

We'd like to invite you to take part in a research project about how coronavirus (COVID-19) is affecting you and your life. We're interested in how it has made you feel, and how it's affecting your health and well-being, your social and home life, and your employment. If you're interested in taking part, please read on. The survey will start if you complete the consent form and agree to take part.

INFORMATION

The Government has given us all a strict set of rules to follow. These rules are necessary to help our NHS cope, get us through this crisis and save lives. The rules may change over time until the pandemic is in check. Every person and each household will be experiencing the effects differently. Some will cope well, others won't. After this pandemic has passed, some will be able to get back on their feet quickly, others won't. Our **CovidLife** survey is interested in understanding how we're all coping. Once we know, we can think what to plan for and how to prepare for the future. You can find more details about the survey [here](#).

The questions start with some general information about you. Most of them will simply require you to select your answer from a list of options. Some questions are very specific to COVID-19, others are more general. We'll be asking about how your life has changed and how you are coping with challenging and sometimes stressful circumstances. Therefore, some of the questions will be quite personal and sensitive. We hope you'll be able to answer them all, but you can skip any you don't feel comfortable answering.

This survey will take about 30 minutes to complete.

We will contact you again to ask you to complete shorter follow-up surveys. This is so we can track the mid to longer-term effects of the COVID-19 measures. We'll do a final survey after the Government lifts these measures.

The information you provide will be analysed by the [Generation Scotland](#) team at the [University of Edinburgh](#), their research partners, and [NHS](#) colleagues.

Who can take part?

Taking part is open to **any Generation Scotland volunteer aged 18 or over and living in the UK**. You must have access to the internet to take part. Taking part in this survey is entirely voluntary.

What will happen to the information I give you?

We will treat the information you share with us in the same way as for all [Generation Scotland](#) studies that you have already been part of.

We will ask for your email address so that we can contact you for future surveys. Your email address will not be passed on to any third parties.

All the information we collect will be stored in a safe and secure manner. We will [anonymise](#) your information before health researchers can look at it. Nobody will be able to identify you.

We will report what we find in tables and graphs and post these on [our website](#). We'll alert you to new postings by email. Findings will be shared with researchers, health professionals and policymakers. Our results will be published in peer-reviewed [academic journals](#).

How do I withdraw?

You can contact us by email to [withdraw](#) from this survey at any time without giving a reason.

Ethics approval

In the UK, independent **ethics committees** must review health research studies before they can start. This study has received approval from the [East of Scotland Research Ethics Committee](#).

How long will my data be stored for?

Once the study has finished, your anonymised data will be [stored securely](#) for ten years by the University of Edinburgh. It may be kept for longer if it's felt to be of public interest.

Concerns

If you're concerned about how your personal data is being processed, or if you'd like to talk to someone about your rights, please contact the University of Edinburgh in the first instance at: dpo@ed.ac.uk.

If you have any other concerns about the study, you can contact the Generation Scotland study team at: genscot@ed.ac.uk.

PRESS **NEXT** TO BE TAKEN TO THE CONSENT FORM

CONSENT

Please read the following statements and tick the boxes to agree.

- 1 - I understand that my involvement in this study is voluntary
- 2 - I confirm that I live in the UK
- 3 - I confirm that I am aged 18 or over
- 4 - I understand that I will need to provide an email address, so that you can send me future surveys
- 5 - I understand that my results will be anonymised, so it will not be possible to remove my answers after they have been submitted
- 6 - I understand I can withdraw from recontact for future surveys at any point
- 7 - I understand that the data gathered in this study will be stored securely and it will not be possible to identify me in any reports from this research
- 8 - I agree to take part in this Generation Scotland survey and understand that by checking this box I am providing my signature to this agreement

Background 1

How the Government COVID-19 measures are affecting you

Thank you for agreeing to complete this **CovidLife** survey.

Please answer all questions as accurately as you can. All answers will be kept **strictly confidential**.

Some questions are personal and sensitive. We hope that you will be able to answer them all. Some have a 'prefer not to answer' option if you don't feel comfortable telling us this information. Some sections have a 'skip' option to allow you to skip, if you feel you are unable to answer these sensitive topics.

This questionnaire will take **approximately 30 minutes** to complete. It is not possible to go back and change your responses once you have pressed the Next button.

PRESS **NEXT** TO START THE SURVEY

Background Information

To start, we are going to ask you for some background information.

Please enter your Generation Scotland Study ID (e.g., C123456)
Your Study ID can be found in the email or letter inviting you to take part in the CovidLife survey

Please enter your email address

Your email address will only be used to send you surveys and to keep you informed of our results. We **will not** pass your email on to third parties.

Email address

Confirm email address

What is your name?

First name(s)

Last name

What is your date of birth? (please enter DD/MM/YYYY)

What is your sex?

As assigned at birth

If you would like more information on why we are asking you this question, please see our [FAQs](#).

- Male
- Female
- Prefer not to answer

What gender do you identify with?

- Male
- Female
- Non-binary
- Prefer not to answer

Which country do you live in?

- Scotland
- England
- Wales
- Northern Ireland
- Elsewhere

What is your postcode?

Please enter in the format AB12 3CD (using capital letters and a space)

Are you a full-time or part-time student (e.g., at secondary school, college or university)?

- Yes, full-time student
- Yes, part-time student

No

Where do you study?

Secondary school

College

University

Other (please specify)

General Health 1

Your health

Before we ask questions about the effect of COVID-19 on you, it would be helpful to know a bit more about your health in general.

In general, would you say your health is

Excellent

Very Good

Good

Fair

Poor

In general, would you say your emotional or mental health is

Excellent

Very Good

Good

- Fair
- Poor

Has your GP advised you to get the flu jab in the last 12 months?

- Yes
- No
- Don't know

Have you been contacted by letter or text message to say you are **at severe risk from COVID-19 due to an underlying health condition** and should be shielding?

- Yes
- No

The next questions are about your **height and weight**. Please select your preferred units of measurement.

What are your **preferred units** for entering your **height**?

- Feet and Inches
- Centimetres

What are your **preferred units** for entering your **weight**?

- Stones and Pounds
- Kilograms

What is your **height in centimetres**?

If you are unsure, please put your best estimate

What is your **height**?

If you are unsure, please put your best estimate

Feet

Inches

What is your **weight in kilograms**?

If you are unsure, please put your best estimate

What is your **weight**?

If you are unsure, please put your best estimate

Stones (st)

Pounds (lbs)

General Health 2

Do you have any of the following medical conditions?

Select all that apply, or select None of the above

- Asthma
- Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema
- Severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- Chronic heart disease, such as heart failure
- Chronic kidney disease
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis, a learning disability or cerebral palsy
- Diabetes – Type 1
- Diabetes – Type 2
- Digestive disorder – e.g. ulcerative colitis, Crohn's disease, irritable bowel disorder
- High blood pressure
- Currently undergoing chemotherapy or radiotherapy for treating cancer
- Currently have cancer of the blood or bone marrow (e.g., leukaemia)
- Problems with your spleen – e.g., sickle cell disease, or you have had your spleen removed
- Received an organ transplant and remain on immunosuppression medication
- A weakened immune system as a result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- Other medical condition which may mean you are at increased risk of severe illness from COVID-19
- Prefer not to answer
- None of the above

Do you usually **bring up phlegm/sputum/mucus from the lungs**, or do you usually feel like you have mucus in your lungs that is difficult to bring up, without having a cold?

- Yes
- No

Are you currently pregnant?

- Yes
- No
- Don't know
- Prefer not to answer

Have you ever been diagnosed with one or more of the following mental health conditions?

Select all that apply, or select None of the above

- Agoraphobia
- Anorexia nervosa
- Anxiety, nerves or generalised anxiety disorder
- Attention deficit or attention deficit and hyperactivity disorder (ADD/ADHD)
- Autism, Asperger's or autistic spectrum disorder
- Bulimia nervosa
- Depression
- Mania, hypomania, bipolar or manic-depression
- Obsessive compulsive disorder (OCD)
- Panic attacks
- A personality disorder

- Psychological over-eating or binge-eating
- Schizophrenia
- Social anxiety or social phobia
- Any other phobia (e.g., disabling fear of heights or spiders)
- Any other type of psychosis or psychotic illness
- Prefer not to answer
- None of the above

Your Household - block 1

Your Household

COVID-19 measures don't just affect people individually, they affect entire families. We would like to know a little about the people you live with.

Do you currently live alone?

- Yes
- No
- Prefer not to answer

Including yourself, how many people live in your household?

Who lives in your household with you?

Select all that apply

- spouse/partner

- Child/children
- Grandchild/grandchildren
- Parent(s) or parent(s)-in-law
- Grandparent(s) or grandparent(s)-in-law
- Other family member(s)
- Paid caregiver(s)
- Friend(s) or other non-family member(s)

How many children in each of these age groups live with you?

	0	1	2	3 or more
0 to 4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 to 11 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 to 15 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 to 17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 years and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is anyone you live with **aged 70 years or over**?

- Yes
- No

Is anyone you live with **currently pregnant**?

- Yes
- No

Has someone in your household, been contacted by letter or text message to say that they are at **severe risk from COVID-19 due to**

an underlying health condition and should be shielding?

- Yes
- No

Your Household - block 2

What is your current relationship status?

- Married/civil partnership
- In a relationship, living together
- In a relationship, not living together
- Single
- Separated
- Divorced
- Widowed
- Other
- Prefer not to answer

Do you have any pets?

- Yes
- No

What kind of pet(s) do you have?

- Dog(s)
- Cat(s)
- Other pet(s)

COVID - block 1

COVID-19

We want to know whether you have had, or think you have had COVID-19.

Do you think that you have had, or currently have COVID-19?

- Yes, confirmed by a positive test
- Yes, suspected COVID-19 but was not tested
- No

Which of the following symptoms do you have, or did you have?
Select all that apply

- Dry cough
- Fever/high temperature
- Shortness of breath
- Headache
- Aches and pains
- Sore throat
- Fatigue/tiredness
- Runny nose
- Diarrhoea
- Stomach pains
- Nausea/feeling sick
- Lack of appetite
- Sudden loss of smell and/or taste
- Sore eyes

Developed pneumonia

Other symptoms (please specify)

Did you use or contact any of the following services about COVID-19?

Select all that apply, or select None of the above

GP surgery

NHS 111

Accident and emergency

The NHS website

None of the above

Were you hospitalised because of COVID-19?

Yes

No

Were you in intensive care?

Yes

No

Don't know

Did you need to use a ventilator to help you breathe?

Yes

No

Don't know

Do you think anyone else in your household has had or currently has COVID-19?

- Yes, confirmed by a positive test
- Yes, suspected COVID-19 but was not tested
- No

Covid - block 2

Now, we would like to ask you some questions about **how you are feeling** about the pandemic and **what effect it has had on your life**.

Do you think that you will get sick from COVID-19?

- I definitely will
- I probably will
- It's possible
- Not at all

How much has COVID-19 changed your daily routine?

- A lot
- Some
- A little
- Not at all

Are there other people, **outside those in your household**, that you are **seeing regularly** or **having close contact with**?

This question refers to **face-to-face, physical contact** with others outside your household.

- Yes
- No

Who are you **seeing regularly**?

Select all that apply

- Romantic partner who doesn't live with me
- Family members
- Friends
- Work colleagues
- People you see while at work, e.g., patients or customers
- Other (please specify)

COVID - block 3

How often are you leaving your home?

- Multiple times per day
- Once per day
- A few times per week
- Once per week
- Less than once per week

When leaving your home, how likely are you to come into close contact with someone not living in your household?

- I don't leave my home

- Not at all likely
- Not that likely
- Somewhat likely
- Very likely

On a scale of 1 (no threat at all) to 10 (very serious public health threat), how serious a **public health threat** do you think COVID-19 is or might become?

1 2 3 4 5 6 7 8 9 10

How prepared do you think you are for the widespread COVID-19 pandemic?

- Very prepared
- Somewhat prepared
- A little prepared
- Not prepared at all

COVID - block 4

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

My actions will influence whether or not I get COVID-19

1 (do not agree at all) to 10 (agree very strongly)

1 2 3 4 5 6 7 8 9 10

It is my responsibility to follow all Government guidance to prevent the spread of COVID-19 to others

1 (do not agree at all) to 10 (agree very strongly)

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Managing my health has become more difficult during the COVID-19 pandemic

1 (do not agree at all) to 10 (agree very strongly)

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Accessing and remembering to take my medications has become more difficult during the COVID-19 pandemic

1 (do not agree at all) to 10 (agree very strongly)

1	2	3	4	5	6	7	8	9	10	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Help and support - skip option

[Help & Support](#)

The Government measures mean that many **people cannot see their family members and friends**. While some people will be coping with this, others may not be. This set of questions will be used to find out **how you are coping** with this during the COVID-19 pandemic, and whether you are feeling lonely.

If you don't feel able to answer these questions and you would like to skip this section on help and support, please select the option below.

- Continue with this section
- I would prefer to skip this section

Help & Support - block 1

How often have you felt lonely **during the past week**?

- None, or almost none of the time
- Some of the time
- Most of the time
- All, or almost all of the time
- Don't know
- Prefer not to answer

Think back to **before COVID-19 measures were introduced** (i.e., January 2020), how often did you feel lonely then?

- None, or almost none of the time
- Some of the time
- Most of the time
- All, or almost all of the time
- Don't know
- Prefer not to answer

Thinking back to **before COVID-19 measures were introduced** (i.e., January 2020), on a scale of 0 (not at all) to 10 (a lot), indicate how much you felt isolated from others



On a scale of 0 (not at all) to 10 (a lot), indicate how much you feel isolated from others **now**



Is there someone who would give you help if you got COVID-19 (for example, your spouse or partner, a member of your family, or a friend)?

- Yes
- No
- Prefer not to answer

How close is your relationship with your spouse/partner?

- Very close
- Quite close
- Not very close
- Not at all close

Mood - skip option

How are you feeling?

We would like to understand **how you have been feeling recently**. Some questions might sound similar to each other. For us to get a detailed understanding of how you are feeling, it is important that you answer them all.

If you don't feel able to answer questions on how you have been feeling recently and would like to skip this section, please select the option below.

- Continue with this section
- I would prefer to skip this section

Mood - block 1

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

	Not at all	Several days	More than half the days	Nearly every day	Don't know	Prefer not to answer
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Little interest or pleasure in doing things

Not at all Several days More than half the days Nearly every day Don't know Prefer not to answer

Feeling down, depressed or hopeless

Not at all Several days More than half the days Nearly every day Don't know Prefer not to answer

Trouble falling or staying asleep, or sleeping too much

Not at all Several days More than half the days Nearly every day Don't know Prefer not to answer

Feeling tired or having little energy

Not at all Several days More than half the days Nearly every day Don't know Prefer not to answer

Poor appetite or over eating

Not at all Several days More than half the days Nearly every day Don't know Prefer not to answer

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Trouble concentrating on things, such as reading the newspaper or watching television

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Thoughts that you would be better off dead or of hurting yourself in some way

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Mood - block 2

In the last two weeks, how often have you felt nervous or stressed because of COVID-19?

- Never
- Some of the time
- Most of the time
- All of the time

Mood – block 3

Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the **last 2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 0 (not at all) to 10 (extremely), how **satisfied** are you with your life **nowadays**

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Thinking back to **just before the COVID-19 measures were introduced** (i.e., January 2020), how **satisfied** were you with your life **then**?

0 being not at all, 10 being extremely

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Impact on life - block 1

The impact of COVID-19 on your life

Most people will have had to make changes to their daily life as a result of COVID-19. In this section we want to understand **how much COVID-19 has affected your life.**

On a scale of 1 (not at all) to 5 (a lot), please tell us how much these COVID-19 measures have **negatively affected** you and other members of your household?

	1 not at all	2	3	4	5 a lot
Social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying at home as much as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel restrictions in your local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wider travel restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictions on who can work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to GP and NHS services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School and nursery closures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Impact on life - block 2

Since the COVID-19 measures were introduced, have you been worried about:

your physical health

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

the physical health of others in your household

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

your mental well-being

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

the mental well-being of others in your household

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

losing your job/not getting paid

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

others in your household losing their job/not getting paid

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

household finances

- Not at all worried
- Slightly worried
- Moderately worried

- Very worried
- Extremely worried
- Not applicable

not being able to pay your mortgage or rent

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

your education

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

your child/children's education

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

Since the COVID-19 measures were introduced, have you been worried about:

access to GP and NHS services

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

access to social care or other support services

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

access to medication

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

access to food

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

your relationship with your spouse/partner

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

arguing with your spouse/partner

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

your relationship with your child/children

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

not being able to see family members who don't live with you

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

not being able to see friends

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Not applicable

having life plans put on hold

- Not at all worried
- Slightly worried
- Moderately worried

- Very worried
- Extremely worried
- Not applicable

Health behaviours – block 1

Habits and behaviours

The COVID-19 measures affect many things, so we are now going to ask you a bit about your habits and behaviours.

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), are you:

- Smoking more **now**
- Smoking about the same **now**
- Smoking less **now**
- I don't smoke – ex-smoker
- I don't smoke – never smoked

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), are you:

- Vaping more **now**
- Vaping about the same **now**
- Vaping less **now**
- I don't vape

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), are you:

- Drinking more alcohol **now**
- Drinking about the same amount of alcohol **now**
- Drinking less alcohol **now**
- I don't drink alcohol

Health behaviours – block 2

Vigorous physical activity is activity that takes **hard physical effort** and makes you **breathe much harder than normal**, e.g., running, or fast cycling.

How many days did you do **vigorous physical activity** for **at least 10 minutes** at a time:

	0	1	2	3	4	5	6	7
In the last 7 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a typical week before COVID-19 measures were introduced (i.e., January 2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Moderate physical activity is activity that makes you **breathe somewhat harder than normal**, e.g., brisk walking, or cycling at a regular pace.

How many days did you do **moderate physical activity** for **at least 10 minutes** at a time:

	0	1	2	3	4	5	6	7
In the last 7 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a typical week before COVID-19 measures were introduced (i.e., January 2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), is your **diet**:

- Much healthier **now**
- Slightly healthier **now**
- About the same **now**
- Slightly less healthy **now**
- Much less healthy **now**

What was the average number of **hours you slept per day** in the last 7 days?

What was the average number of **hours you slept per day** in a typical week **before COVID-19 measures were introduced** (i.e., January 2020)?

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), is the **quality of your sleep**:

- Much better **now**
- Somewhat better **now**
- About the same **now**
- Somewhat worse **now**
- Much worse **now**

Health behaviours - block 3

We are interested in understanding whether people have been **following Government guidance on COVID-19**, such as social distancing, self-isolating, hand washing and staying at home.

Have you been following the government guidance on:

	Always	Most of the time	Some of the time	Never
Social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying at home as much as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-isolating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personality - block 1

Your Personality

Next we are going to ask you questions about your personality. Personality is about how we think, behave and show our emotions. These things may affect how we react to different situations.

How accurately do these phrases describe you?

I am the life of the party

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I am always prepared

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I get stressed out easily

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I don't talk a lot

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I leave my belongings around

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I am relaxed most of the time

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I feel comfortable around people

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate

Very accurate

I pay attention to details

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

I worry about things

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

I keep in the background

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

How accurately do these phrases describe you?

I make a mess of things

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I seldom feel blue

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I start conversations

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I get chores done right away

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I am easily disturbed

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I have little to say

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I often forget to put things back in their proper place

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I get upset easily

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate

Very accurate

I talk to a lot of different people at parties

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

I like order

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

How accurately do these phrases describe you?

I change my mood a lot

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

I don't like to draw attention to myself

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I shirk my duties

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I have frequent mood swings

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I don't mind being the centre of attention

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I follow a schedule

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I get irritated easily

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I am quiet around strangers

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate
- Very accurate

I am exacting in my work

- Very inaccurate
- Moderately inaccurate
- Neither inaccurate nor accurate
- Moderately accurate

Very accurate

I often feel blue

Very inaccurate

Moderately inaccurate

Neither inaccurate nor accurate

Moderately accurate

Very accurate

Health literacy - block 1

Understanding Health Information

In this section, we want to know how you **use and understand health information** in general.

I can find health information when I need it

Never

Rarely

Sometimes

Often

I can seek out any health services that I might need

Never

Rarely

Sometimes

Often

I can complete any health forms on my own

Never

Rarely

Sometimes

Often

I can accurately describe symptoms I may have to my doctor

Never

Rarely

Sometimes

Often

I can understand medical instructions

Never

Rarely

Sometimes

Often

I can remember what my doctor says

Never

Rarely

Sometimes

Often

I can follow my doctor's advice

Never

Rarely

Sometimes

Often

I can manage my own health needs

Never

Rarely

Sometimes

Often

I can support the health needs of others

Never

Rarely

Sometimes

Often

I can solve any health problems that come my way

Never

Rarely

Sometimes

Often

Finding information - block 1

Now we would like to ask you about finding and understanding information about COVID-19.

Do you find the Government guidance on COVID-19 easy to understand?

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult

How would you rate your knowledge about COVID-19?

- Extremely good
- Somewhat good
- Neither good nor bad
- Somewhat bad
- Extremely bad

Do you think that the Government guidance and actions on COVID-19 are:

- An under-reaction
- About right
- An over-reaction

Which of the following sources of information have you used to **keep informed** about COVID-19?

Select all that apply, or select None of the above

- BBC News television bulletins
- Other television news bulletins (e.g., ITV, Channel 4)
- BBC News website
- Other news websites (e.g., ITV, Channel 4)
- NHS websites
- GP practice website
- Government websites
- World Health Organisation (WHO) website
- Broadsheet newspapers (print or website)
- Tabloid newspapers (print or website)
- Radio or podcasts
- Social media websites and news feeds (e.g., Instagram, Facebook, Twitter)
- Your workplace
- Family and friends
- WhatsApp or other messaging services
- Other health websites and resources
- None of the above

Which of the following sources of information have you found the **most helpful** for keeping informed about COVID-19?

Select **one** answer

- » BBC News television bulletins
- » Other television news bulletins (e.g., ITV, Channel 4)
- » BBC News website
- » Other news websites (e.g., ITV, Channel 4)
- » NHS websites
- » GP practice website

- » Government websites
- » World Health Organisation (WHO) website
- » Broadsheet newspapers (print or website)
- » Tabloid newspapers (print or website)
- » Radio or podcasts
- » Social media websites and news feeds (e.g., Instagram, Facebook, Twitter)
- » Your workplace
- » Family and friends
- » WhatsApp or other messaging services
- » Other health websites and resources
- » None of the above

Finding information - block 2

How much time do you spend on average **each day** getting news or learning about COVID-19?

- None
- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 3-4 hours
- 5 or more hours

On a scale of 1 (not at all difficult) to 10 (extremely difficult), how difficult has it been for you to **find accurate, understandable information about COVID-19?**



How confident are you that the **UK Government** can prevent further outbreak of COVID-19?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident

How confident are you that the **Scottish Government** can prevent further outbreak of COVID-19?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident

How confident are you that the **NHS** can cope with the COVID-19 pandemic?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident

How confident are you that scientists will develop a **vaccine** in the next 18 months?

- Not confident at all
- Not very confident
- Somewhat confident

Very confident

How you spend your time - block 1

Keeping in touch

We would like to know how you are **keeping in touch with your friends and family**.

Thinking back to **just before COVID-19 measures were introduced** (i.e., January 2020), on average, how many **hours per day** did you **look at or use social media**?

Including Facebook, Instagram, TikTok, Twitter, WhatsApp, etc.

- None
- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 7 or more hours

On average, how many **hours per day** do you **look at or use social media nowadays**?

Including Facebook, Instagram, TikTok, Twitter, WhatsApp, etc.

- None
- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours

- 3-4 hours
- 5-6 hours
- 7 or more hours

How you spend your time - block 2

Just before COVID-19 measures were introduced (i.e., January 2020), how regularly did you:

	Every day/almost every day	3-4 days a week	1-2 days a week	Less than once a week	Rarely	Never
Meet with family members face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet with friends face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with family members (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with friends (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now that the COVID-19 measures are in place, how regularly do you do these activities **now**:

	Every day/almost every day	3-4 days a week	1-2 days a week	Less than once a week	Rarely	Never
Meet with family members face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet with friends face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with family members (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with friends (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

how you spend you time - block 3

Since COVID-19 measures were introduced, how easy or difficult has it been for you to **keep in touch** with...

family members who do not live with you?

- Very easy
- Quite easy
- Quite difficult
- Very difficult

Not applicable

your **friends**?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Not applicable

your **work colleagues**?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Not applicable

Many people have been finding ways to do things differently or have started something new, since COVID-19 measures were introduced.

Since COVID-19 measures have been in place, have you returned to or started up a new **pastime** that you can do from home?

Select all that apply, or select None of the above.

- | | |
|---|--|
| <input type="checkbox"/> Work out or exercise | <input type="checkbox"/> Listening to music |
| <input type="checkbox"/> Relaxation or meditation | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Cooking class/learning to cook | <input type="checkbox"/> Board or card games |
| <input type="checkbox"/> Language class/learning a language | <input type="checkbox"/> Online gaming |

- | | |
|---|--|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Other activity not listed above |
| <input type="checkbox"/> Singing or playing music | <input type="checkbox"/> None of the above |

Since COVID-19 measures have been in place...

have you written or called a friend that you haven't been in touch with for a while?

- Yes
 No

have you volunteered to help the more vulnerable in your local community?

- Yes
 No

have you volunteered to help the NHS?

- Yes
 No

Employment - skip option

Your Employment

There have been many changes in employment since COVID-19 measures were introduced. We would like you to tell us what your situation was just before the Government introduced COVID-19

measures (i.e., January 2020). We'd also like to know what has happened to you since then.

If you don't feel able to answer these questions and you would like to skip this section, please select the option below.

- Continue with this section
- I would prefer to skip this section

Employment - Block 1

What was your employment status **just before COVID-19 measures were introduced** (i.e., January 2020)?

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- In unpaid employment
- Homemaker
- Looking after children
- Looking after other dependents
- Retired
- Still in school/studying full-time
- Unemployed as sick or disabled
- Unemployed
- Other
- Prefer not to answer

What is your employment status **now**?

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Looking after other dependents
- Retired
- Still in school/studying full-time

- | | |
|--|--|
| <input type="radio"/> Paid employee not supervising others | <input type="radio"/> Unemployed as sick or disabled |
| <input type="radio"/> In unpaid employment | <input type="radio"/> Unemployed |
| <input type="radio"/> Homemaker | <input type="radio"/> Other |
| <input type="radio"/> Looking after children | <input type="radio"/> Prefer not to answer |

Which of the following best describes the type of work you did in your **last or current job**?

- Managers, directors and senior officials
- Associate professional and technical occupations
- Administrative and secretarial occupations
- Skilled trades occupations
- Sales and customer service occupations
- Process, plant and machine operatives
- Elementary (unskilled) occupations
- Never worked
- Not applicable
- Prefer not to answer

In your current (or last) job were you employed in the:

- Private sector
- Public sector
- Voluntary (third) sector
- Not applicable

Which of the following best describes the industry you currently work in or worked in last?

- Accommodation and Food Service Activities
- Administrative and Support Service Activities
- Agriculture, Forestry and Fishing
- Arts, Entertainment and Recreation
- Construction
- Education
- Electricity, Gas, Steam and Air Conditioning Supply
- Financial and Insurance Activities
- Human Health and Social Work Activities
- Manufacturing
- Mining and Quarrying
- Other Service Activities
- Professional, Scientific and Technical Activities
- Public Administration, Defence, and Social Security
- Real Estate Activities
- Repair of Motor Vehicles and Motorcycles
- Tourism
- Transportation and Storage
- Water Supply, Sewerage, Waste Management and Remediation Activities
- Wholesale and Retail Trade
- Not applicable

What is the total income of your entire household last year (before tax)?

Employment - block 2

Are you currently working from home or outside the home?

- From home
- Outside the home
- Not currently working
- Not applicable

How have your weekly working hours changed since **before COVID-19 measures were introduced**?

- Working more hours **now**
- Working the same number of hours **now**
- Working fewer hours **now**

When COVID-19 restrictions were put in place, were you designated as a **key worker**?

- Yes
- No

Have any of the following happened to you due to COVID-19 measures?

- Lost job
- Furloughed – stopped working, not being paid by employer, but have not been made redundant
- Pay cut
- Not working but still being paid by employer
- None of the above

Have you found a new job?

- Yes
- No, actively searching for a new job
- No, not currently searching for a new job

Compared to **before COVID-19 measures were introduced** (i.e., January 2020), how has your income changed?

- Income is higher now
- Income is the same now
- Income is lower now
- Not applicable

Employment - block 3

Have you received, or do you expect to receive government funding (either the 'Job Retention' scheme or 'grants to the self-employed') to replace your income?

- Yes
- No
- Don't know
- Not applicable

Are you a parent or guardian whose child or children were attending school or nursery **just before COVID-19 measures were introduced**?

- Yes

No

Have the school and nursery closures affected your ability to do your job?

- Yes, a lot
- Yes, a little
- No

How confident are you that **your employment will be secure** after the COVID-19 pandemic is over?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident
- Not applicable

How confident are you that the **economy will recover** after the COVID-19 pandemic is over?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident

Employment - block 4

We would like to ask you about whether you/your household were **receiving any benefits** before the COVID-19 measures were

introduced (i.e., January 2020) and whether you are receiving any benefits now.

Before the COVID-19 measures were introduced (i.e., January 2020) were you or anyone in your household **receiving any benefits?**

Including Blue Badge, Free School Meals, National Entitlement Card

- Yes
- No
- Don't know
- Prefer not to answer

Are you or anyone else in your household **receiving any benefits now?**

Including Blue Badge, Free School Meals, National Entitlement Card

- Yes
- No
- Don't know
- Prefer not to answer

Which **benefits** were you or anyone in your household receiving **before the COVID-19 measures were introduced** (i.e., in January 2020)?

Select all that apply

- Attendance Allowance
- Bereavement Allowance
- Best Start Grant
- Best Start Foods

- Blue Badge
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Cold Weather Payment
- Constant Attendance Allowance
- Council Tax Benefit
- Crisis Loans
- Disability Living Allowance
- Employment and Support Allowance
- Free School Meals
- Guardian's Allowance
- Housing Benefit
- In Work Credit
- Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Mobility Supplement
- National Entitlement Card
- Pension Credit
- Personal Independence Payment
- Severe Disablement Allowance
- State Pension
- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay

- Statutory Sick Pay
- Sure Start Maternity Grant
- Tax credits
- Universal Credit
- War Disablement Pension
- War Widow's/Widower's Pension
- Widowed Parent's Allowance
- Widow's Pension
- Winter Fuel Payment
- Working Tax Credit
- Other (please specify)
- Don't know
- Prefer not to answer

Which **benefits** are you or anyone in your household receiving **now**?
Select all that apply

- Attendance Allowance
- Bereavement Allowance
- Best Start Grant
- Best Start Foods
- Blue Badge
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Cold Weather Payment
- Constant Attendance Allowance
- Council Tax Benefit
- Crisis Loans

- Disability Living Allowance
- Employment and Support Allowance
- Free School Meals
- Guardian's Allowance
- Housing Benefit
- In Work Credit
- Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Mobility Supplement
- National Entitlement Card
- Pension Credit
- Personal Independence Payment
- Severe Disablement Allowance
- State Pension
- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Sure Start Maternity Grant
- Tax credits
- Universal Credit
- War Disablement Pension
- War Widow's/Widower's Pension
- Widowed Parent's Allowance
- Widow's Pension

- Winter Fuel Payment
- Working Tax Credit
- Other (please specify)
- Don't know
- Prefer not to answer

Household 2- block 1

Almost finished!

In this last section, we would like to ask you a few more questions about your **current circumstances**. We will use your answers to these questions to understand how different groups of people are affected by the COVID-19 pandemic.

What is the highest educational qualification you have obtained?

- Postgraduate degree
- Undergraduate degree
- Other professional or technical qualification
- NVQ or HND or HNC or equivalent
- Higher grade, A levels, AS levels or equivalent
- Standard grade, National 4 or 5, O levels, GCSEs or equivalent
- CSEs or equivalent
- School leavers certificate
- Other (please specify)
- No qualifications
- Prefer not to answer

What is your ethnic origin?

Please select one option

- White – Scottish
- White – English
- White – Welsh
- White – Northern Irish
- White – Irish
- White – Gypsy or Irish Traveller
- White – Polish
- Any other White background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Chinese
- Any other Asian background
- Black or Black British – African
- Black or Black British – Caribbean
- Any other Black/African/Caribbean background
- Arab or Arab British
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any other Mixed/Multiple ethnic background
- Any other ethnic group
- Prefer not to answer

Household 2 – block 2

What type of accommodation do you live in?

- House or bungalow
- Flat or apartment
- Hostel
- Mobile home or caravan
- Sheltered housing
- Homeless
- Other
- Prefer not to answer

Do you have a garden?

- Yes
- No

What is the status of the accommodation in which you and your household live?

- Own outright
- Own with mortgage
- Rent from local authority/housing association
- Rent from private landlord or agency
- Pay part rent and part mortgage
- Live rent free
- Other
- Don't know
- Prefer not to answer

How many rooms are there in your house?

Count living rooms, bedrooms, kitchens, utility rooms and studies. Do not count toilets, bathrooms, halls, landings, or cupboards

Household 2 - block 3

Do you have any adult dependents in your household?
I.e., adults that depend on you financially

- Yes
- No
- Don't know
- Prefer not to answer

Do you have caring responsibilities for any of the following people who **live with you**?

Select all that apply, or select None of the above

- Children
- Adults with a physical or learning disability
- Elderly relatives
- Other elderly persons
- Other adults
- Prefer not to answer
- None of the above

Have your caring responsibilities for **people you live with** changed since COVID-19 measures have been in place?

- Caring responsibilities have increased
- Caring responsibilities have stayed the same
- Caring responsibilities have decreased

Do you have caring responsibilities for any of the following people who **do not live with you**?

Select all that apply, or select None of the above

- Children
- Adults with a physical or learning disability
- Elderly relatives
- Other elderly persons
- Other adults
- Prefer not to answer
- None of the above

Have your caring responsibilities for **people you do not live with** changed since COVID-19 measures have been in place?

- Caring responsibilities have increased
- Caring responsibilities have stayed the same
- Caring responsibilities have decreased

Household 2 - block 4

Do **you** have any of the following conditions?

Select all that apply, or select None of the above

- Blind
- Partial sight loss

- Deaf
- Partial hearing loss
- A learning disability (e.g., Down's Syndrome)
- A learning difficulty (e.g., dyslexia)
- A developmental disorder (e.g., autistic spectrum disorder)
- A physical disability
- A cognitive impairment (e.g., dementia)
- A mental health condition
- A long-term illness, disease, or condition
- Prefer not to answer
- None of the above

Does **anyone that you live with** have any of the following conditions?

Select all that apply, or select None of the above

- Blind
- Partial sight loss
- Deaf
- Partial hearing loss
- A learning disability (e.g., Down's Syndrome)
- A learning difficulty (e.g., dyslexia)
- A developmental disorder (e.g., autistic spectrum disorder)
- A physical disability
- A cognitive impairment (e.g., dementia)
- A mental health condition
- A long-term illness, disease, or condition
- Prefer not to answer
- None of the above

Household 2- block 5

Do you think that completing this survey was worthwhile?

- A lot
- A little
- Not at all

Do you think this survey was relevant to your life?

- A lot
- A little
- Not at all

One final thing!

This study is interested in understanding the psychological, social and economic impact of COVID-19. Is there anything else that you would like to tell us about **how COVID-19 has affected you**? Is there anything **you had wished we had asked**, but didn't?
(optional)

We understand the impacts that COVID-19 can have on wellbeing. To help you, we have provided some links [here](#) that we found useful.

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