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Survey 2: COVID-19 and your life

Thank you for agreeing to complete the second **CovidLife** survey.

Like the first survey, we're interested in understanding how COVID-19 measures are affecting you and how this is changing over time.

Some questions in this survey will be the same as those we asked in the first survey. We ask them again because we want to know if your answers have stayed the same or have changed as the restrictions continue to ease. We also have some new questions.

If you would like to review the information and consent form you completed last time, please click [here](#).

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.

The main section of the survey will take approximately **15 minutes to complete**.

There is also an optional section near the end of the survey. In the first survey, we asked you whether there were any questions you wished we had asked but didn't. Based on this feedback, we have added some new questions asking about topics which our volunteers told us were important to them. This section will take approximately 5-10 minutes.

You don't have to answer all the questions at once. The survey will be open for you to complete for the next 7 days. You can leave and return to the survey any time in the next 7 days, without losing the answers you have already given. To return to the survey, click on the survey link emailed to you.

If you have any queries, you can email us at: genscot@ed.ac.uk. Or you call us on 0131 651 8718.

It is not possible to go back and change your responses once you have pressed the Next button.

PRESS **NEXT** TO START THE SURVEY

Identity Confirmation - Block 1

Your Information

To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: **Male**

Year of Birth: **$\{e://Field/S1_YoB\}$**

If you have any problems, please contact us at: genscot@ed.ac.uk

Your Information

To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: **Female**

Year of Birth: **$\{e://Field/S1_YoB\}$**

If you have any problems, please contact us at: genscot@ed.ac.uk

Your Information

To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: **Prefer not to answer**

Year of Birth: **$\{e://Field/S1_YoB\}$**

If you have any problems, please contact us at: genscot@ed.ac.uk

COVID - block 1

COVID-19

We would like to ask you some questions about whether you and others you live with 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

Do you know anyone who has died from COVID-19?

Yes, family member(s)

Yes, friend(s)

Yes, someone else

No

Prefer not answer

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

By close contact, we mean coming within 2 Metres of someone

I don't leave my home

Not at all likely

Not that likely

Somewhat likely

Very likely

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)



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)



Has your living arrangement changed because of the COVID-19 pandemic?

Select all that apply, or select My living arrangement has not changed

- I moved somewhere else temporarily because of the COVID-19 pandemic
- I started living with my partner because of the COVID-19 pandemic
- An adult other than my partner (e.g., sibling, child, parent) moved into my address because of the COVID-19 pandemic
- Adults I live with have moved elsewhere because of the COVID-19 pandemic
- One or more young persons moved into my address because of the COVID-19 pandemic
- My living arrangement has not changed

Partner - block 1

Do you have a partner that you live with?

This could be someone you are married to/in a civil relationship with, or a person with whom you are co-habiting

- Yes, I live with a partner
- No, I do not live with a partner
- Prefer not to say

Is your spouse/partner:

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

Mood - skip option

How are you feeling?

We would like to understand **how you have been feeling recently**. We will compare the answers you provide today to the answers you provided in the first survey.

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

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

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



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

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

	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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 half the days Nearly every day Don't know Prefer not to answer

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

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

More than half the days
 Nearly every day

 Prefer not to answer

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

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

	None of the time	Rarely	Some of the time	Often	All of the time
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

Impact on life - block 1

The impact of COVID-19 on your life

In this section we want to understand **how much COVID-19 has affected your life.**

In the past month, have you been worried about:

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

having life plans put on hold

- 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

Coping - block 1

How are you coping?

We'd like to understand how stressed you have been feeling recently, and how well you are coping.

The questions in the next section ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way.

In the last month how often have you...

felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Coping - block 2

Select one option to indicate how much you disagree or agree with each of the statements

I tend to bounce back quickly after hard times

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I have a hard time making it through stressful events

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

It does not take me long to recover from stressful events

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

It is hard for me to snap back when something bad happens

- Strongly Disagree
- Disagree
- Neutral

- Agree
- Strongly Agree

I usually come through difficult times with little trouble

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I tend to take a long time to get over set-backs in life

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Covid-19 Info - block 1

COVID-19 Information

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

Have you been following the government guidance on:

Always Most of the Some of the Never
 time time

	Always	Most of the time	Some of the time	Never
Social distancing (sometimes also called 'physical distancing')	<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"/>
Wearing face coverings on public transport and in shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Covid-19 Info - block 2

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

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

Do you find the UK 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 Scottish Government guidance and actions on COVID-19 are:

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

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

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

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?**

1 2 3 4 5 6 7 8 9 10

Covid-19 Info - block 3

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 **Test, Track and Trace** system will prevent further outbreaks of COVID-19 in England?

- Not confident at all
- Not very confident

- Somewhat confident
- Very confident
- Don't know

How confident are you that the **Test and Protect** system will prevent further outbreaks of COVID-19 in Scotland?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident
- Don't know

If you are asked to self-isolate because you have been in **close contact** with someone who tested positive for COVID-19, will you follow the self-isolation instructions, **even if you feel well**?

- Always
- Most of the time
- Some of the time
- Never

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

Behaviour changes - block 1

Changes in behaviour

As a result of your experiences since the COVID-19 pandemic and the methods used to contain it (i.e., social distancing, lockdown), will you change your behaviour going forward with respect to any of the following?

use of a car

- Do not own/use a car
- Reduce a lot
- Reduce a little
- No change
- Increase a little
- Increase a lot

Use of public transport

- Reduce a lot
- Reduce a little
- No change
- Increase a little
- Increase a lot

How much do you **agree or disagree** with the following statement.

I would feel comfortable using public transport at the moment

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

How much do you **agree or disagree** with the following statement.

People should wear a face covering when entering enclosed spaces where physical distancing is more difficult.
Such as on public transport or in shops.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Keeping in touch - block 1

Keeping in touch

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

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"/>

Employment status - block 1

Employment

There have been many changes in employment since the COVID-19 measures were introduced. We would like to understand how your situation has changed.

What is your **current** employment status?

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

- | | |
|--|--|
| <input type="radio"/> Self-employed employing others | <input type="radio"/> Looking after other dependents |
| <input type="radio"/> Self-employed not employing others | <input type="radio"/> Retired |
| <input type="radio"/> Paid employee supervising others | <input type="radio"/> 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 |

Has your current employment status changed **since the COVID-19 measures were introduced**?

- Yes
 No

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

If you were doing more than one activity, please choose the activity that you spent most time doing.

- | | |
|--|--|
| <input type="radio"/> Self-employed employing others | <input type="radio"/> Looking after other dependents |
| <input type="radio"/> Self-employed not employing others | <input type="radio"/> Retired |
| <input type="radio"/> Paid employee supervising others | <input type="radio"/> 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 |

- Homemaker
- Looking after children
- Other
- Prefer not to answer

Employment - skip option

We now have some more questions about your work and how it has been affected by COVID-19. 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

Are you **currently** on maternity or paternity leave?

- Yes
- No

During **January and February** how often did you work at home?

- Always
- Often
- Sometimes
- Never
- Not applicable

During the **last four weeks** how often did you work at home?

- Always
- Often
- Sometimes
- Never
- Not applicable

Employment - block 2

Have you received a written letter or email from your employer to confirm that you have been **furloughed under the Coronavirus Job Retention Scheme**?

Select Yes if you have been furloughed any time since March, even if you are no longer furloughed.

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

Are you still furloughed?

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

Are you currently working **full-time or part-time**?

- Full-time
- Part-time

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**

Compared to **before the introduction of the COVID-19 measures**, do you think you are more or less productive at work **now**?

- Much more productive **now**
- A little more productive **now**
- About the same **now**
- A little less productive **now**
- Much less productive **now**
- Not applicable

Employment - block 3

Have you **applied** to the Self-Employment Income Support Scheme?

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

Have you **received** financial support from the Self-Employment Income Support Scheme?

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

How **worried** are you about the impact of COVID-19 on your business?

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

How **confident** are you that your business will survive the COVID-19 pandemic?

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

Employment - block 4

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

- Yes
- No

What **sector** do you work in?

- Health, social care or relevant related support worker (e.g., doctor, nurse, NHS volunteer)
- Teaching or childcare worker
- Key public services (justice, religious staff, journalist or mortuary)
- Local and national government
- Food and other necessary goods (production, sales, delivery)
- Public safety or national security worker (police, armed forces)
- Transport worker
- Utility worker (e.g., energy, sewerage, postal services)
- Utilities, communication and financial services
- None of the above

Does your work require you to be in **close contact (i.e., within 2 m) with others**, who you do not live with, including while travelling to work?

- Yes, all of the time
- Yes, most of the time
- Some of the time
- Rarely
- Not at all
- Not applicable

In your place of work, do you have access to necessary personal protective equipment (PPE)?

- Yes, all of the time
- Yes, most of the time
- Some of the time
- Rarely
- Not at all
- Not applicable

Partner Employment status - block 1

Partner's employment

The next questions are about your spouse/partner's job, or any other things that they have been doing recently. We are asking about your spouse/partner's employment to get a better understanding of your household circumstances.

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

If they were doing more than one activity, please choose the activity that they spent most time doing.

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- Retired
- Still in school/studying full-time
- Unemployed as sick or disabled
- Unemployed

- | | |
|--|--|
| <input type="radio"/> In unpaid employment | <input type="radio"/> Other |
| <input type="radio"/> Homemaker | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Looking after children | <input type="radio"/> Not applicable |
| <input type="radio"/> Looking after other dependents | |

What is your **spouse/partner's** employment status **now**?

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

- | | |
|--|--|
| <input type="radio"/> Self-employed employing others | <input type="radio"/> Retired |
| <input type="radio"/> Self-employed not employing others | <input type="radio"/> Still in school/studying full-time |
| <input type="radio"/> Paid employee supervising others | <input type="radio"/> Unemployed as sick or disabled |
| <input type="radio"/> Paid employee not supervising others | <input type="radio"/> Unemployed |
| <input type="radio"/> In unpaid employment | <input type="radio"/> Other |
| <input type="radio"/> Homemaker | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Looking after children | <input type="radio"/> Not applicable |
| <input type="radio"/> Looking after other dependents | |

Partner employment - skip option

We now have some more questions about your spouse/partner's work and how it has been affected by COVID-19. 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

Partners Employment - block 1

During the **last four weeks** how often did you **spouse/partner** work at home?

- Always
- Often
- Sometimes
- Never
- Not applicable

Partners Employment - block 2

Has your **spouse/partner** received a written letter or email from their employer to confirm that they have been **furloughed under the Coronavirus Job Retention Scheme**?

Select Yes if your spouse/partner has been furloughed any time since March, even if they are no longer furloughed.

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

Is your **spouse/partner** still furloughed?

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

Is your **spouse/partner** currently working **full-time or part-time**?

- Full-time
- Part-time
- Not applicable

How has your **spouse/partner's** 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**

Compared to **before the introduction of the COVID-19 measures**, do you think your **spouse/partner** is more or less productive at work **now**?

- Much more productive **now**
- A little more productive **now**
- About the same **now**
- A little less productive **now**
- Much less productive **now**
- Not applicable

Partners Employment - block 3

Has your spouse/partner **applied** to the Self-Employment Income Support Scheme?

- Yes

- No
- Don't know
- Not applicable

Has your spouse/partner **received** financial support from the Self-Employment Income Support Scheme?

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

Benefits - block 1

Benefits

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** 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

Finances - block 1

Finances

Before the official lockdown was announced on the 23rd March 2020, how well would you say you personally were managing financially?

- Living comfortably
- Doing all right
- Just about getting by
- Finding it quite difficult
- Finding it very difficult

Overall, how do you feel your **current** financial situation compares to before the official lockdown was announced on the 23rd March 2020?

- I'm much worse off
- I'm a little worse off
- I'm about the same
- I'm a little better off
- I'm much better off

Please tell us how much you **agree or disagree** with the following statements.

I'm worried about my future financial situation

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I'm worried about my job security

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I'm worried about my partners' job security

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

New questions - skip

In the first survey, we asked you whether there was anything you wished we had asked you about, but didn't.

Based on the feedback from our volunteers, we have added some new questions to find out about these topics that volunteers told us were important to them.

If you would prefer to skip this section, please select the option below.

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

Healthcare Covid-19 - block 1

Healthcare and COVID-19

We would like to know whether you have had medical treatments postponed or cancelled in the last few months.

Have you had any medical treatments or appointments that have had to be cancelled or postponed **during the COVID-19 pandemic**?

For example, hospital referral, non-emergency surgery, cancer treatment, etc.

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

What types of medical treatments or appointments were cancelled or postponed?

- GP referral
- Hospital referral
- Routine clinic appointment
- Dental treatment
- Surgery
- Dialysis
- Cancer treatment
- Cancer testing
- Cancer screening
- Other (please specify)

Are you worried about your health because of this cancelled or postponed treatment?

- Not at all worried
- Slightly worried

- Moderately worried
- Very worried
- Extremely worried

Healthcare Covid-19 - block 2

During the COVID-19 pandemic, have you developed signs and symptoms that you would like to have looked at or investigated by your GP, or another healthcare professional?

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

Have you contacted your GP or another healthcare professional about these signs and symptoms?

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

Are you worrying about these new signs or symptoms?

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

Events - block 1

Events

Have you had to cancel or postpone any major life events because of the COVID-19 pandemic?

For example a wedding, moving house, etc.

- Yes
- No

Have you had to cancel or postpone a holiday because of the COVID-19 pandemic?

- Yes
- No

Shopping

Shopping

Do you feel anxious when going food shopping **during the COVID-19 pandemic?**

- Not at all anxious
- Slightly anxious
- Moderately anxious
- Very anxious
- Extremely anxious
- I don't go food shopping
- Not applicable

Relationships - block 1

Relationships

Some people and families will be really struggling during the COVID-19 pandemic, while others will be coping quite well.

Compared to **before the COVID-19 pandemic**, do you think that your relationship with your spouse/partner has:

- Improved a lot
- Improved a little
- Stayed the same
- Worsened a little
- Worsened a lot

On the whole, what impact has the COVID-19 pandemic had on your life?

- Very negative impact
- Quite negative impact
- Neither negative nor positive impact
- Quite positive impact
- Very positive impact

Compared to other people, how do you feel about your current situation during the COVID-19 pandemic?

- Very fortunate

- A little fortunate
- Neither fortunate nor unfortunate
- A little unfortunate
- Very unfortunate

Number of children - block 1

Children and COVID-19

To try to prevent further spread of COVID-19 most schools, nurseries, and childcare settings closed on 20th March.

The next sections will be used to understand what impact these closures have had on you and your family.

How many children do you have aged 17 and under living in your household?

If you don't have any, select 0.

Parent information - block 1

Please enter the age of each of your children.

Youngest child

Second youngest child

Third youngest child

Fourth youngest child

Fifth youngest child

Sixth youngest child

Seventh youngest child

Eighth youngest child

Ninth youngest child

Tenth youngest child

Eleventh youngest child

Twelfth youngest child

Thirteenth youngest child

Fourteenth youngest child

Fifteenth youngest child

Child in FTE - block 1

Do you have one or more children in full-time education?
Include school or college courses and include children who are normally schooled at home.

Yes

No

Child Education - block 1

Before the official lockdown was announced on the 23rd March 2020, how was each child being educated?
Select the best answer for each child.

	Was going to a school/college in person	Was enrolled on a distance learning course	Was schooled at home	Not applicable / None of these
Youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sixth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eighth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ninth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eleventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twelfth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thirteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the official lockdown was announced on 23rd March 2020, how has each child been educated?

Select the best answer for each child.

If you are completing this survey during the school holidays, please answer how each child was being educated **before the end of term**.

	Still goes to a school/college in person	Still enrolled on a distance learning course	Still schooled at home	Now does work set by the school/college at home	Not applicable / None of these
Youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sixth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eighth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ninth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eleventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twelfth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thirteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Still goes to a school/college in person	Still enrolled on a distance learning course	Still schooled at home	Now does work set by the school/college at home	Not applicable / None of these
Fourteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the official lockdown was announced on the 23rd March 2020, have your children had any of these problems accessing education **during term time**?

Select the best answer for each child.

	Difficulty adapting to remote learning	Limited quality or quantity of remote lessons	Lack of device or internet connection for accessing remote learning	No suitable place in the home to learn	Not applicable / None of these
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sixth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Difficulty adapting to remote learning	Limited quality or quantity of remote lessons	Lack of device or internet connection for accessing remote learning	No suitable place in the home to learn	Not applicable / None of these
Eighth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ninth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eleventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twelfth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Education - block 2

When the school/college set work for your child/children to do at home, how much of this work did your child/children do?
 Select the best answer for each child.

All, or almost all, of the work set by school/college Most of the work set by school/college Some of the work set by school/college None of the work set by school/college

Youngest child



	All, or almost all, of the work set by school/college	Most of the work set by school/college	Some of the work set by school/college	None of the work set by school/college
Second youngest child	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sixth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eighth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ninth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eleventh youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twelfth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thirteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourteenth youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifteen youngest child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When the school/college set work for your child/children to do at home, did you help your child/children to do their work?

- Yes
- No

Do you feel confident in your ability to help your child/children with their school/college work?

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

Childcare - block 1

The closure of most education and childcare settings (e.g., schools/colleges, nurseries, after school clubs, childminders, etc.) from Friday 20th March has affected childcare arrangements for many families.

The next few questions are about childcare arrangements before and during the COVID-19 pandemic.

Now, thinking about childcare arrangements while education and childcare settings were **still open** (that is, **during term times before the 20th March 2020**) for your children aged 17 and under.

Who took care of your children when they were **not** in an education or childcare setting?

If your children don't need much childcare, for example older children, please only think about the childcare that they do need, even if it isn't very much.

	All or almost all of the time	Most of the time	About half of the time	Less than half the time	None or almost none of the time	Don't know	Not applicable/my children don't need childcare
Myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people E.g., au pair, parents with shared custody, other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did any of your children aged 17 and under go to any of the following childcare settings (either full or part-time) when education and childcare settings were **still open** (that is, **during term times before the 20th March 2020**)?

	Nursery / day- care	Childminder	Other registered childcare settings	Did not go to any of these
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sixth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Nursery / day-care	Childminder	Other registered childcare settings	Did not go to any of these
Eighth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ninth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eleventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twelfth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, thinking about the period of time **when most education and childcare settings closed because of the COVID-19 restrictions.**

Did any of your children aged 17 and under **still go** to any of the following childcare settings (either full or part-time) **when most education and childcare settings closed on 20th March?**

	Nursery / day-care	Childminder	Other registered childcare settings	Did not go to any of these
Youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Nursery / day-care	Childminder	Other registered childcare settings	Did not go to any of these
Second youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sixth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eighth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ninth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eleventh youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twelfth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifteenth youngest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When most education and childcare settings were closed due to COVID-19 restrictions, how many **extra hours**, if any, were **you/your partner** personally having to look after your children on each day during a **typical week**? Please give your answer to the nearest hour and if unsure, please give your best estimate.

How many extra hours were **you** personally having to look after your children on each day during a typical week?
If not spending any extra time, please put '0'.

Monday	<input type="text" value="0"/>
Tuesday	<input type="text" value="0"/>
Wednesday	<input type="text" value="0"/>
Thursday	<input type="text" value="0"/>
Friday	<input type="text" value="0"/>
Saturday	<input type="text" value="0"/>
Sunday	<input type="text" value="0"/>

How many extra hours was **your partner** personally having to look after your children on each day during a typical week?
If not spending any extra time, please put '0'.

Monday	<input type="text" value="0"/>
Tuesday	<input type="text" value="0"/>
Wednesday	<input type="text" value="0"/>
Thursday	<input type="text" value="0"/>
Friday	<input type="text" value="0"/>

	<input type="text" value="0"/>
Saturday	<input type="text" value="0"/>
Sunday	<input type="text" value="0"/>

Children and Job - block 1

When most schools and nurseries were closed, did **you** have to change the number of hours **you** worked per week **to look after your children?**

- Worked more hours
- Worked the same number of hours as before
- Worked fewer hours
- Wasn't able to work at all because of childcare responsibilities
- Not applicable

When most schools and nurseries were closed, did **your partner** have to change the number of hours **they** worked per week **to look after the children?**

- Worked more hours
- Worked the same number of hours as before
- Worked fewer hours
- Wasn't able to work at all because of childcare responsibilities
- Not applicable

Worry about children - block 1

We would like to know whether you have been worrying about the effect that school and nursery closures might have on your child/children.

Have you been worried about the impact of school closures on your children's education?

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

Have you been worried about the impact of school and nursery closures on your children's social skills?

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

Are you worried about your child/children returning to school after the summer holidays?

- Not at all worried
- Slightly worried
- Moderately worried

- Very worried
- Extremely worried
- Not applicable

Please tell us how much you **agree or disagree** with the following statement:

It is safe for children to return to school full-time after the summer holidays

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

In the last month, have you been worried about your relationship with your child/children?

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

Compared to before the COVID-19 pandemic, do you think that your relationship with your children has:

- Improved a lot
- Improved a little

- Stayed the same
- Worsened a little
- Worsened a lot

Public Involvement – block 1

Public involvement

Almost finished!

When we are developing our research projects, we like to involve our volunteers.

We would like to know whether you would be interested in hearing about future Public Involvement Groups, or opportunities to share your volunteer experience with us.

If you answer yes to the questions below, we may invite you to take part Public Involvement Groups in the future. If an invitation is received, you can choose whether or not to take part.

Would you like to be invited to help shape the future of our research?

- Yes
- No

Would you like to be invited to share your experience of being a volunteer?

- Yes

No

Final question

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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