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Survey 3: COVID-19 and your life

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

Like the other surveys, 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 before. We ask them again because we want to know if your answers have stayed the same or have changed as the pandemic progresses. 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.

You don't have to answer all the questions at once. You can leave and return to the survey at 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 can call us on 0131 651 8718.

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

The survey will take approximately **20 minutes to complete**.

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

Your Information

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

Last time, you told us the following information.

Sex: **Not provided**

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

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

General Health - block 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

The next questions are about your weight.

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

Stones and Pounds

Kilograms

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)



How do you think your current weight compares to your weight at the start of the first lockdown (March 2020)?

- I have gained weight
- My weight has stayed the same
- I have lost weight
- Prefer not to answer

Are you currently pregnant?

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

COVID - block 1

COVID-19

We would like to ask you some questions about whether you have had COVID-19 or think you have had COVID-19.

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

- Yes

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
- I had no symptoms (asymptomatic)
- Other symptoms (please specify)

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

Have you now recovered from COVID-19?

- Yes, I am back to normal
- No, I still have some symptoms

Thinking of the whole of your COVID-19 illness, can you please tell us about the total overall time you experienced symptoms you suspect relate to COVID-19 (including mild symptoms and counting the time in between symptoms if these have been intermittent).

- 1 day - 2 weeks
- 2 - 4 weeks
- 4 - 12 weeks
- 12+ weeks

Thinking now about your first (or only) bout of illness, how long did that period last?

- 1 day - 2 weeks
- 2 - 4 weeks
- 4 - 12 weeks
- 12+ weeks

COVID - block 2

Have you ever had a test to see if you have or have had COVID-19?
Select all that apply.

- No
- Yes, because I had symptoms
- Yes, because I have been in contact with someone who had COVID-19
- Yes, because of my job
- Yes, for another reason. Please describe.....

What kind of test have you had?
Select all that apply.

- A swab test (swab taken from your throat or nose) which tests for active infection
- An antibody test (this usually involves a drop of blood taken from your finger) which tests for past infection
- Other, Please describe
- Don't know

Have you had a positive result from a **swab test**?

- No
- Yes
- Don't know

Did you wait **less than 2 hours** to get the results of the swab test?
I.e., was it a rapid test such as a lateral flow test?

- No
- Yes

Have you had a positive result from an **antibody test**?

- No
- Yes
- Don't know

Have you had a positive result from the **Other** test?

- No
- Yes
- Don't know

You told us you had a positive result from a **swab test**.

When was the sample taken for the test that came back positive?
Give the latest date if you have had more than one positive swab test.

Day

Month

Year

You told us you had a positive result from an **antibody test**.

When was the sample taken for the test that came back positive?
Give the latest date if you have had more than one.

Day

Month

Year

You told us you had a positive result from another type of COVID-19 test.

When was the sample taken for the test that came back positive?
Give the latest date if you have had more than one.

Day

Month

Year

Vaccine Uptake - block 1

Have you had at least one dose of a COVID-19 vaccine through the national roll-out?

- Yes
- No

How many doses of the COVID-19 vaccine have you had?

- One
- Two
- Don't know

When was your **first** injection?

Day

Month

Year

When was your **second** injection?

Day

Month

Year

Which COVID-19 vaccine did you have?

- Pfizer-BioNTech
- Oxford-AstraZeneca
- Moderna
- Other
- Don't know

COVID - block 3

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

- Yes, family member(s)
- Yes, friend(s)
- Yes, someone else
- No
- Prefer not to answer

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)

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

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?



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

Partner - block 1

Do you currently live alone?

- Yes
- No
- Prefer not to answer

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

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 previous surveys.

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**

0 1 2 3 4 5 6 7 8 9 10

How close is your relationship with your spouse/partner?

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

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 at all	Several days	More than half the days	Nearly every day	Don't know	Prefer not to answer
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
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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"/>

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

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 physical health

- 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

household finances

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

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

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

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

Coping - block 1

How are you coping?

We'd like to understand how stressed you have been feeling recently.

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

Habits & 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.

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"/>

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"/>

Compared to **the first lockdown** (which began on **March 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?

Compared to the first lockdown (which began on **March 2020**), is the **quality of your sleep**:

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

Trust in Science - block 1

Trust in Science and Medicine

We have been given a lot of new health information and advice to follow. We now have some questions about how much you trust medical and health advice from different people.

In general, how much do you trust medical and health advice from the **UK Government**?

A lot

- Some
- Not much
- Not at all
- Don't know

In general, how much do you trust medical and health advice from the **Scottish Government**?

- A lot
- Some
- Not much
- Not at all
- Don't know

In general, how much do you trust medical and health advice from **medical workers**, such as doctors and nurses, in this country?

- A lot
- Some
- Not much
- Not at all
- Don't know

Trust in Science - block 2

A vaccine is given to people to strengthen their body's ability to fight certain diseases.

Sometimes people are given a vaccine as an injection, but vaccines

can also be given by mouth or some other way.

Do you agree, disagree, or neither agree nor disagree with the following statements?

Vaccines are important for children to have. Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

Vaccines are safe. Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

Vaccines are effective. Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree

- Somewhat disagree
- Strongly disagree
- Don't know

If a vaccine against COVID-19 was offered to you, how likely or unlikely would you be to take the vaccine?

- Very likely
- Likely
- Unlikely
- Very unlikely
- Don't know
- Prefer not to answer

What is the **main** reason you would not take the vaccine?

Select **one** option.

- The chances of me catching COVID-19 are low
- The chances of me becoming seriously unwell from COVID-19 are low
- The impact of COVID-19 is being greatly exaggerated
- Vaccines are limited and other people need it more than me
- Herd immunity will protect me even if I don't have the vaccine
- I don't think I would be offered the vaccine for free and I wouldn't pay for it
- I don't think it would be effective at stopping me catching COVID-19
- I am worried about side effects
- I am worried about unknown future effects of the vaccine
- I don't trust vaccines
- I have a condition that would make it unsafe for me

Other

What would be your **main** reason for taking the vaccine.
Select **one** option.

- To stop me catching COVID-19 or getting very ill from it
- To allow me to go out of my home safely again
- To allow me to get the help or care I need at home
- Because I am a key worker working with high risk groups
- To allow me to return to my workplace
- To allow my social and family life to get back to normal
- To reduce disruption to my children's education
- Because the vaccine won't work unless most people in the UK take it
- To protect other people from catching COVID-19
- Because I take the vaccines offered or recommended to me
- Other

You told us you have had the COVID-19 vaccine.

What is your **main** reason for taking the COVID-19 vaccine?
Select **one** option.

- To stop me catching COVID-19 or getting very ill from it
- To allow me to go out of my home safely again
- To allow me to get the help or care I need at home
- Because I am a key worker working with high risk groups
- To allow me to return to my workplace
- To allow my social and family life to get back to normal
- To reduce disruption to my children's education

- Because the vaccine won't work unless most people in the UK take it
- To protect other people from catching COVID-19
- Because I take the vaccines offered or recommended to me
- Other

Covid-19 Info - block 1

COVID-19 Information

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

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

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
- Public Health websites (e.g., Public Health Scotland, Public Health England)
- Government websites
- Office for National Statistics 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
- » Public Health websites (e.g., Public Health Scotland, Public Health England)
- » Government websites
- » Office for National Statistics 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

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 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

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?**



Covid-19 Info - block 2

How confident are you that the **UK Government** can prevent further outbreaks 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 outbreaks 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

Covid-19 Info - block 3

Have you been following the government guidance on:

	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"/>
Staying at home as much as possible	<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"/>

Current COVID-19 guidelines are that anyone who develops a new continuous cough, a fever/high temperature, or a loss of or change in sense of smell or taste, should **stay home** and arrange to get tested for COVID-19.

If you **developed COVID-19 symptoms** (continuous cough, high temperature or change in sense of smell or taste), **would you arrange to be tested for COVID-19?**

- Definitely
- Probably
- Probably not
- Definitely not

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

Have you been contacted and told you need to self-isolate because you have been in close contact with someone who tested positive for COVID-19?

Answer yes if you were contacted by **contact tracers**, or if you were alerted through a **contact tracing app** (e.g., the Protect Scotland app or the NHS COVID-19 app).

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

Did you follow the self-isolation instructions?

- Always
- Most of the time
- Some of the time
- None of the time
- Prefer not to answer

Behaviour changes - block 1

Have you installed the **Protect Scotland** app?

This is the NHS Scotland Test & Protect app.

- Yes
- No
- Don't know

Have you installed the **NHS COVID-19** app?

This is the official NHS COVID-19 contact tracing app for England and Wales.

- Yes
- No

Don't know

Why have you **not** downloaded the **Protect Scotland** app?
This is the NHS Scotland Test & Protect app. Select all that apply.

- Haven't heard of it
- Don't have a mobile device / smartphone
- Don't use a mobile device / smartphone, but have one
- Don't have a smartphone capable of running the app
- Don't install apps onto my smartphone
- Don't know how to install it
- Don't feel my data is secure
- Don't trust the app
- I have a job where I can't use the app (e.g. health or social care workers in a clinical setting)
- Other

Why have you **not** downloaded the **NHS COVID-19** app?
This is the official NHS COVID-19 contact tracing app for England and Wales. Select all that apply.

- Haven't heard of it
- Don't have a mobile device / smartphone
- Don't use a mobile device / smartphone, but have one
- Don't have a smartphone capable of running the app
- Don't install apps onto my smartphone
- Don't know how to install it
- Don't feel my data is secure
- Don't trust the app

- I have a job where I can't use the app (e.g. health or social care workers in a clinical setting)
- Other

Behaviour changes – block 2

Compared to the first lockdown (which began in March 2020), have you changed how closely you follow government guidance, laws and regulations on COVID-19 during the current lockdown (which began in December 2020)?

- I follow the guidance, laws and regulations more closely **now**
- No change** in how I follow the guidance, laws and regulations
- I follow the guidance, laws and regulation less closely **now**
- Don't know
- Prefer not to answer

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 the 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 |

Employment - block 1

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

- Yes
- No

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, I am still 100% furloughed
- Yes, furloughed part-time/flexible furlough
- No
- Don't know
- 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

Employment - block 4

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

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

Overall, how do you feel your **current** financial situation compares to before the first 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

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

COVID Impact - block 1

Impact of COVID-19

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

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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