ANTIGEN TEST

Round 19 Follow-up Individual Survey

REACT 1 COVID-19 Testing Study

Individual level questionnaire

ROUND 19

March 2022

22-005976-01

Contents

Landing page

- The landing page is the first screen that respondents see on navigating to www.reactstudy.org/antigentest (the URL contained in the invitation letter)
- The landing page shows some welcome text, and includes the following features and design elements, from top to bottom:
    - DHSC, Imperial College London, NHS and IM logos
    - Survey title "This is the COVID-19 testing research study.
      Thank you for your interest in completing this follow up survey."
    - Access code box, with text "Please enter the access code from your letter" and "Start survey" box
    - Instructions about how to enter the access code "Please enter the access code as it appears on your letter. Please enter the first four characters in the first box and the last four characters in the second box."
    - The following links:
        - FAQ[1]
        - Privacy Policy[2]
        - Contact us[3]
        - Video: How to take the test
        - About Ipsos MORI

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[1] The following link is provided www.ipsos.uk/swabFAQs located on the Ipsos MORI website.
[2] This privacy notice is unique to the REACT1 study. The URL is included on the survey materials www.ipsos.uk/covid-swab-privacy.
[3] This launches an email to the survey email address (uk-covid-swab-research@ipsos.com)

Confirm individual

Before we begin, we would like to inform you that Ipsos MORI is a member of the Market Research Society.

Taking part is voluntary and you can change your mind at any time.

If you would like to read our Privacy Policy, you can access it at www.ipsos.uk/covid-swab-privacy. This explains the purposes for processing your personal data as well as your rights under data protection regulations to access your personal data, withdraw consent, object to processing of your personal data and other required information.

ASK ALL

INDCONF

This survey is for [FF_Surname] [FF_Surname]. Are you / the parent or guardian of [FF_Surname] [FF_Surname]?

Please select one answer

1.   Yes
2.   No

IF INDCONF = 2 AND Mail_Grp 2

INDCONFPARENT

This survey is intended for [FF_firstname] [FF_Surname]. If you are the parent or guardian of [FF_firstname] [FF_Surname] you can complete the survey by proxy and answer the survey on their behalf. Are you the parent or guardian of [FF_firstname] [FF_Surname]?

1.   Yes
2.   No [TERMINATE]

IF INDCONFPARENT=2 OR (INDCONF=2 AND AGE Mail_Grp 3)

CLOSE1

"We thank you for your time spent taking this survey."
TERMINATE

IF INDCONF =2 AND Mail_Grp 1

INDCONFCARER

This survey is intended for [FF_firstame] [FF_Surname]. If you are a carer for [FF_firstname] [FF_Surname], or they need assistance, you can help them to complete the survey. Are you a carer for [FF_firstname] [FF_Surname], or assisting them?

1.   Yes
2.   No

IF INDCONFCARER =2

CLOSE1

"We thank you for your time spent taking this survey."
TERMINATE

PROGRAMMER: SET TEXTFILL

IF Mail_Grp 1 OR (Mail_Grp 2 INDCONF=1) Textfill is "your"

IF Mail_Grp 3 OR (Mail_Grp 2 INDCONFPARENT =1) Textfill is "your child"

Health

ASK ALL
FEELUN

In the past 4 weeks, that is since <DATE/MONTH> have you/has your child physically felt unwell or not quite right?

1. Yes
2. No [GO TO TEMPA]

IF FEELUN =1
SymptAny1

Have you/has your child had any of the following symptoms in the past 4 weeks, that is since <DAY/MONTH>?

Please select all the symptoms you have/your child has had, whether or not you/your child saw a doctor.

RANDOMISE ORDER OF LIST PRESENTED

1. Loss or change to sense of smell
2. Loss or change to sense of taste
3. New persistent cough
4. Fever (feeling too hot)
5. None of these

IF FEELUN =1
SymptAny2

How about these? Have you/has your child had any of the following symptoms in the past 4 weeks, that is since <DAY/MONTH>?

Please select all the symptoms you have/your child has had, whether or not you/your child saw a doctor.

RANDOMISE ORDER OF LIST PRESENTED

1. Runny nose
2. Sneezing
3. Blocked nose
4. Sore eyes
5. Sore throat
6. Hoarse voice
7. Headache
8. Dizziness
9. Decrease in appetite
10. Nausea and/or vomiting
11. Diarrhoea
12. Abdominal pain/tummy ache
13. Shortness of breath
14. None of these

IF FEELUN =1
SymptAny3

Have you/has your child had any of the following symptoms in the past 4 weeks, that is since <DATE/MONTH>?

Please select all the symptoms you have/your child has had, whether or not you/your child saw a doctor.

RANDOMISE ORDER OF LIST PRESENTED

1. Tightness in chest
2. Chest pain
3. Chills (feeling too cold)
4. Difficulty sleeping
5. Felt more tired than normal
6. Severe fatigue (e.g. inability to get out of bed)
7. Numbness or tingling somewhere in the body
8. Feeling of heaviness in arms or legs
11. Leg swelling (Thrombosis)
9. Achy muscles
10. None of these

IF SYMPTANY1, SYMPTANY2, SYMPTANY3 NE NONE OF THESE
SYMPTOTH
Thinking of the symptoms you have/your child has had in the past 4 weeks, that is since <DATE/MONTH>, do you think any of these symptoms were because you/your child had COVID-19 or were they all related to another issue (e.g. other illness, allergy [IF MAIL_GRP1 AND ASK IF GENDER = FEMALE AND (DAGE < 55) , pregnancy] etc.)?

DISPLAY LIST OF SYMPTOMS MENTIONED AT SYMPTANY1, SYMPTANY2, SYMPTANY3

1. Some or all of the symptoms may have been due to COVID-19
4. [IF Mail_Grp1 or Mail_grp2 AND age 12+ ONLY] Some or all of the symptoms may have been due to a COVID-19 vaccine
2. The symptoms were not due to COVID-19 [IF Mail_Grp1 or Mail_grp2 AND age 12+ ONLY] or a COVID-19 vaccine
3. Don't know

IF ANY SELECTED AT SYMPTANY1, SYMPTANY2, SYMPTANY3
SYMPTNOWAW

Which, if any, of these symptoms have you/has your child had in the last 7 days, that is since <DATE/MONTH>?

Select all that apply [ONLY SHOW IF MORE THAN ONE SYMPTOM SELECTED AT SYMPTANY1, SYMPTANY2, SYMPTANY3]

DISPLAY LIST OF SYMPTOMS MENTIONED AT SYMPTANY1, SYMPTANY2, SYMPTANY3

No symptoms in last 7 days [EXCLUSIVE CODE]

Don't know

IF 2+ SYMPTOMS GIVEN AT SYMPTNOWAW
SYMPTFIRST

Thinking about the symptoms you/your child had in the last 7 days, that is since <DATE/MONTH>, which symptom started first?

Please select all that apply.

DISPLAY LIST OF SYMPTOMS CODED AT SYMPTNOWAW

1. Don't know

IF ANY SYMPTOMS CODED AT SYMPTNOWAW
SYMPTST

How many days ago did [IF MORE THAN ONE CODED AT SYMPTFIRST: these symptoms / IF ONLY ONE CODED SYMPTNOWAW OR AT SYMPTTFIRST this symptom] start?

1. 1 day ago
2. 2 days ago
3. 3 days ago
4. 4 days ago
5. 5 days ago
6. 6 days ago
7. 7 days ago
8. 8 days ago
9. 9 days ago
10. 10 days ago
11. 11 or more days ago
12. Can't remember

ASK IF SYMPTST = 11 OR 12 or SYMPTFIRST = Don't know =1
CURRENTSYM

Which of the following best describes how long you have had /your child has had [IF MORE THAN ONE CODED AT SYMPTFIRST: these symptoms / IF ONLY ONE CODED SYMPTNOWAW OR AT SYMPTTFIRST this symptom]?

1. Less than a week
2. One week up to two weeks
3. Two weeks up to four weeks
4. Four to twelve weeks
5. More than twelve weeks
6. Can't remember

IF 2+ ANSWERS GIVEN AT SYMPTNOWAW
SYMPTLAST

Thinking again about the symptoms you/your child had in the last 7 days, that is since <DATE/MONTH>, which symptom(s) finished last?

Please select all that apply.

DISPLAY LIST OF SYMPTOMS GIVEN AT SYMPTNOWAW

1. I/my child still have/has some or all of them
2. Don't know

IF ANY SYMPTOMS CODED AT SYMPTNOWAW AND SYMPTLAST <> I/my child still have/has some or all of them
SYMPTFN

How many days ago did the [IF SYMPTLAST = 2 OR MORE SYMPTOMS **last]** symptom/symptoms finish?

1. I/My child still have/has it/them
2. 1 day ago
3. 2 days ago
4. 3 days ago
5. 4 days ago
6. 5 days ago
7. 6 days ago
8. 7 days ago
9. 8 days ago
10. 9 days ago
11. 10 days ago
12. 11 days or more ago
13. Can't remember

IF SHORTNESS OF BREATH MENTIONED AT SYMPTNOWAW
BREDIFF

In the last 7 days, that is since <DATE/MONTH>, did your/your child's shortness of breath (difficulty breathing) affect your/their normal activities?

1. Yes, it did affect my/their normal activities (e.g. walking short distances)
2. Yes, it did affect me/them even when I was/they were sat or lying down
3. No, it did not affect my/their normal activities

ANY SYMPTOMS CODED AT SYMPTNOWAW
SEEKMED

Did you seek medical attention for the symptoms you/your child had in the last 7 days, that is since <DATE/MONTH>?

1. Yes
2. No

IF SEEKMED = 1
KINDMED

What kind of medical attention did you access?

Please select all that apply

1. Contacted NHS 111, by phone or online
2. Visited pharmacist
3. Consulted GP/practice nurse over the phone or online
4. Consulted GP/practice nurse face to face
5. Walk-in centre
6. Accident and Emergency (A&E)
10. Hospital appointment or consultation (outpatient)
8. Hospital admission
9. Hospital admission: intensive care unit
7. Other, please write in………. [free text]

IF ANY SYMPTOMS CODED AT SYMPTNOWAW AND SYMPTLAST = I/my child still have/has some or all of them
COVIDABILITY7

How much, if at all, do the symptoms your/your child have/has had in the last 7 days reduce your/their ability to carry out day-to-day activities?
If you are self-isolating, please tell us about the impact of the symptoms/illness rather than the impact of isolating.

1. A lot
2. A little
3. Not at all
4. Don't know
5. Prefer not to say

ASK ALL
COVIDCON

(MULTICODE FOR CODES 1 AND 2. CODE 3 EXCLUSIVE)

Have you / has your child been in close contact with anyone with COVID-19 in the last <u>two weeks,</u> that is since <DATE/MONTH>?

1. Yes, I/ my child was in contact with a confirmed/tested COVID-19 case
2. Yes, I/ my child was in contact with a suspected COVID-19 case
3. No, not to my knowledge

ASK IF COVIDCON=1
COVIDCONNUM

How many people who have been a confirmed COVID-19 case have you/has your child been in contact with in the last two weeks, that is since <DATE/MONTH>?

SINGLE CODED

1. 1 person
2. 2 people
3. 3 or more people
4. Don't know

ASK IF COVIDCON=1 AND COVIDCONNUM = 1-3
COVIDCONPL

Where did your/your child's [IF COVIDCONNUM=2+ most recent] contact with the person who was a confirmed COVID-19 case take place:

MULTICODED

1. In my household
2. In my place of work [SHOW ONLY IF MAIL_GRP1 OR MAIL_GRP2 AND INDCONF=1]
6. In my/their school or college
3. At a social event or gathering
4. Somewhere else
5. Don't know

ASK IF COVIDCONPL=1
COVIDCONHH

You said that you/your child had [IF COVIDCONNUM=2+ the most recent] contact with the person who was a confirmed COVID-19 case in your household. Was this…

SINGLE CODED

1. Someone who lives in your household
2. Someone who does not live in your household

ASK IF COVIDCONPL=2 AND MAIL_GRP1 OR MAIL_GRP2 AND INDONF-=1
COVIDCONWP

You said that you/your child had [IF COVIDCONNUM=2+ the most recent] contact with the person who was a confirmed COVID-19 case in your workplace. Do you work in any of the following?

SINGLE CODED

1. In a health care setting with direct patient contact
2. In a health care setting with no direct patient contact
3. In a social care setting or care home with direct contact with clients
4. In a social care setting or care home with no direct contact with clients
5. As another type of keyworker or essential worker with direct contact with members of the public
6. None of these

ASK IF COVIDCONPL=4
COVIDCONSS

You said that you/your child had [IF COVIDCONNUM=2+ the most recent] contact with the person who was a confirmed COVID-19 case at a social event or gathering. Which of the following…

MULTICODED

1. At an outdoor private social event or gathering
2. At an outdoor public social event or gathering
3. At an indoor private social event or gathering
4. At an indoor public social event or gathering
5. None of these
6. Don't know

ASK IF COVIDCON=1
COVIDPWP

Still thinking about the [IF COVIDCONNUM=1] /the most recent [IF COVIDCONNUM=2+] person you were / your child was in contact with who was a confirmed COVID-19 case, as far as you know do they work in any of the following settings?

SINGLE CODED

1. In a health care setting with direct patient contact
2. In a health care setting with no direct patient contact
3. In a social care setting or care home with direct contact with clients
4. In a social care setting or care home with no direct contact with clients
5. As another type of keyworker or essential worker with direct contact with members of the public
6. None of these
7. Don't know

ASK ALL
COVIDA

Do you think that you have/your child has or have/has had COVID-19?

1. Yes, confirmed by a positive test
2. Yes, suspected by a doctor but not tested
3. Yes, my own suspicions
4. No

IF COVIDA = 1, 2 or 3
COVIDB

When (IF COVID A = 1 or 2: were you told) (IF COVIDA=3 did you think) you/your child first had COVID-19?

If you are not sure, please give an estimate.

WRITE IN DATE

DAY/ MONTH/YEAR

IF COVIDA=1, 2, 3
LONGCOVID1

Some people who have COVID-19 have symptoms that last for more than four weeks.

When you [Mail_grp1 or Mail_Grp 2 AND INDCONFPARENT=1]/[your child Mail_Grp3 OR Mail_grp 2 AND INDCONF=1] had COVID-19, did your [Mail_grp1 or Mail_Grp 2 AND INDCONFPARENT=1]//their Mail_Grp3 OR Mail_grp 2 AND INDCONF=1] symptoms last for more than four weeks?

1. Yes, and I/my child still have/has symptoms
2. Yes, but I/my child no longer have/has symptoms
3. No, the symptoms lasted for four weeks or less
4. No, never had any symptoms
5. Don't know – still have symptoms but not yet for four weeks

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IF LONGCOVID1 =1 OR 2
LONGCOVIDDESC

Would you describe yourself/your child as having "long COVID", that is, you/they have had long term symptoms lasting at least 4 weeks after you/they first had COVID-19, that are not explained by something else?

1. Yes, I still have it/my child still has it
2. Yes, but I think I have/my child has recovered
3. No
4. Don't know

IF LONGCOVID1=1, 2
LONGCOVID2

Thinking of the symptoms that lasted for more than 4 weeks, which, if any, of the following did you/did your child have?

Please select all the symptoms you had/your child had for more than four weeks, whether or not you/your child saw a doctor.

1. Loss or change to sense of smell
2. Loss or change to sense of taste
3. Fever
4. Headaches
5. Confusion "brain fog", forgetfulness
6. Dizziness, vertigo
7. Abdominal issues (stomach ache, diarrhoea, nausea, vomiting)
8. Shortness of breath, breathlessness, wheezing
9. Tightness or heaviness in chest, chest pain
10. Heart issues (racing heart, palpitations, irregular heartbeat etc)
11. None of the above
12. Prefer not to say

ASK IF LONGCOVID1=1, 2
COVIDSYM2

How about these? Which, if any, of the following symptoms were part of [your/your child's] COVID-19 illness?

Please select all the symptoms you had/your child had for more than four weeks, whether or not you/your child saw a doctor.

1.   Coughing
2.   Sneezing
3.   Runny or blocked nose
4.   Mild fatigue (e.g. feeling tired)
5.   Severe fatigue (e.g. inability to get out of bed)
6.   Numbness or tingling somewhere in the body
7.   Achy or cramping muscles, pain in muscles
8.   Pain in joints
13.   Leg swelling (Thrombosis)
9.   Difficulty sleeping
10.   Loss of appetite
14.   Weight loss
11.   None of the above
12.   Prefer not to say

ASK IF LONGCOVID1=1, 2
COVIDSYM3

How about these? Which, if any, of the following symptoms were part of [your/your child's] COVID-19 illness?

Please select all the symptoms you had/your child had for more than four weeks, whether or not you/your child saw a doctor.

1.   Itchy, sore or red eyes, conjunctivitis
2.   Vision issues
3.   Hearing issues (e.g. hearing loss, Tinnitus etc)
4.   Hair loss
5.   Sore throat or hoarse voice
6.   Skin issues (itchy, scaly, redness, etc)
7.   Sudden swelling of the face or lips
8.   Red/purple sores or blisters on your feet (including toes)
9.   Something else (specify) [ADD TEXT BOX]
10.   None of the above
11.   Prefer not to say

For all answers selected at **LONGCOVID2 [CODES 1-10], COVIDSYM2 [CODES 1-10] and COVIDSYM3 [CODES 1-9]. ASK FOR EACH SYMPTOM SEPARATELY.**

LONGCOVIDB2

Thinking about [LONGCOVID2, COVIDSYM2, COVIDSYM3], how long did this symptom last for approximately? If you still have/your child still has this symptom, how long has it lasted for?

If you are unsure, please give an estimate.

1. Less than four weeks
2. Four weeks up to two months
3. Two months up to three months
4. Three months up to six months
5. More than six months
6. Cannot give an estimate
7. Prefer not to say

IF LONGCOVID1 =1 OR 2
LONGINTERMIT

Thinking about all [your/your child's] symptoms that lasted for more than 4 weeks, how often [IF LONGCOVID1 = 1 do you/does your child] [IF LONGCOVID1=2 did you/did your child] have the symptoms?

1. Every day
2. Most days
3. [IF LONGCOVID1 = 1 They are intermittent (i.e. they come and go)]
   [IF LONGCOVID1=2 They were intermittent (i.e. they came and went)]

IF LONGCOVID1 =1 OR 2
LONGCOVIDACTIV

Thinking about all your/your child's symptoms, how often, if at all, { IF LONGCOVID1 =1: do IF LONGCOVID1 =2 did} they reduce the amount or kind of activities that you/they { IF LONGCOVID1 =1 can] [IF LONGCOVID1 =2 could] do compared with the time before you/they had COVID-19?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Don't know
7. Prefer not to say

IF LONGCOVID1 =1 OR 2
LONGCOVIDABILITY

How much, if at all, {IF LONGCOVID1 = 1: do your/your child's, IF LONGCOVID1 = 2 did your/your child's} symptoms reduce your/their ability to carry out day-to-day activities compared with the time before you/they had COVID-19?

1. A lot
2. A little
3. Not at all
4. Don't know
5. Prefer not to say

IF LONGCOVID1 =1 OR 2
LONGCOVIDMED

Have you/Has your child accessed any medical help for your/their symptoms from any of the following?

Please select all that apply

1. Contacted NHS 111, by phone or online
2. Visited pharmacist
3. Consulted GP/practice nurse over the phone or online
4. Consulted GP/practice nurse face to face
5. Walk-in centre
6. Accident and Emergency (A&E)
11. Hospital appointment or consultation (outpatient)
7. Hospital admission
8. Hospital admission: intensive care unit
12. Long COVID clinic
9. Other, please write in ………. [free text]
10. No, did not seek medical attention

Pre-existing health conditions

ASK ALL
HEALTHA

Do you/does your child currently have any of the following (or do any of the following apply to you/your child)? Please tick all that apply

(ROTATE LIST: KEEP 9 and 10 together and 14-16 together.)

1. Organ transplant recipient
2. Diabetes (type I, type II or gestational)
3. Heart disease or heart problems
4. Hypertension (high blood pressure)
5. BLANK
6. Stroke
7. Kidney disease
8. Liver disease
9. Anaemia
10. Asthma
11. Other lung condition (such as COPD, bronchitis or emphysema)
12. Cancer
13. Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)
14. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
15. Depression
16. Anxiety
17. Psychiatric disorder
18. None of these

[ASK IF GENDER = FEMALE AND MAIL_GRP = 1 AND (DAGE < 55].
PREG
SA

Are you pregnant at present?

1. Yes
2. No
3. Prefer not to say

ASK ALL
SHIELD1

Do you consider yourself/your child to be at risk of severe illness for COVID-19, for example due to an underlying health condition?

1. Yes
2. No
3. Don't know

Pre-existing health conditions

ASK ALL
SHIELD2

Are you taking specific precautions because you are concerned that you/ your child will become severely ill with COVID-19?

1. Yes
2. No

ASK ALL
HOSP

Have you/has your child, or anyone you/they live with, been in a hospital **at all** in the last two weeks, that is since <DATE/MONTH>?

This is for any reason (work, visiting, taking someone else or due to illness)

Please select all that apply.

1. Yes, I have
2. Yes, my child has – [ONLY Mail_grp3 OR for Mailgrp2 IF INDCONFPARENT=1]
3. Yes, someone else in my household has
4. No
5. Don't know

ASK ALL
INTRO

The next questions are to help us understand what sort of things people are doing at the moment.

ASK ALL
LEAVE 2

In the last 7 days, that is since <DATE/MONTH>, for which of the following reasons, if any, have you left home?

Please select all that apply.

[KEEP CODES 6 AND 17 TOGETHER].

ROTATE LIST

1. For work
2. To volunteer
3. For medical or dentist appointments/to go to a hospital appointment
4. (BLANK)
5. To care for, provide assistance or to help someone else (for example, friends or family)
6. To socialise with people outside
7. (BLANK)
17. To socialise with people inside
18. To go on holiday (in the UK or abroad)
12. To take a child to school or childcare
16. To go to school/college/university
8. For exercise (for example, going for a walk, run or cycle, to the gym)
9. To go shopping
13. (BLANK)
14. To get a vaccination [ASK IF Mail_grp1 ONLY]
15. To walk a dog/other pet care
10. For errands (for example, pay bills, withdraw money from bank, visit post office)
11. I have left/My child has left home for other reasons (please write in)
19. I have not/My child has not left home in the past 7 days

ASK IF LEAVE 2 = 1-18
INDOOR
In the last 7 days have you/has your child done any of the following activities indoors?
Please do not include anything done as part of (IF MAIL_GRP1 OR MAIL_GRP2 AND
INDCONF=1 your job or education/IF MAIL_GRP = 3 OR MAIL_GRP = 2 AND
INDCONFPARENT=1 your child's education.)

Please select all that apply

1. Taken exercise or a class inside at a gym or leisure centre
2. Visited an indoor public swimming pool
3. Had a meal or drink inside a pub, bar or restaurant (do not include sitting outside)
4. Visited a hairdresser or beauty salon
5. Seen a film or play at an indoor cinema/theatre
6. Spent more than 5 minutes inside someone else's home
9. (BLANK)
10. Other indoor event involving people outside your household e.g. performance, sporting event, gigs/concerts (not including for IF MAIL_GRP1 OR MAIL_GRP2 AND INDCONF=1 work IF MAIL_GRP = 3 OR MAIL_GRP = 2 education.)
11. Been to a nightclub (IF MAIL_GRP1 ONLY)
8. Prefer not to say
7. None of these

ASK IF INDOOR =10
INDOORNUMPEOPLE

Thinking about the last time [you/your child] took part in a public gathering indoors, e.g. performance, sporting event, gigs/concerts (not including for IF MAIL_GRP1 OR MAIL_GRP2 AND INDCONF=1 work IF MAIL_GRP = 3 OR MAIL_GRP = 2 education.) how many people were at the public gathering when [you/your child] attended? If you are not sure, please give your best guess.

1. Less than 7
2. 7 to 30
3. 30 to 100
4. 100 to 500
5. 500 +

ASK IF LEAVE 2 = 1-18
OUTDOOR
In the last 7 days have you/has your child done any of the following activities outdoors?

[(IF MAIL_GRP 1 OR MAIL_GRP 2 AND INDCONF=1) Please do not include anything done as part of your job IF MAIL_GRP 2 AND INDCONF= 1 or education.] IF MAIL_GRP = 3 OR MAIL_GRP = 2 AND INDCONFPARENT=1 your child's education.
Please select all that apply.

1. Played team sports or taken exercise classes outside
2. Visited an outdoor public swimming pool
3. Had a meal or drink sitting outside at a pub, bar or restaurant
4. Watched a play or film outside
5. Spent time outside with people from other households
6. Other public gathering outside e.g. watching sports, demonstration, performance, gigs/concerts (not including for IF MAIL_GRP1 OR MAIL_GRP2 AND INDCONF=1 work IF MAIL_GRP = 3 OR MAIL_GRP = 2 education.)
7. None of these
8. Prefer not to say

IF OUTDOOR=6
OUTDOORNUMPEOPLE
Thinking about the last time [you/your child] took part in a public gathering outdoors, how many people were at the public gathering when [you/your child] attended? If you are not sure, please give your best guess.

1. Less than 7
2. 7 to 30
3. 30 to 100
4. 100 - 500
5. 500 +

ASK ALL
FACECOV

Do you/Does your child mainly wear any kind of face covering or mask when you/they are outside your/their home, because of COVID-19?

Please select one answer.

1. No
2. Yes, at work/school only
3. Yes, in other situations only (including public transport, shops)
4. Yes, usually both at work/school and in other situations
5. My/Their face is already covered for other reasons (e.g. religious or cultural reasons)

IF CODES 2-4 AT FACECOV
INDMASK

How often do you/does your child wear any kind of face covering or mask indoors or in enclosed spaces? Please do not include when you/they are in your/their own home or when eating or drinking.

1. All of the time
2. Some of the time
3. Hardly ever
4. Never
5. Don't know

ASK ALL
CONTACT1

Not including members of your household how many different people did you/your child have contact with yesterday? If you/they had contact with a person more than one time, please count them only once. [IF Mail_Grp 2 or Mail_Grp 3 Do not include contact at school].

Your answers will be kept strictly confidential.

By contact we mean:

Any direct skin-to-skin physical contact (e.g. kiss/embrace/handshake)
Being less than 2 metres from another person for over 5 minutes

Enter 0 if you/they had no contacts yesterday, and if you are not sure please give your best guess.

(enter number)

IF CONTACT1 = 1+
CONTACT4

You said that yesterday you/your child came into contact with CONTACT1[IF CONTACT 1=1 1 person who is not a member of your household. Which of the following age groups was this person in?] [IF CONTACT1=2+ "X people who are not members of your household]. How many of those were in each of the following age groups?

1.   0 to 17 years old (enter number)
2.   18 to 34 years old (enter number)
3.   35 to 64 years old (enter number)
4.   65+ years old (enter number)
5.   Don't know

IF CONTACT1 = 1+ AND LEAVE2=1 AND MAIL_GRP1

CONTACT5

You said that yesterday you came into contact with CONTACT1 people who are not members of your household. How many of those were at your place of work?

Enter 0 if you had no contacts yesterday outside of your household that occurred at your place of work

(enter number)

1.   Don't know

IF CONTACT1 = 1+
CONTACT6

You said that yesterday [you/your child] came into contact with CONTACT1 [IF CONTACT 1=1 1 person who is not a member of your household. Was this contact indoors or outdoors?] IF CONTACT1=2+ CONTACT1 people who are not members of your household. How many of those were outdoors, and how many were indoors?

1.   Indoors only (enter number)
2.   Outdoors only (enter number)
3.   Both indoors and outdoors (enter number)
4.   Don't know

Swab test

ASK ALL
SWAATTEMPT

Did you attempt the swab test?

1. Yes
2. No, but I have received it
3. No, because I haven't received it yet

IF SWAATTEMPT=1
SWASTATUS

Have you already completed your swab test (either on your own or with help)?

1. Yes, completed successfully and posted it
4. Yes, completed successfully but not posted it yet
2. Yes, tried but did not complete it
3. No

IF SWASTATUS = 1 or 4 (COMPLETED SWAB TEST)
SWABDATE

On what day did you attempt the swab test?

If you can't remember exactly when, please enter your best guess

DATE CALENDAR

Prefer not to answer

IF SWASTATUS = 1 or 4 (COMPLETED SWAB TEST)
SWABTIME

And at what time did you attempt the swab test?

If you can't remember exactly when, please enter your best guess. Please use a 24 hour clock.

Hour (0-23)	Minute (0-59)
NUMERIC (RANGE 0-23)	NUMERIC (RANGE 0-59)

Prefer not to answer

Swab test

IF SWASTATUS = 1 or 4 (COMPLETED SWAB TEST)
FRIDG

Did you place the sample in your fridge?

1. Yes
2. No

IF SWASTATUS = 1 (COMPLETED SWAB TEST)
SWABDATEPOST

On what day did you post the swab test?

If you can't remember exactly when, please enter your best guess

DATE CALENDAR

1. Prefer not to answer
2. I haven't posted the test yet

IF SWASTATUS = 1 (COMPLETED SWAB TEST) AND SWABDATEPOST DOES NOT EQUAL 2 (not posted yet)
SWABTIMEPOST

What time did you post the swab test?

If you can't remember exactly when, please enter your best guess. Please use a 24 hour clock.

Hour (0-23)   Minute (0-59)

NUMERIC (RANGE 0-23)   NUMERIC (RANGE 0-59)

1. Prefer not to answer

IF SWASTATUS = 1 (COMPLETED SWAB TEST) AND SWABDATEPOST DOES NOT EQUAL 2 (not posted yet)
SWABPOSTBOX

Did you post the test in a Royal Mail Priority Postbox?

1. Yes
2. No
3. Don't know

IF SWAATTEMPT = 1 (ATTEMPTED SWAB TEST)
SWAHELP

Did anyone help you administer the test?

1. Yes
2. No

ASK ALL
PREVTEST

Allow multicode (codes 3 and 4 exclusive)

Before this study, had you/had your child previously taken a swab test to see if you/they had the COVID-19 virus?

A swab test indicates whether you currently have the COVID-19 virus. This could be either a PCR swab test of the nose and throat where the test goes to a laboratory, or a lateral flow swab test (of your nose only, or of nose and throat) where you get the results in less than an hour, without the test going to a laboratory.

Please do not include any antibody tests that show if you/they have had COVID-19 in the past. Just include tests that show if they have the virus at the time of the test.

Please select all that apply.

1. A PCR swab test of the nose and throat
2. A lateral flow swab test which gives the results in less than an hour, without the test needing to go to a laboratory
3. No
4. Don't know

IF COVIDA = 1,2 3 AND PREVTEST=1 OR 2
PREVTESTPOS

How many separate times have you/has your child had the COVID-19 virus which was confirmed by a positive test? Please do not include the test result from this study (if you already have the result).

[NUMERIC]

1. None
2. Prefer not to say
3. Don't know

ASK IF PREVTEST =1 AND PREVTESTPOS >0

PCRPREV

When did you/your child most recently test positive on a PCR test? Please do not include the test result from this study (if you already have this).

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

1. I have/my child has not had a positive PCR test result

ASK ALL
ACCESSLFD2

In the last 7 days, that is since <DAY/MONTH>, have you tried to get COVID-19 lateral flow tests for yourself/your child? For example, you may have tried to collect them from a pharmacy or order them from the government website.

A lateral flow test gives the result in less than an hour, without the test needing to go to a laboratory. They give a quick result using a device similar to a pregnancy test.

1. Yes – I got lateral flow tests
2. Yes - I have tried to get lateral flow tests but could not get any
3. Yes – I have ordered some but still waiting for them to arrive
4. No - I have not tried to get any tests in the last 7 days
5. Don't know

ASK IF ACCESSLFD2=1
MULTICODE
ACCESSTEST

Where did you get these lateral flow tests from?

Please select all that apply.

1. A pharmacy
2. A community centre e.g. a library
3. My employer
4. Ordered via the NHS / UK Government website
5. In person at an NHS / UK Government testing site
6. Other (please write in)

ASK IF PREVTEST=2
RECENTLFD

Now thinking about the **most recent lateral flow test** you/your child did, when did you/your child do the test?

Please try to be as accurate as possible.

WRITE IN DATE DAY/MONTH/YEAR

[IF PREVTEST=2]

RECENTLFDRES

Thinking about the **most recent lateral flow test** you/your child did, what was the result of the test?

1. Positive
2. Negative
3. Invalid/No result
4. Don't know
5. Prefer not to say

[IF RECENTLFDRES = 2,3,4 or 5]
PREVLFD

Have you/Has your child previously tested positive on a lateral flow test?

1. Yes
2. No
3. Prefer not to say

[IF PREVLFD=1]
AGPREV5

When did you/your child most recently test positive on a lateral flow test?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF PREVTEST=2
LFTReport

[Allow multicode]

Now thinking about the **most recent lateral flow test** you/your child did, did you/did your child report the result on the Government's website?

A lateral flow swab test gives the results in less than an hour, without the test needing to go to a laboratory.

1. Yes, I did
2. Yes, my child did – [ONLY Mail_grp3 OR for Mailgrp2 IF INDCONFPARENT=1]
3. Yes, someone else in my household did
4. No
5. Don't know

ASK IF MAIL_GRP3 OR (MAIL_GRP2 AND INDCONF=1) OR MAIL_GRP1
SELFISOPOS1

From 24 February 2022, those who test positive are advised to stay at home and avoid contact with other people but are not required by law to self-isolate.

If you tested positive for COVID-19, would you still self-isolate for at least 5 days?

The information you provide is completely confidential.

1. Yes, but only if I felt ill or have symptoms
2. Yes, even if I didn't feel ill or have symptoms
3. No, but I would take specific precautions e.g. wear a mask, open windows, socially distance
4. No, I would not self-isolate or take any specific precautions
5. Don't know
6. Prefer not to say

ASK IF MAIL_GRP3 OR (MAIL_GRP2 AND INDCONF=1) OR MAIL_GRP1
SELFISOPOS2

If one of your close contacts (for example someone you live with) tested positive for COVID-19, would you take any of the following precautions?

The information you provide is completely confidential.

Please select all that apply.

1.   I would take a test to see if I had COVID-19
2.   I would self-isolate for at least 5 days
3.   I would try to minimise contact with other people, but not fully self-isolate
4.   I would wear a mask if I did come into contact with other people outside my household
5.   I would avoid contact with anyone I knew was at high risk from COVID-19
6.   Other precaution
7.   I wouldn't take any of these precautions
8.   Don't know
9.   Prefer not to say

ASK ALL
ABPREV1

Have you/your child ever taken an **antibody** test for the virus that causes COVID-19? That is a test that shows whether you/they may have had the virus in the past.

1.   Yes, just once
2.   Yes, more than once
3.   No

IF ABPREV1 = 1 or 2
ABPREV2

When did you/your child take the [IF ABPREV1 = 2 most recent) antibody test?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF ABPREV1 = 1 or 2
ABPREV3

What was the result of your/your child's [IF ABPREV1 = 2 most recent) most recent antibody test?

1. Positive
2. Negative
3. Invalid/No result
4. Don't know
5. Prefer not to say

IF ABPREV1= 2 AND ABPREV3 = 2, 3 or 4
ABPREV4

Have any of the antibody tests that you/your child have taken given a positive result?

1. Yes
2. No
3. Don't know

IF ABPREV4=1
ABPREV5

When did you/your child take the [IF ABPREV1 = 2 most recent) antibody test that gave a positive result?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

ASK ALL
COVIDTETR

Have you been contacted by NHS Test and Trace [IF MAIL_GRP 3 OR Mail_Grp 2 AND INDCONFPARENT=1] about your child] in the last month (that is since DATE)? Please include being notified or "pinged" by the NHS app.

1. Yes
2. No
3. Prefer not to say

ASK IF COVIDTETR = 1
COVIDTETW

When were you contacted?

If you have been contacted more than once, tell us about the most recent contact.

WRITE IN DATE (DAY/MONTH/YEAR)

Don't know

ASK IF COVIDTETR = 1
TETAHOW

How were you contacted [IF MAIL_GRP 3 OR Mail_Grp 2 AND INDCONFPARENT=1] about your child] by NHS Test and Trace?
PLEASE SELECT ALL THAT APPLY

1. Contacted via the app (pinged)
2. Phoned up by someone from Test and Trace
3. Texted by someone from Test and Trace
4. Visited in person by someone from Test and Trace
7. Emailed by someone from Test and Trace
5. Contacted in some other way
6. Prefer not to say

ASK ALL
APPINSTALL

Do you currently use the NHS COVID-19 app?
(This is the contract tracing app that is used to notify you if you have been in close contact with someone with COVID-19, to check into venues or to enter test results. It is **not** the app that you use to get a COVID-19 pass)

1. Yes, currently have it installed and contact tracing enabled
2. Yes, currently have it installed, but I usually have contact tracing turned off
3. No, I had it installed but deleted it
4. No, I have never installed or used it
5. Not sure
6. Prefer not to say

IF TETAHOW = 2, 3 OR 4
NHSCONTACTS

Did NHS Test and Trace ask you to provide information about your/your child's recent contacts? For example, their telephone number and when you/your child met them.

    1. Yes
    2. No
    3. Don't know

IF NHSCONTACTS=1
NHSCONTACTS2

Did you provide information about your/your child's recent contacts?

    1. Yes – all of my/their contacts
    2. Yes – some but not all of my/their contacts
    4. No – I/my child did not pass my/their contacts on
    3. No – I/my child did not have any contacts
    5. Prefer not to say

If NHSCONTACTS2 =2 OR 4 AND (MAIL_GRP3, MAIL_Grp1 or (MAIL_GRP2 AND INDCONF=1)).
NHSCONTACTSNO

Which of the following reasons describe why you did not provide (IF NHSCONTACTS2=2: all of) your/your child's recent contacts to NHS Test and Trace?

    1. I did not remember all my recent contacts
    2. Some of my contacts did not want me to give their details
    3. I did not have contact information for all my recent contacts
    4. My contacts could not afford to self-isolate
    5. I was worried it would affect their employment
    6. I do not believe NHS Test and Trace should have this information
    7. I only saw my recent contacts for a short time
    8. Other (please write in)
    9. Prefer not to say

Vaccinations

ASK ALL
FLUVACC

Have you/Has your child had the flu vaccination ("flu jab") [IF MAIL_GRP2 OR MAIL_GRP3 "or the nasal spray vaccine"] since 1 September 2021?

    1. Yes
    2. No but planning to have it
    3. No and not planning to have it

IF FLUVACC=1.
FLUVACCDATE

When did you/your child have the flu vaccination ("flu jab") [IF MAIL_GRP2 OR MAIL_GRP3 "or the nasal spray vaccine"]?

If you can't remember exactly when, please enter your best guess

DAY/MONTH/YEAR

ASK MAIL_GRP1 OR MAIL_GRP2 OR MAIL_GRP3 (AGED 12+)

CALCULATE AGE FROM SAMPLE INFORMATION (assume day is 15 of month)

VACCINE3SYM

We asked you this at when you registered to receive a swab test kit but we would just like to double check, have you/has your child ever had a coronavirus vaccine?

1. Yes
2. No
3. Don't know

IF VACCINE3SYM=1
VACCINEREG

Can we just check, have you/has your child had a vaccination since you/they registered to take part in this study (from 22 February 2022)?

1. Yes
2. No
3. Don't know

IF VACCINEREG=1
VACCDOSESYM

Most of the vaccines require more than one dose which are given as separate injections some time apart.

How many doses (injections) have you/has your child had so far?

1. One
2. Two
3. Three
4. More than three

IF VACCINEREG=1
VACCINEFIRSTSYM

When did you/your child have the first dose (injection)?

If you can't remember exactly when, please enter your best guess

MONTH/YEAR

IF VACCDOSESYM= 2 OR 3 OR 4
VACCINESECONDSYM

When did you/your child have the second dose (injection)?

If you can't remember exactly when, please enter your best guess

MONTH/YEAR

IF VACCDOSESYM= 3 OR 4
VACCINETHIRDSYM

When did you/your child have the third "booster" dose (injection)?

If you can't remember exactly when, please enter your best guess

MONTH/YEAR

1. I have not had a third "booster" dose of the coronavirus vaccine
2. Prefer not to answer

IF VACCINEREG=1
VACCINETYPESYM

change to single code if VACCDOSE =1. Allow up to 2 codes to be selected if VACCDOSE = 2. Allow up to 3 codes to be selected if VACCDOSE= 3. Allow multicode if VACCDOSE = 4. (code 4 exclusive).

Which vaccine (IF VACCDOSESYM = 2, 3 OR 4 "vaccines") did you/did your child receive from your/their healthcare provider?

1. Pfizer/BioNTtech
2. AstraZeneca/Oxford
3. Moderna
6. Johnson & Johnson/Janssen
5. Other (please write in)
4. Don't know

ASK IF VACCINE3SYM=1 AND VACCINEREG =2
BOOSTERHAD

As far as you are aware, are you/they eligible to receive a coronavirus (COVID-19) booster/third vaccine?

By booster vaccine we mean another coronavirus vaccine in addition to the two doses of the vaccine you/they may have already received.
SINGLE CODE

    1.   Yes, I have had the booster vaccine
    2.   Yes, I am eligible but have not had the booster vaccine
    3.   No, I am not eligible
    4.   Don't know
    5.   Prefer not to say

ASK IF BOOSTERHAD = 2 or 3
BOOSTERDEC

You say you have/your child has not had the coronavirus (COVID-19) booster/third vaccine. Which of the following best describes your/their decision?

SINGLE CODE

    1.   I/They have decided to have the booster/third vaccination and am/are waiting to receive it [IF BOOSTERHAD = 3] when eligible
    2.   I/They have decided not to have the booster/third vaccination
    3.   I/They don't know yet
    4.   Prefer not to say

IF BOOSTERDEC =2 OR 3
BOOSTERBARRIERS

For which of the following reason(s) would you be (IF BOOSTERDEC=2 unlikely to have) (IF BOOSTERDEC =3 unsure of having) the coronavirus (COVID-19) booster/third vaccine?

Please select all that apply.

1. I am worried about the side effects/I had a bad reaction to the previous COVID-19 vaccinations
2. I don't think the vaccine is safe
3. I don't think the vaccine is effective / don't think it works
4. I would like to wait until others have had it first
5. I/they don't like needles/injections
6. It will be too difficult to book an appointment to have a booster vaccine
7. I/They don't have time to attend an appointment to have a booster vaccine
8. I am concerned about what has been put in the vaccine
9. I don't have enough information about the booster vaccine
10. I/They can't be vaccinated for health reasons
11. I/They don't feel safe using NHS services
12. Cultural / religious reasons
13. I/They am not eligible / I/they haven't been invited
14. It's too soon for me/them to have a booster vaccine
15. I don't think coronavirus poses enough of a risk to me/them
16. I/They have already had coronavirus, so I/they don't need a vaccine
17. I feel I/they am protected enough by the precautions I'm/they are already taking (e.g. washing hands, wearing a face covering, social distancing)
18. I don't trust the intentions behind wanting to vaccinate the public against coronavirus
19. I am concerned about having too many vaccines in a short space of time
20. I'm/They are protected enough from the coronavirus vaccination(s) I've/They've already had, so I/they don't need a booster vaccine
21. I am/They are not being offered/ my/their preferred vaccine
25. I am pregnant/breastfeeding and afraid of the effects on my baby [ASK IF GENDER = FEMALE AND MAIL_GRP = 1 AND (DAGE < 55]
22. Other (please specify) **OPEN – FIX**
24. None of these – I/They will definitely get the coronavirus booster vaccine **FIX – SINGLE CODE**
23. Don't know **FIX – SINGLE CODE**

IF VACCINE3SYM = 2 or 3 AND (MAIL_GRP2 AND INDCONF=1) OR MAIL_GRP1.
VACCINEAPP1

Have you/Has your child been offered a coronavirus vaccine?

1. Yes
2. No
3. Don't know
4. Prefer not to say

IF VACCINEAPP1 =1
VACCINEAPP2

You say you have/your child has been offered a coronavirus vaccine, which of the following best describes your/their decision?

1. I/They have decided to be vaccinated and am/are waiting to receive it
2. I/They have decided not to be vaccinated
3. I/They don't know yet
4. Prefer not to say

IF VACCINEAPP1 =2, 3 or 4 AND (MAIL_GRP2 AND INDCONF=1) OR MAIL_GRP1.
VACCINEACCEPT

Would you/they accept a coronavirus vaccine if offered?

1. Yes
2. No
3. I/They don't know yet

IF VACCINEACCEPT=2 or 3 AND (Mail_Grp 2 AND INDCONF=1) OR MAIL_GRP1
VACCRUFUSE1

[RANDOMISE LIST]

For which of the following reason(s) would you be [IF VACCINEACCEPT=2 unlikely to have a coronavirus vaccine if it was offered to you] [IF VACCINEACCEPT=3 unsure of having a coronavirus vaccine if it was offered to you]?

1. I am worried about the side effects
2. I want to wait and see how well the vaccine works
3. I am worried about the long term effects on my health
4. I worry about the risk of travelling to a vaccination centre
6. I do not feel the coronavirus (COVID-19) is a personal risk
7. I am worried about the effect on an existing health condition
8. I am against vaccines in general
9. I do not think it will work for me
10. I am worried the vaccine will give me the coronavirus (COVID-19)
11. I am worried it might be painful/I have a fear of needles
12. I am worried it might make me feel ill
13. I do not think I need the vaccine as I have already had the coronavirus (COVID-19)
14. I am pregnant/breastfeeding and afraid of the effects on my baby [ASK IF GENDER = FEMALE AND MAIL_GRP = 1 AND (DAGE < 55].
15. The impact of COVID-19 is being greatly exaggerated
16. I don't trust the people who have developed the vaccine
17. So long as most other people get the vaccine then it doesn't matter if I don't
21. I am concerned that it will affect my fertility
22. I am worried about having an allergic reaction
23. I have had bad reactions in the past to vaccinations
24. I think I am too young to have the vaccination (ASK IF Mail_Grp 2 AND INDCONF=1)
19. Other (please write in)
20. Prefer not to say

VACCINEAPP2 =2 AND (Mail_Grp 1 OR (Mail_Grp 2 AND INDCONF=1))
VACCREFUSE2

[RANDOMISE LIST]

For which of the following reason(s), did you decide not to accept the coronavirus vaccine?

1. I am worried about the side effects
2. I want to wait and see how well the vaccine works
3. I am worried about the long term effects on my health
4. I worry about the risk of travelling to a vaccination centre
6. I do not feel the coronavirus (COVID-19) is a personal risk
7. I am worried about the effect on an existing health condition
8. I am against vaccines in general
9. I do not think it will work for me
10. I am worried the vaccine will give me the coronavirus (COVID-19)
11. I am worried it might be painful/I have a fear of needles
12. I am worried it might make me feel ill
13. I do not think I need the vaccine as I have already had the coronavirus (COVID-19)
14. I am pregnant/breastfeeding and afraid of the effects on my baby [ASK IF GENDER = FEMALE AND MAIL_GRP = 1 AND (DAGE < 55].
15. The impact of COVID-19 is being greatly exaggerated
16. I don't trust the people who have developed the vaccine
17. So long as most other people get the vaccine then it doesn't matter if I don't
21. I am concerned that it will affect my fertility
22. I am worried about having an allergic reaction
23. I have had bad reactions in the past to vaccinations
24. I think I am too young to have the vaccination (ASK IF Mail_Grp 2 AND INDCONF=1)
19. Other (please write in)
20. Prefer not to say

The next questions are about you and your household to help us make sure we are hearing from a range of people. The information you provide is completely confidential.

Demographics

ASK ALL
DWELLTYP

What type of accommodation do you live in?

1. House or bungalow
2. Flat or apartment
3. Hostel
4. Mobile home or caravan
5. Sheltered house
6. Homeless
7. Other, please write in
8. Prefer not to say

ASK ALL Mail_Grp 1
EDUC

What is your highest educational qualification? This means any educational, professional, vocational or other work-related qualifications for which you received a certificate.

Please select one answer

1. Degree level or above
2. Other Higher Education below degree level
3. A levels, NVQ level 3 and equivalents INFO includes AS level, SVQ and GNVQ level 3, BTEC National
4. GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents INFO: includes SVQ and GNVQ level 2, BTEC first or general diploma
5. Qualifications at level 1 and below INFO: includes GCSE or O level below grade C or 4, CSE below grade 1, NVQ, SVQ and GNVQ level 1, BTEC first or general certificate,
6. Another type of qualification INFO: includes other vocational or professional or foreign qualifications
7. No qualification
8. Prefer not to say

ASK ALL
EMPL
At present are you…?

Please select your current job. If more than one applies, please choose the one you do for the most hours.

1. Employee in full time-job (30+hours a week)
2. Employee in part-time job (less than 30 hours a week)
3. Self-employed
4. Government supported training
5. Unemployed and available for work
6. Wholly retired from work
7. Full-time education at school, college or University
8. Looking after home/ family
9. Permanently sick / disabled
10. Doing something else
11. Prefer not to say

ASK ALL
WORKSTUDYPERS2

MULTICODE

Do you or does anyone in your household currently attend a school, college or university in person?

1. Yes - Pre-school
2. Yes - Primary school
3. Yes - Secondary school
4. Yes - College / university
5. No - None of these
6. Don't know

IF MAIL_GRP1 AND EMPL = 7
EDTYPE

This term are you studying…

1. At a Further Education or Vocational Training College
2. At a University (or College affiliated to a University) doing an undergraduate degree
3. At a University (or College affiliated to a University) doing a postgraduate degree
4. At another type of institution
5. Don't know

IF MAIL_GRP1 AND EMPL = 7
CAMPUS2

Where are you currently living?

1. University halls
2. Private student halls
3. Privately rented house or flat with other students
4. Privately rented house or flat NOT with other students
5. Your own home which you own
6. Parents' or guardians' home
7. Other

IF CAMPUS2=4, 5, 6, 7
BACKTOUNI
Will you be going back to your university accommodation this term?

1. Yes
2. No
3. This is my university accommodation
4. Not applicable

IF EMPL = 1, 2, 3
WORKHOME
Are you currently working from home all the time?

1. Yes
2. No – I work outside the home sometimes or always
3. Prefer not to say

IF WORKHOME =2
WORKHOMEPOSS2
In your opinion, could your job be done from home all the time?

1. Yes
2. No because of the nature of the job e.g. construction work, bus driver, nurse, police officer, shop worker etc.
3. Not Sure

IF WORKHOMEPOSS2=1, 3
WORKHOMEREASON

[ROTATE LIST]

For what reason(s) do you leave home for work?

Select all that apply.

1. I prefer to work outside my home
2. Lack of employer support to work from home
3. Lack of suitable workspace at home
4. I miss meeting and working in person with my colleagues
5. Difficulty maintaining work-life balance at home
6. Unreliability of technology/equipment at home
7. Lack of necessary technology/equipment at home
8. I find it difficult to work at home
9. The other people I live with make it difficult to work at home
12. My employer has asked me to go to the workplace
10. Other (please write in)
11. Prefer not to say

IF WORKHOMEPOSS2=1 or 3
BACKTOWORK

Since the start of the pandemic, when did you regularly start going back to your place of work?

1. In the last week
2. One week up to two weeks ago
3. Two weeks up to three weeks ago
4. Three weeks up to four weeks ago
5. Four weeks up to two months ago
6. More than two months ago
7. I do not regularly go to my place work
8. I have been going to my place of work since the start of the pandemic
9. Don't know
10. Prefer not to say

IF BACKTOWORK = 1-6 or 8
BACKTOWORK2

In the last two weeks, that is since <DATE>, how many times have you been to your place of work?
[numeric]

1. Don't know
2. Prefer not to say

IF BACKTOWORK = 1-6 or 8 or EMPL=7
COVIDCONT

In the last two weeks, that is since <DAY/MONTH>, has anyone in your/your child's [IF MAIL_GRP=1 OR MAIL_GRP=2 AND EMPL=1 to 3 "workplace", IF MAIL_GRP=1 OR (MAIL_GRP=2 AND EMPL=7)"school or college", IF MAIL_GRP3 "school"] tested positive for COVID-19 as far as you know?

1. Yes
2. No
3. Don't know
4. Prefer not to say

IF WORKHOMEPOSS2 =1, 2 OR 3
SICKPAY1

If you were off work for two weeks because you had to self-isolate, whether you had COVID-19 or not, would you receive any of the following?

1. Full pay
2. Statutory Sick Pay (SSP)
3. Neither of these
4. Don't know

IF EMPL = 1, 2, 3
SICKPAY2

If you were off work for two weeks due to illness, would you receive any of the following?

1. Full pay
2. Statutory Sick Pay (SSP)
3. Neither of these
4. Don't know

IF EMPL = 1, 2, 3
SICKPAY3

If you were off work for two weeks due to illness, how serious would the financial impact be on your household?

1. Very serious
2. Fairly serious
3. Not very serious
4. Not at all serious
5. Prefer not to say

ASK ALL MAIL_GRP1 OR MAIL_GRP3 ONLY
COV_PayEx2

How well would you say your household is managing financially these days? Would you say your household is...

1. Living comfortably
2. Doing alright
3. Just about getting by
4. Finding it quite difficult
5. Finding it very difficult
6. Don't know
7. Prefer not to say

ASK ALL
CAREHOME

Do you/does your child live in a care home?   A care home is accommodation for a group of people who receive nursing or personal care there.

1. Yes
2. No
3. Prefer not to say

ASK ALL
TRAVELUK

In the last two weeks, that is since <<<DATE >>>, have you/has your child been on holiday in the UK?

1. Yes
2. No

ASK ALL
ABROAD

In the last two weeks, that is since <<<DATE OF SURVEY BEING TAKEN>>>, have you/has your child been abroad at all (that is to any country outside the UK)?

1. Yes
2. No

NUMVISIT

In the last two weeks that is since <<<DATE OF SURVEY BEING TAKEN>>>, how many different countries did you/your child visit?

___ [allow numeric value]

1. Prefer not to say

IF ABROAD = 1
COUNTRYVISIT

Which country or countries did you/did your child visit? If you have visited more than one country in the last two weeks, please tell us the two you spent the most time in.

Please type the first few characters of the country and select it from the list. For some countries, we provide more specific locations such as islands, like Majorca, Tenerife, Crete. If the country is not shown, you can type it in.

Country 1

[AUTORESPONSE – PREDICTIVE TEXT]

Other (please write in) (allow participant to write in)

Prefer not to say (SKIP COUNTRYVISITA2 AND JUST ASK WHAT WAS THE LAST DATE YOU WERE ABROAD (AS FAR AS YOU CAN REMEMBER)

Country 2 (include a logic check so country 2 cannot be the same as country 1)

[AUTORESPONSE – PREDICTIVE TEXT]

Other (please write in) (allow participant to write in)

Prefer not to say (SKIP COUNTRYVISITA2 AND JUST ASK WHAT WAS THE LAST DATE YOU WERE ABROAD (AS FAR AS YOU CAN REMEMBER)

IF ONE COUNTRY MENTIONED. IF PNTS answered at COUNTRYVISIT or answer left blank please skip this question and ASK ABROAD.

COUNTRYVISITA1 (for country 1 selected)

How long were you/was your child in <<<COUNTRY 1>>>? Please enter a value. If you are unsure, please give your best estimate.

------ day(s)

Prefer not to say

FOR SECOND COUNTRY MENTIONED (IF MENTIONED) IF PNTS answered at COUNTRYVISIT or answer left blank please skip this question and ASK ABROAD.

COUNTRYVISITA2 (if country 2 selected)

How long were you/was your child in <<<COUNTRY 2>>>? Please enter a value. If you are unsure, please give your best estimate.

------ day(s)

Prefer not to say

COUNTRYVISITB1 (for country 1 selected in COUNTRYVISIT)

What was the last date you were/your child was in < COUNTRY 1> (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

COUNTRYVISITB2 (for country 2 selected in COUNTRYVISIT)

What was the last date you were/your child was in < COUNTRY 2> (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

IF NUMVISIT =3+
LASTABROAD

What was the last date you were/your child was abroad (as best you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

ASK Mail_Grp=1
SMOKENOW

Do you smoke cigarettes at all nowadays?

1. Yes
2. No
3. Prefer not to say

IF SMOKENOW = 2 or 3
SMOKECIG

Have you ever smoked cigarettes?

1. Yes
2. No
3. Prefer not to say

IF SMOKECIG= 1 AND SMOKENOW=2
SMOKECIGDATE

When did you stop smoking cigarettes (as best you can remember)?

WRITE IN DATE

MONTH/YEAR

1. Prefer not to say

IF SMOKENOW =1
SMOKEFIVEYEAR

How long have you been a smoker for?

1. Less than 1 year
2. 1 year but less than 2 years
3. 2 years but less than 3 years
4. 3 years but less than 4 years
5. 4 years but less than 5 years
6. 5 years or more
7. Prefer not to say

SMOKENOW=1 OR [IF SMOKECIG= 1 AND SMOKENOW=2]
SMOKENUM

About how many cigarettes [IF SMOKENOW =1 do you smoke] [IF SMOKECIG= 1 AND SMOKENOW=2 did you smoke] each day? If you are not sure please give your best guess.

1. Less than 1
2. From 1 to 5
3. From 6 to 10
4. From 11 to 20
5. 21 or more
6. Don't know
7. Prefer not to say

ASK Mailgrp=1
VAPNOW

Do you vape/use e-cigarettes at all nowadays?

1. Yes
2. No
3. Prefer not to say

IF VAPNOW = 2 or 3
SMOKEVAP

Have you ever vaped/used e-cigarettes?

1. Yes
2. No
3. Prefer not to say

IF SMOKEVAP= 1
SMOKEVAPDATE

[Do not allow date before participants age]

When did you last vape/use e-cigarettes (as best you can remember)?

WRITE IN DATE

MONTH/YEAR

ASK ALL
HEIGHT

How tall are you / is your child without shoes? If you are unsure, please give an estimate. INFO: Please give your/your child's height to the nearest half inch or nearest centimetre.

{Default box is feet and inches but with button to click to get cm}

Feet (NUMBER RANGE 3 to 7) and inches (NUMBER RANGE 0 to 11 with .0 and .5 and whole numbers with no decimal mentioned allowed)

HEIGHT CHECK WORDING IF NO ANSWER IN INCHES: Missing Answer: Please enter a value for feet AND inches. If your height is an exact number of feet, please enter 0 in the inches box. There are 12 inches in a foot.

HEIGHT CHECK WORDING IF ANSWER OUTSIDE VALID RANGE: Your answer is not within the range for this question. Please enter an answer between 3 foot 0 inches and 7 foot 11.5 inches. There are 12 inches in a foot.

If selected: Centimetres (NUMBER RANGE 0 to 240) – click 'continue' to enter height in centimetres'

[ADD TO CENTIMETRE CODE 'click 'continue' to enter height in centimetres']

[IF HIGHER OR LOWER THAN ALLOWED ADD – 'Your answer, <INSERT ANSWER> is not within the range for this question. Please enter an answer between <LOWEST NUMBER ALLOWED> and <HIGHEST NUMBER ALLOWED>.

3. Cannot give estimate

4. Prefer not to say

ASK ALL
HGTCHK

Your/your child's height is [^insert feet^] and [^insert inches^] / [^insert cms^], is that correct?

1. Yes
2. No - you will be taken back to change your answer (RETURN TO HEIGHT)
3. Prefer not to say

ASK ALL
WEIGHT

What is your/your child's current weight? If you are unsure, please give an estimate.

{Default box is stones and pounds but with button to click to get kg}

STONES (NUMBER RANGE 3 to 40) POUNDS (NUMBER RANGE 0 to 13)

WEIGHT CHECK WORDING IF POUNDS MISSING: Missing Answer: Please enter a value for stones AND pounds. If your weight is an exact number of stones please enter 0 in the pounds box.

WEIGHT CHECK WORDING ANSWER OUTSIDE VALID RANGE: Your answer is not within the range for this question. Please enter an answer between 3 stone 0 pounds and 40 stone 0 pounds. There are 14 pounds in a stone.

KILOGRAMS (NUMBER RANGE 20 to 250) – click 'continue' to enter weight in kilograms'

[ADD TO CENTIMETRE CODE 'click 'continue' to enter weight in kilograms']

3. Cannot give estimate

4. Prefer not to say

ASK ALL
WGTCHK

Your weight is [^insert stones^] and [^insert pounds^] / [^insert kg^], is that correct?

1. Yes
2. No - you will be taken back to change your answer (RETURN TO WEIGHT)
3. Prefer not to say

Recontact question

CONTACT

Imperial College London may wish to carry out future research among participants of this study. Would you be willing for Imperial College London to retain your contact details in order to invite you to take part in future research?

You do not have to say now whether you would actually take part in the research, just whether you would be happy to be contacted about it.

Please select one answer

1. Yes
2. No

Your answers have now been submitted.

Thank you very much for taking part in this important study. The study will help the Government measure the prevalence of COVID-19.

For the current Government guidance about COVID-19, please visit https://www.gov.uk/coronavirus

If you have any questions about this research, for Frequently Asked Questions go to https://www.ipsos.com/ipsos-mori/en-uk/covid-19-swab-test-faqs. You can exit the questionnaire by closing your internet browser.