

ANTIGEN TEST

Round 7 Follow-up Individual Survey

REACT 1 COVID-19 Testing Study

Individual level questionnaire

ROUND 7

November 2020

20-091613-01

Contents

Landing page	3
Confirm individual	4
Health	5
Pre-existing health conditions	17
Swab test – Experience	23
Demographics.....	29
Recontact question	37

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:
 - [FAQ¹](#)
 - [Privacy Policy²](#)
 - [Contact us³](#)
 - [Video: How to take the test](#)
 - [About Ipsos MORI](#)

¹The 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_firstname] [FF_Surname]. If you are a carer for [FF_firstname] [FF_Surname] you can help them to complete the survey. Are you a carer for [FF_firstname] [FF_Surname]?

1. Yes
 2. No
-

IF INDCONFCARER =2

CLOSE1

“We thank you for your time spent taking this survey.”

TERMINATE

DOB

Can we just check, what is [your/your child’s] date of birth?

[INCLUDE DOB QUESTION FORMAT TO RECORD DAY, MONTH, AND YEAR]

1. Prefer not to say
-

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 TEMP]
-

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
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, 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
 2. The symptoms were not due to COVID-19
 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

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 SYMPTFIRST 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

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

I/my child still have/has some or all of them

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)
 7. Other, please specify..... [free text]
-

ASK ALL

TEMPA

In the last 7 days, that is since <DATE/MONTH> have you/has your child had your/their temperature taken?

1. Yes
 2. No
-

IF TEMPA = 1

TEMPB

Who took your/their temperature?

[Allow multicode]

1. A doctor/nurse or other health professional
 2. I did
 3. Someone else
-

IF TEMPA = 1

TEMPC

What was the highest temperature reading?

Please type in

__._°C

__._°F

Can't remember

[Error message: Your answer is not within the range for this question which is 34°C to 42°C and 95°F to 107°F. Please check your answer]

ASK ALL

COVIDCON (CHANGE TO 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 two weeks, 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]
3. In my/their school or college
4. At a social event or gathering
5. Somewhere else
6. 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 INDCONF=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?

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 two 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 two weeks in total?

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 two weeks or less
4. No, never had any symptoms
5. Don't know – still have symptoms but not yet for two weeks

IF LONGCOVID1=1, 2,

LONGCOVID2

Thinking of the symptoms that lasted for more than 2 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 two 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
9. Tightness 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 two weeks, whether or not you/your child saw a doctor.

1. Coughing
 2. Sneezing
 3. Runny 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
 9. Difficulty sleeping
 10. Loss of appetite
 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 two weeks, whether or not you/your child saw a doctor.

1. Itchy, sore or red eyes
 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
-

IF LONGCOVID1=1, 2

LONGCOVID3

You said you/your child had experienced the following “long COVID” symptoms:

[LIST OF SYMPTOMS FROM LONGCOVID2, COVIDSYM2 AND COVIDSYM3]

IF LONGCOVID1=1 (STILL HAVE SYMPTOMS): Thinking about all your/your child’s “long COVID” symptoms, how long have you/has your child had these symptoms for so far? If you/they have experienced multiple symptoms of long COVID, please think about how long ago you/they started to experience your/their earliest symptom until now.

IF LONGCOVID1=2 (IF NO LONGER HAS SYMPTOMS): Thinking about all your/your child’s “long COVID” symptoms, how long did your/their symptoms last for in total? If you /they have experienced multiple symptoms of long COVID, please think about how long ago you/they started to experience your earliest symptom until your/their last one ended.

Please answer in days, weeks or months

Days (0-365)

Weeks (0-52)

Months (0-12)

Cannot give estimate

Prefer not to say

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

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

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
-

ASK ALL
SHIELD2

Are you shielding 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
 3. Yes, someone else in my household has
 4. No
 5. Don't know
-

ASK Mail_Grp 1 OR (Mail_Grp 2 AND INDCONF=1)

BEHAVA

Since the new national lockdown started on Thursday 5 November have you been doing any of the following?

Please select any that apply.

[ROTATE LIST]

1. Cancelling my usual social activities
2. Going out to work
3. Attending lectures or classes in person (if a student)
4. Going shopping for non-essential things
5. Going to a grocery store or pharmacy
6. Trying to avoid physical contact with people
7. Following handwashing recommendations
8. Using hand sanitiser more than usual
9. Following coughing and sneezing recommendations
10. Using tissues more than usual
11. Wearing gloves while going out of my home
12. Avoiding public transport
13. Going for walks or exercise outside
14. Avoiding taking my children out of my home
15. None of these

ASK ALL

INTRO

The next questions are to help us understand what sort of things people are doing at the moment. The information you provide is completely confidential.

ASK ALL

LEAVELOCK

Did you/your child leave home for any reason since the new national lockdown started on Thursday 5 November?

Please include even short trips outside the home, e.g. for shopping, exercise

1. Yes
 2. No
-

IF LEAVELOCK = 1

LEAVEREASON

Since the new national lockdown started on Thursday 5 November, for what reasons have [you/has your child] left home?

Please select all that apply.

1. For childcare or education, where this is not provided online
 2. For work purposes[Mail_Grp1 only]
 3. To exercise outdoors
 4. To visit an outdoor public place
 5. For any medical reason (including appointments, treatment etc.)
 6. Shopping for basic necessities e.g. food and medicine
 7. To visit members of your support bubble or provide care for vulnerable people
 8. For errands (for example, pay bills, withdraw money from bank, visit post office)
 9. To volunteer
 10. I/My child have/has left my house for other reasons (please specify)
-

IF MAIL_GRP3 OR MAIL_GRP2

SCHOOL

Did you/Did your child attend school [(IF MAIL_GRP2) or college] in person at all in the last 7 days?

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

IF LEAVELOCK = 1

TRANSP

In the last 7 days, that is since <DATE> which of the following forms of transport have you/has your child used?

Please include all transport used for both commuting and leisure purposes.

Please select all that apply.

1. Walking /running (include wheelchair, mobility scooter)
 2. Bicycle / e-bike / scooter / electric -scooter / skateboard
 3. Motorbike/moped
 4. Car (your own household's car)
 5. Private car owned by someone outside your household
 6. Hired car or car club car
 7. Taxi / minicab/ app-based taxi e.g. uber
 8. Van/Lorry
 9. Bus / Coach
 10. Train / Underground / Tram / Metro
 11. Ferry / water-based transport
 12. Aeroplane/flying
 13. Some other form of transport (please specify)
-

IF LEAVELOCK = 1

OUTDOORSPACE

Since the new national lockdown started on Thursday 5 November, [have you/has your child] visited any of the following?

1. Parks
 2. Beaches
 3. The countryside
 4. Public gardens (whether or not you paid to enter them)
 5. Allotments
 6. Playgrounds
 7. Another outdoor public place (specify)
 8. None of these
-

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? 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
-

IF CODES 2-4 AT FACECOV
OUTMASK

How often do you/does your child wear any kind of face covering or mask outdoors?

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

ASK ALL
BUBBLE

During the pandemic, it is possible for some people to form a support bubble.

A support bubble is a support network between a household with only one adult in the home (a single-adult household) and one other household of any size. It allows the two households to have close contact as if they were members of the same household.

ASK ALL
BUBBLE

Is your household currently in a support bubble in a support bubble?

Please select one answer.

1. Yes – I live alone, and am in a support bubble with another household
2. Yes – I do not live alone, and am in a support bubble with a single-adult household
3. No
4. Don't know

ASK ALL
CONTACT1

Not including members of your household [IF YES (CODE 1 OR 2) AT BUBBLE or people in your support bubble], 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.

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)

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+ should say "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 LEAVEREASON=2 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 – Experience

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
2. Yes, tried but did not complete it
3. No

IF SWAATTEMPT=2 OR SWASTATUS = 3

SWASTATUSNO

Are you planning to complete the swab test?

1. Yes
 2. No
 3. I am not sure
-

IF SWASTATUS = 1 OR SWASTATUSNO = 1

SWACOUR

Have you booked the courier to send your test to be analysed yet?

1. Yes, test has been collected already (SHOW IF SWASTATUS = 1)
 2. Yes, courier booked to collect but has not yet come
 3. No, have not yet booked courier but planning to do this
 4. Have tried to book courier, but have not managed to book a suitable time
 5. No, I am not planning to book the courier
-

IF SWACOUR =4

SWACOURSUIT

Why have you not managed to book a suitable time?

1. I couldn't access the courier website
 2. I could not contact the courier when I phoned them
 3. My access code wouldn't work when I tried to log on to the courier website
 4. There was no suitable collection time available
 5. Other (please write in)
-

IF SWASTATUS = 1 (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 (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

Hour (0-23)

Minute (0-59)

NUMERIC (RANGE 0-23)

NUMERIC (RANGE 0-59)

Prefer not to answer

IF SWASTATUS = 1 (COMPLETED SWAB TEST)

FRIDG

Did you place the sample in your fridge?

1. Yes
 2. No
-

IF SWAATTEMPT = 1 (ATTEMPTED SWAB TEST)

SWAHELP

Did you have anyone helping you to administer the test?

1. Yes
 2. No
-

ASK ALL

PCRPREV1

Before this study, had you/your child previously taken an antigen/PCR swab test to see if you/they had COVID-19? A PCR test is done by a nasal or throat swab and tests for current COVID-19 infection.

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 you have the virus at the time of the test.

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

IF PCRPREV1 = 1 or 2

PCRPREV2

When did you/your child take the [IF PCRPREV1 = 2 most recent] test to see if you/they had COVID-19?

Please try to be as accurate as possible.

Do not include the test you have taken as part of this study.

WRITE IN DATE

DAY/MONTH/YEAR

IF PCRPREV1 = 1 or 2

PCRPREV3

What was the result of your/your child's [IF PCRPREV1 = 2 most recent] antigen/PCR swab test?

1. Positive (virus detected)
 2. Negative (virus not detected)
 3. Invalid/No result
 4. Don't know/waiting to hear
 5. Prefer not to say
-

IF PCRPREV1= 2 AND PCPREV3 = 2, 3 or 4

PCRPREV4

Have any of your/your child's previous antigen/PCR swab test results been positive?

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

IF PCRPREV4=1

PCRPREV5

When did you/your child take the [IF PCRPREV1 = 2 most recent] antigen/PCR test that gave a positive result for COVID-19?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

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 PCRPREV1 = 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 the Test and Trace Programme [IF MAIL_GRP 3 OR Mail_Grp 2 AND INDCONFPARENT=1) about your child]?

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

COVIDTETA

Did the Test and Trace Programme advise you/your child to self-isolate?

1. Yes, advised to isolate
 2. No, no action was required
 3. Don't know
 4. Prefer not to say
-

ASK IF INDCONF =1 AND MAIL_GRP1

VACCINE1

Are you taking part in a Coronavirus vaccine trial?

1. Yes
 2. Have taken part in one but no longer involved
 3. No
-

IF VACCINE1 =1 or 2

VACCINE2

Have you had any vaccination as part of the Coronavirus vaccine trial?

1. Yes
 2. No
-

INTRO 2

The final 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 specify
 8. Prefer not to say
-

IF DWELLTYP = 1

HOUSTYP

What type of house do you live in?

1. Detached house
 2. Semi-detached house
 3. Terraced house (including end of terrace)
 4. Other type of accommodation
 5. Don't know
 6. Prefer not to say
-

IF DWELLTYP = 2

FLATTYP

What type of building is your flat in?

1. In a purpose-built block of flats
 2. In a commercial building (e.g. in an office building, hotel or over a shop)
 3. Part of a converted or shared house
 4. Other type of building
 5. Don't know
 6. 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...?

If you are furloughed, please select the job that you are furloughed from at the moment. If you are not furloughed, please select your current job.

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

[DO NOT FORCE ANSWER]

ASK ALL

WORKSTUDYPERS1

Do you or does anyone in your household work in any of the following in person?

1. Pre-school
 2. Primary school
 3. Secondary school
 4. College / university
 5. None of these
-

ASK ALL

WORKSTUDYPERS2

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

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

IF MAIL_GRP1 AND EMPL = 7

EDTYPE

This autumn 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
-

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
-

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
-

IF CAREHOME=1
CARETYPE

In the care home, do you/does your child receive nursing care?

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

IF CAREHOME = 2 OR CAREHOME = 3

PERSCARE

Do you/ Does your child, or anyone you/they live with, receive nursing or personal care at home? By nursing or personal care we mean care provided by employees of a public body, private company or charity, not care provided by friends or family.

1. Yes, I do
 2. Yes, my child does (SHOW CODE IF (MAIL_GRP = 3) OR (MAIL_GRP = 2 AND INDCONFPARENT=1))
 3. Yes, someone else in my household does
 4. No
 5. Don't know
-

ASK ALL

CTRYBORN

In which country were you / was your child born?

Please select one answer

1. England
 2. Wales
 3. Scotland
 4. Northern Ireland
 5. Republic of Ireland
 6. India
 7. Pakistan
 8. Poland
 9. Another country (please write in)
 10. Don't know
-

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]

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

Other (write in)

Prefer not to say

Country 2

Other (write in)

Prefer not to say

IF ONE COUNTRY MENTIONED

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)

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 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'

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'

3. Cannot give estimate
 4. Prefer not to say
-

**ASK ALL
WGTCHK**

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

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

[ASK GENDER = FEMALE AND MAIL_GRP = 1 AND (DAGE < 55) AND (valid HEIGHT ANSWER and VALID WEIGHT ANSWER)].

**PREG
SA**

As being pregnant affects weight, are you pregnant at present?

1. Yes
2. No
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
-

DO NOT ASK IF INDCONFPARENT=1

LINKAGE

Imperial College would like your permission to link information held by NHS Digital and other UK NHS bodies about you/ your child to this survey data to follow your health status for up to 20 years. All such data will be held securely by Imperial College and kept confidential.

Do you give permission for Imperial College to do this [IF PARENT COMPLETING ON BEHALF OF 5-12 YEAR OLD Mail_Grp 3] / until your child is 16 years old?

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.
