

# **ANTIBODY TEST STUDY 5**

**Round 1 (Baseline) User Survey**

**PHE Covid-19 Testing Study**  
**Individual level questionnaire**

**Study 5 Version 1.3**

**12 June 2020**

**JN: 20-034626**

**INTERNAL AND CLIENT USE ONLY**

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## Landing page

- The landing page will be the first screen that respondents see on navigating to [www.XXXXX](http://www.XXXXX) (the URL contained in the invitation letter)
- The landing page will show some welcome text, and will include the following features and design elements, from top to bottom:
  - DHSC and IM logos
  - Accessibility options (three icons to vary the font size, and options to vary the background colour, example below). Respondents will have the option to vary these, but will not be required to make any choices.
  - Survey title (link to HH survey name)
  - Intro text and information on how to answer
  - Access code box, with text “Please enter the access code from your letter” and “Start survey” box
  - The following links:
    - [About Ipsos MORI<sup>1</sup>](#)
    - [Privacy Policy<sup>2</sup>](#)
    - [Contact us<sup>3</sup>](#)
    - [FAQ<sup>4</sup>](#)
    - Video (short)

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<sup>1</sup> <https://www.ipsos.com/ipsos-mori/en-uk/about-us>

<sup>2</sup> This will be a privacy policy unique to the individual-level survey. It will be on the Imperial College London website, and will make reference to GDPR. and this link will take respondents directly to it. The URL will also be included on the survey materials (again, following the protocol for the main survey).

<https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/>

<sup>3</sup> This should launch an email to the survey email address [UK-covid-test-research@ipsos.com](mailto:UK-covid-test-research@ipsos.com)

<sup>4</sup> These FAQ will expand on those included on the reverse of the invitation letters.

## 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 [XX LINK]. 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 [FF\_Surname] [FF\_Surname]?

*Please select one answer*

1. Yes
2. No [TERMINATE: NEED A MESSAGE ADDING HERE]

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## Health

ASK ALL

### COVIDA

Before you took this antibody test, did you think you had had COVID-19?

1. Yes, confirmed by a positive test (swab/PCR/antigen test)
2. Yes, suspected by a doctor but not tested
3. Yes, my own suspicions
4. No

IF COVIDA = 1

### COVID B

When did you take your sample for the test (swab/PCR/antigen test) which came back positive?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF COVIDA = 1, 2 OR 3

**COVIDC**

How severe was your illness when you {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19?

1. No symptoms
2. Mild symptoms – didn't affect my daily life
3. Moderate symptoms – some effect on my daily life
4. Severe symptoms – significant effect on my daily life

IF ANSWER TO COVIDC **NOT** 1

**COVIDD**

What kind of medical attention, if any, did you access for your illness when you {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19?

Please select all that apply

1. None
2. Contacted NHS 111, by phone or online
3. Visited pharmacist
4. Consulted GP/practice nurse over the phone or online
5. Consulted GP/practice nurse face to face
6. Walk-in centre
7. Accident and Emergency
8. Hospital admission
9. Hospital admission: intensive care unit
10. Other, please specify..... [free text]

IF ANSWER TO COVIDC **NOT** 1

**COVIDSTA**

When did your first symptoms start (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

IF ANSWER TO COVIDC **NOT** 1

**COVIDEND**

When did your symptoms finish (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

I still have symptoms

IF ANSWER TO COVIDC **NOT** 1

**COVIDSYM**

Which of the following symptoms were part of your illness?

Please select all the symptoms you had, whether or not you saw a doctor.

ROTATE LIST, KEEP 9 AND 10 TOGETHER, KEEP 19 AND 20 TOGETHER, KEEP 22 AND 23 TOGETHER

1. Decrease in appetite
2. Nausea and/or vomiting
3. Diarrhoea
4. Abdominal pain/tummy ache
5. Runny nose
6. Sneezing
7. Blocked nose
8. Sore eyes
9. Loss of sense of smell
10. Loss of sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
15. Shortness of breath affecting normal activities
16. New persistent cough
17. Tightness in chest
18. Chest pain
19. Fever (feeling too hot)
20. Chills (feeling too cold)
21. Difficulty sleeping
22. Felt more tired than normal
23. Severe fatigue (e.g. inability to get out of bed)

24. Numbness or tingling somewhere in the body
25. Feeling of heaviness in arms or legs
26. Achy muscles
27. None of these

ASK ALL

**NEWQ A**

Before completing this antibody test provided to you as part of this study, had you previously done an antibody test for the virus that causes COVID-19?

1. Yes, my previous antibody test was positive
2. Yes, my previous antibody test was negative
3. Yes, my previous antibody test was invalid
4. No

IF NEWQ A = 1, 2, 3

**NEWQ B**

When did you take your previous antibody test?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF COVIDA = 4

**SymptAny**

Have you had any of the following symptoms since November 2019.

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

ROTATE LIST, KEEP 9 AND 10 TOGETHER, KEEP 19 AND 20 TOGETHER, KEEP 22 AND 23 TOGETHER

1. Decrease in appetite
2. Nausea and/or vomiting
3. Diarrhoea
4. Abdominal pain/tummy ache
5. Runny nose
6. Sneezing
7. Blocked nose
8. Sore eyes

9. Loss of sense of smell
10. Loss of sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
15. Shortness of breath affecting normal activities
16. New persistent cough
17. Tightness in chest
18. Chest pain
19. Fever (feeling too hot)
20. Chills (feeling too cold)
21. Difficulty sleeping
22. Felt more tired than normal
23. Severe fatigue (e.g. inability to get out of bed)
24. Numbness or tingling somewhere in the body
25. Feeling of heaviness in arms or legs
26. Achy muscles
27. None of these

IF SYMPTANY = ANY OF 1-26

**SYMPTWHEN**

Thinking of the symptoms you have had since November 2019, in which months did you experience those symptoms?

Please select all that apply

1. November 2019
2. December 2019
3. January 2020
4. February 2020
5. March 2020
6. April 2020
7. May 2020
8. June 2020
9. July 2020
10. Can't remember



ASK ALL

**COVIDCON**

Have you ever been in close contact with anyone with COVID-19?

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

ASK ALL

**HOSP**

Since COVID-19 emerged in January 2020, have you, or anyone you live with, been in a hospital **at all**? This is for any reason (work, visiting, taking someone else to hospital or due to illness)

Please select all that apply

1. Yes, I have
2. Yes, someone else in my household has
3. No
4. Don't know

**Pre-existing health conditions**

ASK ALL

**HEALTHA**

Do you currently have any of the following (or do any of the following apply to you)?

Please tick all that apply

(ROTATE LIST: KEEP 10 and 11 together and 15-17 together)

1. Organ transplant recipient
2. Diabetes (type I or II)
3. Heart disease or heart problems
4. Hypertension (high blood pressure)
5. Overweight
6. Stroke
7. Kidney disease
8. Liver disease
9. Anemia
10. Asthma
11. Other lung condition (such as chronic obstructive lung disease (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 ALL

**SHIELD1**

Do you consider yourself to be at risk for 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 will become severely ill with COVID-19?

1. Yes
2. No

ASK ALL

**BEHAVA 1**

Since COVID-19 emerged in January 2020, but before the official lockdown started on 23 March 2020, did you change your behaviour by doing any of the following?

Please select any that apply  
*[ROTATE LIST]*

1. I cancelled my usual social activities
2. I didn't go out to a place of work
3. I didn't attend lectures in person (if a student)
4. I didn't go shopping for non-essential things
5. I didn't go to a grocery store or pharmacy
6. I didn't leave the house
7. I wore a face mask outside my home
8. I tried to avoid physical contact with people
9. I followed handwashing recommendations

10. I used hand sanitiser more than usual
11. I followed coughing and sneezing recommendations
12. I used tissues more than usual
13. I wore gloves while going out of my home
14. I avoided public transport
15. I avoided going to restaurants/bars/pubs
16. I avoided going for walks or exercise outside
17. I avoided taking my children out of my home
18. None of these

ASK ALL

**BEHAVA 2**

During the official lockdown which started on 23 March 2020 and started easing on 13 May 2020, did you change your behaviour by doing any of the following?

Please select any that apply

*[ROTATE LIST]*

1. I cancelled my usual social activities
  2. I didn't go out to a place of work
  3. I didn't attend lectures in person (if a student)
  4. I didn't go shopping for non-essential things
  5. I didn't go to a grocery store or pharmacy
  6. I didn't leave the house
  7. I wore a face mask outside my home
  8. I tried to avoid physical contact with people
  9. I followed handwashing recommendations
  10. I used hand sanitiser more than usual
  11. I followed coughing and sneezing recommendations
  12. I used tissues more than usual
  13. I wore gloves while going out of my home
  14. I avoided public transport
  15. I avoided going to restaurants/bars/pubs
  16. I avoided going for walks or exercise outside
  17. I avoided taking my children out of my home
  18. None of these
-

**BEHAVA 3**

During the last 2 weeks, did you change your behaviour by doing any of the following?

Please select any that apply

*[ROTATE LIST]*

1. I cancelled my usual social activities
2. I didn't go out to a place of work
3. I didn't attend lectures in person (if a student)
4. I didn't go shopping for non-essential things
5. I didn't go to a grocery store or pharmacy
6. I didn't leave the house
7. I wore a face mask outside my home
8. I tried to avoid physical contact with people
9. I followed handwashing recommendations
10. I used hand sanitiser more than usual
11. I followed coughing and sneezing recommendations
12. I used tissues more than usual
13. I wore gloves while going out of my home
14. I avoided public transport
15. I avoided going to restaurants/bars/pubs
16. I avoided going for walks or exercise outside
17. I avoided taking my children out of my home
18. None of these

ASK ALL

**LEAVE 1**

Did you leave home for any reason in the last 7 days, that is since <DATE/MONTH>?

1. Yes
  2. No
-

IF LEAVE 1 =1

## LEAVE 2

In the last 7 days, that is since <DATE/MONTH>, for what reasons have you left home? Please select all that apply

1. For work
2. To volunteer
3. For urgent medical or dentist appointments
4. For routine medical or dentist appointments
5. To care for someone else (for example, friends or family)
6. To socialise with people in a public place
7. To socialise with people in a personal place (for example, visiting family and friends at their home)
8. For outdoor exercise (for example, going for a walk or hike, run or cycle)
9. To shopping
10. For errands (for example, pay bills, withdraw money from bank, visit post office)
11. I have left my house for other reasons (please specify)

ASK ALL

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## CONTACT1

Not including members of your household, how many different people did you have contact with yesterday? If you had contact with a person more than one time, please count them only once.

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 had no contacts yesterday outside of your household, and if you are not sure please give your best guess.*

(enter number)

IF CONTACT1=1+

## CONTACT4

You said that yesterday you came into contact with CONTACT1 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 **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, and if you are not sure please give your best guess.*

(enter number)

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ASK ALL

**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

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**Antibody test –experience on using the antibody test provided to you for this study**

ASK ALL

**ABATTEMPT**

Did you attempt the antibody test (either on your own or with help from someone else)?

1. Yes

2. No

ASK IF ABATTEMPT = 1

**ABDATE**

When did you attempt the antibody test?

WRITE IN DATE

DAY/ MONTH/YEAR

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ASK IF ABATTEMPT = 2

**ABWHYN**

Why did you not attempt to complete the antibody test?

Please select all that apply

1. I did not understand the instructions
  2. I thought it would take too long
  3. I did not want to prick my finger
  4. I did not want to see my blood
  5. I thought I might infect someone else
  6. I damaged the test
  7. I lost the test
  8. I do not trust the test
  9. I do not want to know the result
  10. Other (please write in)
  11. Don't know
- 

ASK IF ABATTEMPT = 1

**ABCOMP**

Did you successfully manage to complete the antibody test?

1. Yes
2. No, I only partially completed it
3. No, I did not complete any of it
4. Don't know

IF ABATTEPT = 1

**ABHELP**

Did you have anyone helping you to do the antibody test?

1 Yes

2 No

---

ASK IF ABCOMP = 2 OR 3

**ABWHYN2**

Why did you not successfully complete the antibody test?

1. I did not understand the instructions
2. It took too long
3. I did not manage to use the lancet
4. I did not manage to get a blood drop
5. I did not manage to get enough blood on the test
6. I did not manage to get the buffer on the test
7. I damaged the test
8. It was too fiddly for me to manage
9. I did not have some of the equipment I needed
10. I do not want to know the result
11. I could not read the result
12. Other (please write in)
13. Don't know

---

IF ABCOMP = 1

**NEWRESULT**

Step 8 of the instruction booklet shows different test outcomes. Based only on the photo you took and what the test looked like after 10-15 minutes, which number corresponds to your test result?

**Note: How light or dark the colour of the line is next to G and/or M will vary. Therefore, any shade of colour next to G and/or M should be reported if the line next to C is red.**

0 (Negative) – Red line next to C only. No lines next to G or M.

1 (Ig M Positive) – Red line next to C and red line (no matter how light or dark) next to M. No line next to G.

2 (Ig G Positive) – Red line next to C and red line (no matter how light or dark) next to G. No line next to M.

3 (Ig G Positive) – Red line next to C and red lines (no matter how light or dark) next to G and M.

4 (Invalid) – Line next to C is completely or partially Blue. This means the test is invalid even if there are red lines next to G or M.

5 Can't tell what the result is

6 Didn't take a photo of the result and can't remember what it looked like

7 Did not complete test



IF NEWRESULT = 0-4

**RESCONF**

How confident are you that the number you have chosen above is the right one?

1. Very confident
2. Fairly confident
3. Not very confident
4. Not at all confident

IF NEWRESULT = 0-5

**PHOTO1**

Did you take a photo of your test 10-15 minutes after you did the test?

1. Yes
2. No

IF PHOTO1 = 1

**PHOTO2**

Please upload the photo that you took of your test.

**INSTRUCTION ON PHOTO UPLOAD**

Unable to upload photo

**<OPEN\_1>**

If you wish, please provide additional comments about your experience of doing the antibody test

**<ADV\_EVENT\_OPEN>**

An adverse event is one that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of device users (including patients) or other persons.

For example:

- a patient, user, carer or professional is injured as a result of a medical device failure or its misuse
- a patient's treatment is interrupted or compromised by a medical device failure
- a misdiagnosis due to a medical device failure leads to inappropriate treatment
- a patient's health deteriorates due to medical device failure.

Causes may include: design; poor user instructions or training; inappropriate modifications; inadequate maintenance; and unsuitable storage and use conditions.

Did you experience any adverse event in administering the test? If so, please provide additional information.

## Demographics

ASK ALL

### FURL

Have you been furloughed or been made redundant since the lockdown began?

1. I have been furloughed
2. I have been made redundant
3. Not applicable to my job situation

FEED FROM REGISTRATION SURVEY - IF EMPL = 1, 2 or 3

### WORKTYP1

Are you ...

Select all that apply

1. A healthcare worker with direct patient contact
2. A healthcare worker with no patient contact
3. Working in a care home with direct contact with clients
4. Working in a care home without contact with clients
5. An essential/ key worker (as currently defined by the [Government<sup>5</sup>](#))
6. None of these
7. Don't know

IF WORKTYP1= 5, 6, 7

### WORKTYP2

Do you have a job that currently requires you to work outside your home in any of the following public facing roles?

Select all that apply

1. Construction
2. Delivering to homes
3. Food retail, other shop work
4. Logistics / other transportation

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<sup>5</sup> <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers>

5. Manufacturing
6. Policing or prisons, fire & rescue, coastguard
7. Public transport (including taxis)
8. School, nursery or childcare
9. Armed forces
10. I am required to work outside of my home for other reasons [please specify]
11. No, not currently required to work outside my home

ASK ALL

**CAREHOME**

Do you 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

IF CAREHOME=1

**CARETYPE**

In the care home, do you receive nursing care?

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

IF CAREHOME=2

**PERSCARE**

Do you 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
2. No
3. Don't know

**gross\_household**

Gross HOUSEHOLD income is the combined income of all those earners in a household from all sources, including wages, salaries, or rents and before tax deductions. What is your gross household income?

- |     |                             |      |                               |
|-----|-----------------------------|------|-------------------------------|
| <1> | under £5,000 per year       | <10> | £45,000 to £49,999 per year   |
| <2> | £5,000 to £9,999 per year   | <11> | £50,000 to £59,999 per year   |
| <3> | £10,000 to £14,999 per year | <12> | £60,000 to £69,999 per year   |
| <4> | £15,000 to £19,999 per year | <13> | £70,000 to £99,999 per year   |
| <5> | £20,000 to £24,999 per year | <14> | £100,000 to £149,999 per year |
| <6> | £25,000 to £29,999 per year | <15> | £150,000 and over             |
| <7> | £30,000 to £34,999 per year | <16> | Don't know                    |
| <8> | £35,000 to £39,999 per year | <17> | Prefer not to answer          |
| <9> | £40,000 to £44,999 per year |      |                               |

Other demographic questions included in registration form

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ASK ALL

**HEIGHT**

How tall are you without shoes? If you are unsure, please give an estimate. INFO: Please give your 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.

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If selected: Centimetres (NUMBER RANGE 90 to 240)

[NOTE TO SCRIPTER – IF PUTS 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 IF HEIGHT LESS THAN 4FT 11IN / 150 CM OR MORE THAN 6FT 5IN / 196 CM

**HGTCHK**

Your 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 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)

3. Cannot give estimate
4. Prefer not to say

ASK IF WEIGHT ~ = 3 OR 4

**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

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## Recontact question

**ASK ALL**

**CONTACT**

Imperial College London or Department of Health and Social Care may wish to carry out future research among participants of this study. Would you be willing for Imperial College London or Department of Health and Social Care 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

**ASK ALL**

**LINKAGE**

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

Do you give permission for Imperial College London to do this?

1. Yes
  2. No
-