ANTIBODY TEST STUDY 5

Round 5 Registration Survey

Covid-19 Home Antibody Testing Study Registration questionnaire

Version 10.0

16 December 2020

STUDY 5 ROUND 5

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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.xxxxxxxxx (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:
 - o DHSC, Imperial College London 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.
 - o Survey title (COVID-19 home antibody testing research study)
 - 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
 - Privacy Policy¹
 - Contact us²
 - FAQ³
 - No progress bar should be shown to respondents.

¹ https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/

² UK-covid-test-research@ipsos.com

³ These FAQ will expand on those included on the reverse of the invitation letters.

Before we begin, we would like to inform you that Ipsos MORI is a member of the Market Research Society. All information that you give us will be treated in the strictest confidence.

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

If you would like to read the Covid-19 Home Antibody Testing Study 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.

Confirm individual

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]

ASK ALL

DOBCONF

Is your month and year of birth [XX FEED-FORWARD MONTH AND YEAR OF BIRTH]? Please select one answer

- 1. Yes
- 2. No

ASK IF (DOBCONF = 2)

DOB

What is your date of birth?

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

1. Prefer not to answer

ASK IF (DOB = 1)

AGE

How old are you?

[OPEN NUMERIC BOX, RANGE 18 - 112]

1. Prefer not to answer

Household composition

NADULTS

<u>Including yourself</u>, how many adults aged 18 and over currently live in your household?

INFO: **Who should I include?** Include all adults aged 18 and over, including any young people aged 18 or over. Include people who regularly spend part of the week in your household. Include yourself.

NUMERIC 1...10

IF NADULTS = 2+

ADULTAGE

You said that [(IF NUMBER AT NADULTS-1 = 1) there is 1 adult] [(IF NUMBER AT NADULTS-1 = 2+) there are (NUMBER AT NADULTS-1) adults] other than you in your household. How old are these adults?

[Show multiple rows up for number of adults aged 18+ in household]

Header: Age in Years

Rows for each adult:

First adult

Second adult (and so on)

Columns for each adult:

Numeric box

Prefer not to say

NCHILD

How many children or young people aged 0 to 17 years currently live in your household?

INFO: Who should I include?

Include all children aged 0-17 in your household, whether or not they are your own children. Include infants and babies. Include children who regularly spend part of the week in your household.

NUMERIC 0...15

IF NCHILD = 1+

CHILDAGE

You said that [(IF NUMBER AT NCHILD = 1) there is 1 child] [(IF NUMBER AT NCHILD = 2+) there are (NUMBER AT NCHILD) children] in your household. How old are these children?

[Show multiple rows up for number of children aged 0-17 in household]

Header: Age in Years

Rows for each child:

First child

Second child (and so on)

Columns for each child:

Numeric box

Prefer not to say

Demographics

ASK ALL

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
- 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
 - [IF THEY TRY TO GO PAST PLEASE ALLOW THEM TO NOT FORCED ANSWER]

ASK ALL

ETHNIC

Which one of the following best describes your ethnic group or background?

White [Expanding header - drop down options below]

- 1. English / Welsh / Scottish / Northern Irish / British
- 2. Irish
- 3. Gypsy or Irish Traveller
- 4. Any other White background

Mixed [Expanding header - drop down options below]

- 5. White and Black Caribbean
- 6. White and Black African
- 7. White and Asian
- 8. Any other Mixed / Multiple ethnic background

Asian / Asian British [Expanding header - drop down options below]

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background

Black / African / Caribbean / Black British [Expanding header - drop down options below]

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background

Other ethnic group [Expanding header - drop down options below]

- 17. Arab
- 18. Any other ethnic group (please specify)
- 19. Prefer not to say

Registration for study

ASK ALL

EXCL

Do you have an increased risk of bleeding (for example taking blood thinners such as Warfarin, or any medical condition that would mean a self-delivered finger prick with a lancet would not be advisable)?

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

IF EXCL = 1

EXCLCONF

You said you have an increased risk of bleeding (for example taking blood thinners such as Warfarin), or a medical condition that would mean a self-delivered finger prick with a lancet would not be advisable.

Is this correct?

If you have an increased risk of bleeding, we will not be able to send you an antibody test as there are risks associated with this test for people who have an increased risk of bleeding.

- 1. Yes I have an increased risk of bleeding
- 2. No I do not have an increased risk of bleeding
- 3. Don't know

IF EXCLCONF = 1

CLOSE

We cannot send you an antibody test as there are risks associated with this test for people who have an increased risk of bleeding. Thank you for your interest.

END SURVEY

IF EXCL = 2 or 3 OR EXCLCONF=2 OR 3

RESPCHK

Are you willing to take part in this study?

Taking part is voluntary. If you agree and are selected for this study, we will send you a COVID-19 self-testing antibody kit which involves pricking the tip of your finger to get a blood spot for testing.

Please note that it is possible that we will not be able to include everyone who offers to take part. We will let you know if we cannot include you. If you are selected to take part, we will provide full instructions with the kit. After receiving the testing kit, you are still able to change your mind about taking part.

Once you have done the test, we would also like you to complete a short questionnaire, that will ask you to record your test result and any COVID-19 symptoms you may have had in recent months.

This information will be kept securely and only data without personal identifying information will be shared beyond the study team.

We will send more information with the test, and you can withdraw from the study at any time.

- 1. Yes, I want to take part in this study
- 2. No, I do not want to take part. TERMINATE (TAKE TO FEEBDACK PAGE2)

Email and mobile of adults registering

ASK ALL

We would like to collect your email address and mobile phone number. We will use these to send you emails and text messages about this study. If you do not have a mobile telephone number, please enter a landline telephone number.

If you would prefer not to provide these details, just press 'Next'.

EMAIL1: Email address [CHECK TO ENSURE VALID EMAIL ADDRESS]

MOBILE1: Mobile phone number [10 OR 11 DIGITS PERMITTED]

Feedback page

Your answers have now been submitted. Thank you for registering to take part in this study.

You may be sent a package containing the test in the next few weeks. Test kits will start to be sent out from 25 January 2021. The package will contain full instructions.

You can exit the questionnaire by closing your internet browser.

Feedback page2

Thank you for taking part in this survey. As you did not consent to take part in this study you will not be sent a test kit. Thank you for your interest.

You can exit the questionnaire by closing your internet browser.