ANTIGEN TEST

Round 12 Follow-up Individual Survey

REACT 1 COVID-19 Testing Study

Individual level questionnaire

ROUND 12

May 2021

21-035439-01

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 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 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

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

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)
10. Hospital appointment or consultation (outpatient)
8. Hospital admission
9. Hospital admission: intensive care unit
7. Other, please write in………. [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 <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?

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 LONGCOVIVD1 =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.

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

ASK IF LONGCOVIDDESC = 1 OR 2

LONGINTERMIT

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

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

ASK IF LONGCOVIDDESC = 1 OR 2
LONGCOVIDACTIV

Thinking about all your/your child's symptoms, how often, if at all, { IF LONGCVIDDESC=1: does IF LONGCOVIDDESC=2 did} your/your child's "long COVID" reduce the amount or kind of activities that you/they can 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

ASK IF LONGCOVIDDESC = 1 OR 2
LONGCOVIDABILITY

How much, if at all, does your/your child's "long COVID" 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

ASK IF LONGCOVIDDESC = 1 OR 2
LONGCOVIDMED

Have you/Has your child accessed any medical help for "long COVID" 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
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)
1. Stroke
2. Kidney disease
3. Liver disease
4. Anaemia
5. Asthma
6. Other lung condition (such as COPD, bronchitis or emphysema)
7. Cancer
8. Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)
9. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
10. Depression
11. Anxiety
12. Psychiatric disorder
13. 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 or because you/they are clinically extremely vulnerable?

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

IF SHIELD1 = YES
SHIELDVULN

Have you/Has your child been told that you/they are clinically extremely vulnerable by a medical professional?

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

ASK ALL
SHIELD2

Are you shielding or 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. The information you provide is completely confidential.

LEAVE 1

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

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

1. Yes
2. No

IF Mail_Grp 1 AND LEAVE 1 =1 OR
IF Mail_Grp2 AND INDCONF=1 AND LEAVE1=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.

[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
17. To socialise with people inside
18. To go on holiday (in the UK or abroad)
13. To take a child to school or childcare
16. To go to school/college/university
8. For outdoor exercise (for example, going for a walk, run or cycle)
9. To go shopping
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 house for other reasons (please write in)

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 LEAVE1 = 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 or a company car used mainly by you and your household)
5. Private car (owned by someone outside your household)
6. Hired car, car club car or other car shared by a number of people
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 write in)

IF LEAVE 1 = 1
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 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
7. None of these
10. Other indoor event involving people outside your household e.g. performance, sporting event (not including for IF MAIL_GRP1 OR MAIL_GRP2 AND INDCONF=1 work IF MAIL_GRP = 3 OR MAIL_GRP = 2 education.)
8. Prefer not to say
9. (BLANK)

IF INDOOR = 1-6 or 10
INDOORNUM
How many times in the last 7 days did you/your child do each of the following indoor activities?

ASK EACH CODE (1-6 or 10) SELECTED AT INDOOR

1. (enter number)
2. (enter number)
3. (enter number)
4. (enter number)
5. (enter number)
6. (enter number)
7. (enter number)

IF INDOOR = 3
CROWDED
Thinking about the last time [you/your child] had a meal or drink   at a pub or restaurant **indoors**, how crowded was it, if at all?

1. Very crowded
2. Fairly crowded
3. Not very crowded
4. Not at all crowded
5. Don't know

IF INDOOR = 10
CROWDEDOTH
Thinking about the last time [you/your child] attended another indoor event involving people outside your household (e.g. performance, sporting event) how crowded was it, if at all?

1. Very crowded
2. Fairly crowded
3. Not very crowded
4. Not at all crowded
5. Don't know

IF INDOORNUM = 10
INDOORNUMPEOPLE
Thinking about the last time [you/your child] took part in a public gathering indoors, 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 +

IF LEAVE 1 = 1
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 = 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 or restaurant
4. Watched a play or film outside
5. Spent time outside with people from other households
6. Taken part in a public gathering outside e.g. watching sports, demonstration
7. None of these
8. Prefer not to say

IF OUTDOOR = 1-7
OUTDOORNUM
How many times in the last 7 days did you/did your child do each of the following outdoor activities?

ASK EACH CODE (1-7) SELECTED AT OUTDOOR

1. (enter number)
2. (enter number)
3. (enter number)
4. (enter number)
5. (enter number)
6. (enter number)
7. (enter number)

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? 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
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
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 anyone help you administer the test?

1. Yes
2. No

ASK ALL
AGPREV1

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

An antigen 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.

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

ASK IF AGPREV1=1
AGPREVTYPE

Which type of Antigen test did you/did your child do?

Please do not include the PCR test done as part of this study.

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. Don't know

ASK IF AGPREVTYPE =1 ONLY OR 2 ONLY OR 3
AGPREVNUM

How many previous antigen tests have you/has your child previously taken?

1. One
2. More than one

ASK IF AGPREVNUM=2 OR AGPREVTYPE = 1 AND 2
TESTWORK

Do you/Does your child take COVID-19 tests regularly for any reason?

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

ASK IF TESTWORK = 1
TESTWORKTYPE

When you are/your child is regularly tested for COVID-19, which type of antigen test is most commonly used?

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. Both are commonly used
4. Don't know

ASK IF TESTWORKTYPE=1 TO 3
TESTWORKNUM

In the past month, that is since <DATE>, how many antigen tests have you/has your child taken?

NUMERIC (0-99)
Don't know

ASK IFAGPREVNUM=2 OR AGPREVTYPE = 1 AND 2)

IF AGPREV1 = 1
AGPREV2

When did you/your child take the [IF (AGPREVTYPE=1 AND 2) OR AGPREVNUM = 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 AGPREV1 = 1
AGPREV3

What was the result of your/your child's [IF (AGPREVTYPE=1 AND 2) OR AGPREVNUM = 2] most recent) antigen 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 AGPREV3 = (2 OR 3 OR 4) AND ((AGPREVTYPE=1 AND 2) OR AGPREVNUM = 2)
AGPREV4

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

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

IF AGPREV4=1
AGPREV5

When did you/your child take the [IF (AGPREVTYPE=1 AND 2) OR AGPREVNUM = 2] most recent) antigen test that gave a positive result for COVID-19?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF AGPREVTYPE = 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 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
SELFISOEVER

We are now going to ask questions about self-isolation. Your answers are strictly confidential.

Have you/Has your child or anyone else in your household needed to self-isolate for any reason? Please include any time [you/your child] should have self-isolated whether [you/your child] did so or not.

Please do not include travel. Please do not include any time you have been in quarantine after returning from a trip outside the UK.

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

ASK IF SELFISOEVER =1

SELFISOTIMES

Since the start of the pandemic, how many different times have [you/has your child] needed to self-isolate?

Please include any time [you/your child] should have self-isolated whether [you/your child] did so or not.

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

(enter number)

ASK IF SELFISOEVER =1
SELFISO2

For which of the following reasons did you/your child self-isolate?

If you have/your child has self-isolated more than once, please give the reasons for your/your child's **most recent** period of self-isolation.

Please do not include travel. Please do not include any time you have/your child has been in quarantine after returning from a trip outside the UK.

Please select all that apply

1.   I had symptoms/my child has symptoms
2.   I/My child was told to self-isolate by NHS Test and Trace
3.   I/My child had a positive coronavirus test result
4.   Someone in my household had symptoms
5.   (BLANK)
6.   Someone I / my child had contact with e.g. at home, school or work had a positive coronavirus test result
9.   I was/ They were told to self-isolate prior to a medical appointment
10.   I/Theychose to self-isolate e.g. vulnerable/shielding
7.   Self-isolated for some other reason (please write in)
8.   Don't know

ASK IF SELFISO2 =1 TO 7 OR 9
ISOLRECENT

When was the most recent time that you/your child self-isolated?

Please enter the first day of the most recent isolation period (as best as you can remember).

[DD/MM/YYYY]

ASK IF SELFISO2 =1 TO 7 OR 9
ISOLDAYS
During your/your child's most recent self-isolation period, how many days did you/did your child self-isolate for?
Please enter the number of days in the box below.

[numeric]

Prefer not to say

ASK IF SELFISO2 =1 TO 7 OR 9
ISOLLEAVE

Did you/your child leave home for any reason during the most recent time you/they self-isolated?

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

ASK IF ISOLLEAVE = 1
ISOLLEAVEREASON
For what reason(s) did you/your child leave home during the most recent time you/they self-isolated?

Please select all that apply.

[ROTATE LIST]
ALLOW MULTICODE

1. For work [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
2. To volunteer [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
3. To seek medical assistance/to go to a hospital appointment
4. To care for, provide assistance or to help someone else (for example, friends or family)
5. To meet with someone outside
6. To fulfil a legal obligation
7. To meet with someone indoors
8. To take a child to school or childcare [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
9. To get or post a COVID-19 test
10. There was a risk of harm
11. For outdoor exercise (for example, going for a walk, run or cycle)
12. To buy essential items/to go shopping
13. For errands (for example, pay bills, withdraw money from bank, visit post office)
16. To get a vaccination [Mail_Grp1 ONLY]
17. To walk a dog/other pet care
14. I/They have left my house for other reasons (please write in)
15. Prefer not to say

ASK IF ISOLLEAVEREASON=1 AND Mail_Grp1 or (Mail_grp2 AND age 16+ ONLY and INDCONF=1]
COVIDWORK

Which of following best describes why you left home to go to work?

Please select all that apply

1. My employer said I had to
2. I would not be paid otherwise
3. There was no one else to do the work that needed to be done
4. I felt well enough to work
5. I prefer not to be at home
6. There was a work emergency
7. I was worried I might lose my job
8. I didn't see why I should self-isolate
9. Other reason (please write in)
10. Prefer not to say

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]?

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 NHS Test and Trace 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

COVIDTETR =1
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 MAIL_GRP1 OR MAIL_GRP2 (AGED 16+)

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. Only had the vaccine as part of a trial, but not sure if it was coronavirus one

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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 5 May)?

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. More than two

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

DAY/MONTH/YEAR

IF VACCDOSE= 2 OR 3
VACCINESECONDSYM

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

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

DAY/MONTH/YEAR

IF VACCINEREG=1
VACCINETYPESYM

change to single code if VACCDOSE =1. Allow up to 2 codes to be selected if VACCDOSE = 2 or 3

Which vaccine did you/did your child receive from your/their healthcare provider?

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

IF VACCINE3SYM = 2 or 3
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
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 1 OR (Mail_Grp 2 AND (AGE=16 OR 17) AND INDCONF=1))
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
5. It is too difficult for me to get 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
18. Doses of the vaccine are limited and other people need it more than me
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
19. Other (please write in)
20. Prefer not to say

VACCINEAPP2 =2 AND (Mail_Grp 1 OR (Mail_Grp 2 AND (AGE=16 OR 17) 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
5. It is too difficult for me to get 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
18. Doses of the vaccine are limited and other people need it more than me
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
19. Other (please write in)
20. Prefer not to say

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 write in
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 (with or without pay), please select the job that you are furloughed from at the moment. If you are not furloughed, 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

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

1. Yes
2. No
3. 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. 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. No – I am furloughed
4. 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 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. Don't know

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
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]

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 IF ABROAD =1
QUARANTINE1

Were you/Was your child instructed to quarantine after returning from your/ their trip outside the UK? A quarantine is when you are legally required to self-isolate either at home or in a hotel.

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

ASK IF QUARANTINE1=1

QISOLLEAVE

Have you/has your child left home for any reason during the quarantine period after returning from your/their trip outside the UK? A quarantine is when you are legally required to self-isolate.

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

ASK IF QISOLLEAVE = 1
QISOLLEAVEREASON

For what reason(s) did you/your child leave home during the quarantine period?

Please select all that apply.

[ROTATE LIST]

[ALLOW MULTICODE]

1. For work [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
2. To volunteer [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
3. To seek medical assistance/to go to a hospital appointment
4. To care for, provide assistance or to help someone else (for example, friends or family)
5. To meet with someone outside
6. To fulfil a legal obligation
11. To meet with someone indoors
12. To take a child to school or childcare [Mail_Grp1 or Mail_grp2 AND age 16+ ONLY]
13. To get or post a COVID-19 test
14. There was a risk of harm
15. I am certain I do not have COVID-19
7. For outdoor exercise (for example, going for a walk or hike, run or cycle)
8. To buy essential items/ to go shopping
9. For errands (for example, pay bills, withdraw money from bank, visit post office)
17. To get a vaccination
18. To walk a dog/other pet care
10. I/They have left my house for other reasons (please write in)
16. Prefer not to say

ASK IF QISOLLEAVEREASON=1 AND Mail_Grp1 or (Mail_grp2 AND age 16+ ONLY and INDCONF=1]
QCOVIDWORK

[RANDOMISE LIST]

Which of following best describes why you left home to go to work?

Please select all that apply

1. My employer said I had to
2. I would not be paid otherwise
3. There was no one else to do the work that needed to be done
4. I am certain I do not have COVID-19
5. I prefer not to be at home
6. There was a work emergency
7. I was worried I might lose my job
8. I don't see why I should be quarantined
9. Other reason (please write in)
10. 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 (please force month to be selected. Currently it allows the year to be selected and can leave "select month" in the drop down, allowing the participant to progress). Please also add a PNTS button).

Do not allow date before participants age

SMOKECIGDATE

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

WRITE IN DATE

MONTH/YEAR

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.