

ANTIGEN WAVE 2

Round 2 Follow-up

PHE Covid-19 Testing Study

Individual level questionnaire: suggested questions

Version 7

WAVE 2

23 June 2020

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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.xx (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](#)¹
 - [Privacy Policy](#)²
 - [Contact us](#)³
 - [FAQ](#)⁴

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

² This will be a privacy policy unique to the individual-level survey. It will be on the IM 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).

³ This should launch an email to the survey email address (xx@ipsos.com)

⁴ 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 / the parent or guardian of [FF_Surname] [FF_Surname]?

Please select one answer

1. Yes
2. No

IF INDCONF = 2

INDCONF PARENT

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

1. Yes
2. No [TERMINATE]

Health

ASK ALL

FEELUN

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

1. Yes
2. No [GO TO TEMP A]

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 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 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 saw a doctor.

RANDOMISE ORDER OF LIST PRESENTED

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

IF SYMPTANY1, SYMPTANY2, SYMPTANY3 NE NONE OF THESE

SYMPTOTH

Thinking of the symptoms you have/your child has had in the past 4 weeks, that is since <DATE/MONTH>, do you think any of these symptoms were because you/your child had COVID-19 or were they all related to another issue (e.g. other illness, allergy, pregnancy etc.)?

DISPLAY LIST OF SYMPTOMS MENTIONED AT SYMPTANY1, SYMPTANY2, SYMPTANY3

1. Some or all of the symptoms may have been due to COVID-19
2. The symptoms were not due to COVID-19
3. Don't know

IF ANY SELECTED AT SYMPTANY1, SYMPTANY2, SYMPTANY3 NE NONE OF THESE

SYMPTNOWA

Have you/Has your child had this symptom/any of these symptoms in the last 7 days, that is since <DATE/MONTH>?

DISPLAY LIST OF SYMPTOMS MENTIONED AT SYMPTANY1, SYMPTANY2, SYMPTANY3

1. Yes
2. No

IF SYMPTNOWA=1 AND MORE THAN ONE SYMPTOM GIVEN AT SYMPTANY1, SYMPTANY2, SYMPTANY3

SYMPTNOWAW

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

DISPLAY LIST OF SYMPTOMS MENTIONED AT SYMPTANY1, SYMPTANY2, SYMPTANY3

Don't know

IF 2+ ANSWERS 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 MENTIONED AT SYMPTNOWAW

Don't know

IF SYMPTNOWA = 1 AND (ONE SYMPTOM GIVEN AT SYMPTANY1, 2 AND 3 OR SYMPTFIRST NE Don't know)

SYMPTST

How many days ago did 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 SYMPTNOWA=1 AND 3+ 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 EXCLUDING ANSWER AT SYMPTFIRST

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

Don't know

IF SYMPTNOWA = 1 AND ((TWO SYMPTOMS GIVEN AT SYMPTANY1, 2 AND 3) OR (SYMPTLAST NE Don't know OR I/my child still have/has some or all of them))

SYMPTFN

How many days ago did the **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

[SYMPTFN excludes below one chosen at SYMPTST - so that SYMPTFN can't be more days than]

IF ONE SYMPTOM ONLY GIVEN AT SYMPTANY1, 2 AND 3, AND SYMPTNOWAW = 1

CURSYMPT

Do you/Does your child still have any of the following?

DISPLAY LIST OF SYMPTOMS GIVEN AT SYMPTNOWAW OR (SYMPTANY1, 2 AND 3 IF SYMPTNOWAW NOT ANSWERED)

1. Yes
2. No

IF SHORTNESS OF BREATH MENTIONED AT SYMPTNOWAW OR (MENTIONED AS ONLY SYMPTOM AT SYMPTANY1, SYMPTANY2, SYMPTANY3 AND YES AT SYMPTNOWA)

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

IF SYMPTNOWA = 1

SEEKMED

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

1. Yes
2. No

IF SEEKMED = 1

KINDMED

What kind of medical attention did you access?

Please select all that apply

1. Contacted NHS 111, by phone or online
2. Visited pharmacist
3. Consulted GP/practice nurse over the phone or online
4. Consulted GP/practice nurse face to face
5. Walk-in centre
6. Accident and Emergency (A&E)
7. Other, please specify..... [free text]

ASK ALL

TEMPA

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

1. Yes
2. No

IF TEMPA = 1

TEMPB

Who took your/their temperature?

[Allow multicode]

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

IF TEMPA = 1

TEMPC

What was the highest temperature reading?

Please type in

__._°C

__._°F

Can't remember

[Error message: Your answer is not within the range for this question which is 35°C to 42°C and 95°F to 107°F. Please check your answer]

ASK ALL

COVIDCON

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

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

ASK 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 contact with the [IF COVIDCONNUM=1] /the last [IF COVIDCONNUM=2+] 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 13-17 AND INDCONF=1]
3. In my/their school or college
4. At a social event or gathering
5. Somewhere else
6. Don't know

ASK IF COVIDCONPL=1

COVIDCONHH

You said that you/your child met the [IF COVIDCONNUM=1] /the last [IF COVIDCONNUM=2+] person you were in contact 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 met the [IF COVIDCONNUM=1] /the last [IF COVIDCONNUM=2+] person you were in contact with 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 met the [IF COVIDCONNUM=1] /the last [IF COVIDCONNUM=2+] person you were in contact with who was a confirmed COVID-19 case at a social event or gathering. Which of the following, if any, best describes the social event or gathering at which this occurred?

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 last [IF COVIDCONNUM=2+] person you / your child were 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

RESTRICTED TO YEARS 2019 AND 2020 ONLY AND DO NOT ALLOW DATE IN FUTURE]

Pre-existing health conditions

ASK ALL

HEALTHA

Are you/Is your child, or do you/does your child, currently have any of the following?

Please tick all that apply

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

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

12. Cancer
13. Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)
14. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
15. Depression
16. Anxiety
17. Psychiatric disorder
18. None of these

ASK ALL

SHIELD1

Do you consider yourself/your child 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/ your child will become severely ill with COVID-19?

1. Yes
2. No

ASK ALL

HOSP

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

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

Please select all that apply

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

ASK AGED 18+ OR (AGED 13-17 AND INDCONF=1)

BEHAVA

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

1. Yes
2. No

IF AGED 18+ AND 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 medical or dentist appointments
 4. To care for someone else (for example, friends or family)
 5. To socialise with people in a public place
 6. To socialise with people in a personal place (for example, visiting family and friends at their home)
 7. For outdoor exercise (for example, going for a walk or hike, run or cycle)
 8. To go shopping
 9. For errands (for example, pay bills, withdraw money from bank, visit post office)
 10. I have left my house for other reasons (please specify)
-

ASK ALL

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, 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

(enter number)

1. Don't know

Swab test –experience

ASK ALL

SWAATTEMPT

Did you attempt the swab test?

1. Yes
2. No, but I have received it
3. No, because I haven't received it (GO TO EDUC)

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)

ASK IF SWAATTEMPT = 2

SWAWHYN

Why did you not attempt to complete the swab 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 swab my/my child's throat
 4. I did not want to swab my/my child's nose
 5. I was worried I might hurt myself/my child
 6. I was worried I/my child could catch something from it
 7. I damaged the test
 8. I lost the test
 9. I do not trust the test
 10. I do not want to know the result
 11. Other (please write in)
 12. Don't know
-

IF SWAATTEMPT = 1

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 SWAATTEMPT = 1

SWABTIME

And at what time did you attempt the swab test?

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

Hour (0-23)

Minute (0-59)

NUMERIC (RANGE 0-23)

NUMERIC (RANGE 0-59)

Prefer not to answer

IF SWASTATUS = 1 (COMPLETED SWAB TEST)

FRIDG

Did you place the sample in your fridge?

1. Yes
2. No

IF SWAATTEMPT = 1 (ATTEMPTED SWAB TEST)

SWAHELP

Did you have anyone helping you to administer the test?

1 Yes

2 No

IF SWASTATUS = 2 (TRIED BUT NOT COMPLETED)

SWACOMPLETEWHYN

Why did you not successfully complete the swab test?

1. I did not understand the instructions
2. It took too long
3. I did not want to swab my/my child's nose
4. I found it difficult to swab my/my child's nose and could not do it
5. I did not want to swab my/my child's throat
6. I found it difficult to swab my/my child's throat and could not do it
7. I damaged the test
8. It was too difficult for me to manage
9. Parts of the test kit were missing
10. I do not want to know the result
11. I could not book a courier
12. Other (please write in)
13. Don't know

ASK IF SWASTATUSNO = 2 OR 3

SWAWHYN2

IF SWASTATUSNO = 3: Why do you think you might not complete the swab test?

IF SWSTATUSNO = 2: Why won't you attempt to complete the swab test?

Please select all that apply

1. I think it would be unpleasant
2. I do not want to swab my/my child's throat
3. I do not want to swab my/my child's nose
4. I do not understand the instructions
5. I think it would take too long
6. I am worried I might hurt myself/my child
7. I am worried I/my child could catch something from it
8. I damaged the test
9. I lost the test
10. The test has items missing from it
11. I have already had COVID-19 so no point in taking test
12. I do not think I have COVID-19 at the moment
13. I have already been tested for COVID-19
14. I do not trust the test
15. I do not want to know the result

16. I can't arrange a suitable time for the courier
17. I can't contact the courier
18. Other (please write in)
19. Don't know

ASK ALL

INSTREASE1

How easy or difficult did you find it to understand the instructions for the swab test?

1. Very easy
2. Fairly easy
3. Neither easy nor difficult
4. Fairly difficult
5. Very difficult
6. I did not look at the instructions
7. Don't know

IF SWAATTEMPT = 1

LFTEASE

Overall, how easy or difficult did you find it to do the swab test?

1. Very easy
2. Fairly easy
3. Neither easy nor difficult
4. Fairly difficult
5. Very difficult
6. Don't know

Demographics

ASK ALL AGED 18+

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

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

ASK ALL

EMPL

At present are you...?

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

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

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

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

PERSCARE

Do you/ does your child 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

ASK ALL

CTRYBORN

In which country were you / was your child born?

Please select one answer

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

ASK ALL

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)

[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 MORE THAN 6FT 5IN / 196 CM

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)

3. Cannot give estimate
4. Prefer not to say

ASK ALL

WGTCHK

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

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

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
-

LINKAGE

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

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

1. Yes
2. No

ADD submit survey button

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 [click here](#)

You can exit the questionnaire by closing your internet browser.
