

ANTIGEN TEST

Round 1 Registration

PHE Covid-19 Testing Study

Registration questionnaire: suggested questions

Version 8

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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.reg.covid-swab-research.co.uk (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 (COVID-19 home 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 Policy](#)¹
 - [Contact us](#)²
 - [FAQ](#)³
 - No progress bar should be shown to respondents.

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 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.

¹ This will be a privacy policy unique to the household-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).

² This should launch an email to the survey email address (UK-Covid-swab-research@ipsos.com)

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

Confirm individual

ASK ALL

INDCONF

This survey is for [FF_Surname] [FF_Surname]. Are you [FF_Surname] [FF_Surname]/Are you the parent of [FF_Surname] [FF_Surname]?

Please select one answer

1. Yes
2. No

IF INDOCONF = 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

ASK ALL

DOBCONF

Is [your/your child's] date of birth [XX FEED-FORWARD DOB]?

Please select one answer

1. Yes
2. No

ASK IF (DOBCONF = 2)

DOB

What is [your/your child's] date of birth?

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

1. Prefer not to say
-

ASK IF (DOB = 1)

AGE

How old are [you/is your child]?

[OPEN NUMERIC BOX, RANGE 5 – 112]

1. Prefer not to say

IF AGED 13-15

PARCONS

Is your parent/carer happy for you to take part in this study?

1. Yes
2. No [TERMINATE]

IF PARCONS =2

“Thank you for starting the survey!

Please ask your parent/carer for permission to complete the survey. Once they have agreed for you to take part, please log back into the survey.”

IF PARCONS = YES

PARNAME

Please write in the full name of your parent/carer who has agreed that you can take part:
{text box}

Household composition

IF AGED 18+ or 5-12 (PARENT COMPLETING)

NADULTS

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

INFO⁴: **Who should I include?** Include all adults aged 18 and over, including any young people aged 18 or over. Include young people who regularly spend part of the week in your household. Include yourself.

NUMERIC 1...10

⁴ This is shown via an info button that you hover over to see the extra information.

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

IF AGED 13-17

NADULTS1

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 young people who regularly spend part of the week in your household.

NUMERIC 1...10

IF NADULTS1 = 1+

ADULTAGE1

You said that [(IF NUMBER AT NADULTS1 = 1) there is 1 adult] [(IF NUMBER AT NADULTS1 = 2+) there are (NUMBER AT NADULTS1) adults] 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

IF AGED 18+ or 5-12 (PARENT COMPLETING)

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 0-15 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

IF AGED 13-17

NCHILD1

Including yourself, 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. Include yourself.

NUMERIC 0...15

IF NCHILD1 = 2+

CHILDAGE1

You said that [(IF NUMBER AT NCHILD1-1 = 1) there is 1 child] [(IF NUMBER AT NCHILD1-1 = 2+) there are (NUMBER AT NCHILD1-1) children] other than you in your household. How old are these children?

[Show multiple rows up for number of children aged 0-15 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

ASK ALL

WORKTYP

Are you ...

Select all that apply

1. A healthcare worker?
2. Working in a care home?
3. An essential/ key worker (as currently defined by the Government⁵)
4. None of these
5. Don't know

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

ETHNIC

Which one of the following best describes [your/your child's] 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
19. Prefer not to say

Registration for study

ASK ALL

EXCL

Do you have an increased risk of bleeding (for example taking anticoagulants or a medical condition such as haemophilia)?

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 EXCL = 1

1. EXCLCONF

You said you have an increased risk of bleeding (for example taking anticoagulants or a medical condition such as haemophilia).

Is this correct?

If you have an increased risk of bleeding, we will not be able to send you a swab 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

EXCLCONF = 1:

CLOSE

We can not send you a swab 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 AND AGED 18+

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 EXCL = 2 or 3

RESPCHK

Are you willing to take part in this study?/Are you willing for your child to take part in this study?

Taking part is voluntary. If you agree we will send you a COVID-19 self-testing kit. The test involves taking a swab of your/your child's nose and throat. We will provide full instructions with the kit. There is no obligation to take the test if you agree to be sent it.

Once you have done the swab, the kit will be collected and taken to a laboratory. You will be informed of the result of the test.

We would also like you to complete a short questionnaire as well as doing the swab test, collecting information about [you/your child] and [your/their] current health status.

The results of the swab test will be linked to your questionnaire answers. 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 THANK YOU SCREEN)

Email and mobile of adults registering

ASK ALL AGED 16+

We would like to collect your email address and mobile phone number. We will only 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. Please make sure your details are correct.

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

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

EMAIL1: Please re-enter your email address [CHECK TO ENSURE VALID EMAIL ADDRESS AND BOTH EMAIL ADDRESSES ENTERED MATCH EXACTLY.]

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

MOBILE1: Please re-enter your mobile phone number [10 OR 11 DIGITS PERMITTED AND BOTH PHONE NUMBERS ENTERED MATCH EXACTLY.]

Feedback page

Thank you.

You will be sent a package containing the test in the next few days. The package will contain full instructions.
