

ANTIGEN TEST

Round 1 Follow-up

PHE Covid-19 Testing Study

Individual level questionnaire: suggested questions

Version 7

31 May 2020

JN: 20-034626

INTERNAL AND CLIENT USE ONLY

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Landing page

- The landing page will be the first screen that respondents see on navigating to www.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](#)
 - [Privacy Policy](#)¹
 - [Contact us](#)²
 - [FAQ](#)³

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.

¹ 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).

² This should launch an email to the survey email address (xx@ipsos.com)

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

ASK ALL

INDCONF

This survey is for [FF_Surname] [FF_Surname]. Are you [FF_Surname] [FF_Surname]?

Please select one answer

1. Yes
2. No

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]?

NOTE TO SCRIPTERS:

SAMPLE WILL HAVE AN AGE FLAG

5-11 – PARENT WILL COMPLETE – USE PARENT WORDING IN FOLLOWING (REF MY CHILD)

12-17 – YOUNG PERSON WILL COMPLETE

18+ ADULT

Health

ASK ALL

SymptAny

Have you/Has your child had any of the following symptoms since November 2019.

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

1. Decrease in appetite
2. Nausea and/or vomiting
3. Diarrhoea
4. Abdominal pain/tummy ache
5. Runny nose
6. Sneezing
7. Blocked nose
8. Sore eyes
9. Loss of sense of smell
10. Loss of sense of taste
11. Sore throat
12. Hoarse voice

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

IF SYMPTANY = ANY OF 1-26

SYMPTWHEN

Thinking of the symptoms you have/your child has had since November, in which months did you/they experience any symptoms?

Please select all that apply

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

IF SYMPTANY = ANY OF 1-26

SYMPTNOWA

Have you/ Has your child had any of those symptoms in the last week?

1. Yes
2. No

IF SYMPTNOWA = 1

SYMPTST

How many days ago did the **first** 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 or more days ago
8. Can't remember

IF SYMPTNOWA = 1

SYMPTFN

How many days ago did the **last** symptom finish?

1. I still have 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. Can't remember

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

IF SYMPTNOWA = 1

BREDIFF

In the last week have you/has your child had shortness of breath (difficulty breathing)?

1. No
2. Yes, but it did not affect my normal activities
3. Yes, it did affect my normal activities (e.g. walking short distances)
4. Yes, even when I was sat or lying down

IF SYMPTNOWA = 1

SEEKMED

Did you seek medical attention for the symptoms you/your child had in the last week?

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
7. Other, please specify..... [free text]

ASK ALL

TEMPA

In the last week 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?

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 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 or II)
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

SHIELD

Have you/Has your child been contacted by letter or text message to say you/they are **at severe risk from COVID-19 due to an underlying health condition** and should be shielding?

1. Yes
2. No

ASK ALL

HOSP

Have you, or anyone you live with, been in a hospital **at all** in the last two weeks?

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, someone else in my household has
3. No
4. Don't know

ASK ALL AGED 13+

BEHAVA

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

Please select any that apply

[ROTATE LIST]

1. I cancelled my usual social activities
2. I didn't go to work
3. I didn't attend lectures (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 sanitizer 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 AGED 13+

PEOPA

How many people outside those in your household did you speak to in the last week remotely (e.g. over the phone, social media or via video media)?

WRITE IN

None

IF PEOPA = 1+

PEOPA1

You said you spoke to N people/IF ONE: person remotely. How many of those were in each of the following age groups/IF ONE What age were they?

If you did not speak to someone in any of the age categories please write 0 for that age category

Under 18 ALLOW NUMBER

18-69 ALLOW NUMBER

70+ ALLOW NUMBER

Don't know age ALLOW NUMBER

ASK ALL AGED 13+

PEOPB

How many people outside those in your household did you speak to in the last week face to face with social distancing?

WRITE IN

None

PEOPB1

You said you spoke to N people/IF ONE: person face to face with social distancing. How many of those were in each of the following age groups/ IF ONE What age were they?

If you did not speak to someone in any of the age categories please write 0 for that age category

Under 18 ALLOW NUMBER

18-69 ALLOW NUMBER

70+ ALLOW NUMBER

Don't know age ALLOW NUMBER

ASK ALL AGED 13+

PEOPC

How many people outside those in your household did you speak to in the last week face to face with physical contact (e.g. handshake/hug/kiss, as part of your work etc.)?

WRITE IN

None

PEOPC1

You said you spoke to N people/IF ONE: person with physical contact. How many of those were in each of the following age groups/ IF ONE What age were they?

If you did not speak to someone in any of the age categories please write 0 for that age category

Under 18 ALLOW NUMBER

18-69 ALLOW NUMBER

70+ ALLOW NUMBER

Don't know age ALLOW NUMBER

ASK ALL AGED 12+

F2F1a

Yesterday, how many people did you have a face-to-face, in person conversation with in your home that lasted for more than 2 minutes, including with any people you live with?

NUMBER HERE

None

IF F2F1=1+

F2F1b

Of those people you met, for how many were you stood within 2 metres?

NUMBER HERE

None

[The maximum permitted answer to F2F1b should always be equal or lower to F2F1a].

IF AGE =13-18

F2F2a

Yesterday, how many people did you have a face-to-face, in person conversation with at your school or college that lasted for more than 2 minutes?

NUMBER HERE

I did not go to school/college yesterday

IF F2F2a=1+

F2F2b

Of those people you met, for how many were you stood within 2 metres?

NUMBER HERE

None

[The maximum permitted answer to F2F2b should always be equal or lower to F2F2a.]

IF AGE = 19+

F2F3a

Yesterday, how many people did you have a face-to-face, in person conversation with in your workplace that lasted for more than 2 minutes?

NUMBER HERE

I do not go to a workplace at the moment

IF F2F3a=1+

F2F3b

Of those people you met, for how many were you stood within 2 metres?

NUMBER HERE

None

[The maximum permitted answer to F2F3b should always be equal or lower to F2F3a]

ASK ALL AGED 13+

F2F4a

Yesterday, how many people did you have a face-to-face, in person, conversation with somewhere else that lasted for more than 2 minutes?

NUMBER HERE

None

IF F2F4a=1+

F2F4b

Of those people you met, for how many were you stood within 2 metres?

NUMBER HERE

None

[The maximum permitted answer to F2F4b should always be equal or lower to F2F4a]

Swab test –experience

ASK ALL

SWAATTEMPT

Did you attempt the swab test?

1. Yes
2. No

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

ASK IF SWAATTEMPT = 1

SWACOMP

Did you successfully manage to fully complete the swab test/for your child?

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

ASK IF SWACOMP = 2

SWAWHYN

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 tried to swab my/my child's nose but could not do it
5. I did not want to swab my/my child's throat
6. I tried to swab my/my child's throat by could not do it
7. I damaged the test
8. It was too fiddly for me to manage
9. I did not have some of the equipment I needed
10. I do not want to know the result
11. 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

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 SWACOMP = 1

SWACOUR

Have you booked the courier to send your test to be analysed?

1. Yes, test has been collected already
2. Yes, courier booked to collect but has not yet come
3. No, have not yet booked courier but planning to do this
4. No, not planning to book the courier

IF SWACOUR = 1, 2 or 3 and Lab_ID=5

FRIDG

Did you place the sample in your fridge?

1. Yes
2. No

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

IF EMPL = 1, 2 or 3

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 [Government](#)⁴)?
4. None of these
5. Don't know

ASK ALL

CAREHOME

Do you live in a care home? A care home is accommodation for a group of people who receive nursing or personal care there.

1. Yes
2. No

⁴ <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers>

IF CAREHOME=1

CARETYPE

In the care home, do you receive nursing care?

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

IF CAREHOME=2

PERSCARE

Do you receive nursing or personal care at home? By nursing or personal care we mean care provided by employees of a public body, private company or charity, not care provided by friends or family.

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

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. UK, Britain (don't know country)
 6. Republic of Ireland
 7. India
 8. Pakistan
 9. Poland
 10. Another country (please write in)
 11. Don't know
-

Recontact question

CONTACT

DHSC may wish to fund follow up research among participants of this study. Would you be willing for Ipsos MORI or Imperial College, or a contractor working on their behalf, to invite you/your child 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?

1. Yes
 2. No
-