REACT Children and Young People Study (REACT-CYP): Soft Launch

Contents

LANDING PAGE

This is the REACT Children and Young People study.

Please enter your 8-character access code from your invitation. Please enter the first four digits in the first box and the last four digits in the second box.

(Free text, 8 characters)

Text box for information: If you did not receive an email or letter invitation to take part in the REACT-CYP study, thank you for being so keen to help, but our studies are currently invitation only.

For the Participant Information Sheet click here https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/studies/react-children-and-young-people/.

Frequently Asked Questions click here

To contact Ipsos click here

For more information about Ipsos click here

SECTION 1: PARTICIPANT CONFIRMATION AND CONSENT

Introductory screen

This REACT-Children and Young People (CYP) study is part of an extension study to the REal-time Assessment of Community Transmission (REACT) study being led by Imperial College London. The main aim is to better understand the health and wellbeing experiences of children and young people over the course of the COVID-pandemic. If you would like to read the study's participant information booklet you can access it at www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/studies/react-children-and-young-people/. This explains the purpose of the research, what it will involve and how the data you provide is used among other information about the study.

Before we begin, we would like to inform you that Ipsos is a member of the Market Research Society.

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

	Age group	Textfill	Routing
MAIL_GP3	5-12 years old	"your child's"	IF MAIL_GRP3 AND INDCONF=1 OR (IF MAIL_GRP2 AND INDCONFPARENT=1)
MAIL_GP2	13-17 years old	"your"	IF MAIL_GRP2 AND INDCONF=1

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"]

ASK ALL

INDCONF

[ASK IF Mail_Grp=2]

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

[ASK IF Mail_Grp=3] Are you the parent or guardian of [u_firstname] [u_name]?

Please select one answer

1. Yes

2. No

IF INDCONF = 2 AND Mail_Grp=2

INDCONFPARENT

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 on their behalf. Are you the parent or guardian of [FF_Surname] [FF_Surname]?

1. Yes

2. No

IF INDCONFPARENT=2 OR [INDCONF=2 AND Mail_Grp=3]

CLOSE1

"We thank you for your time spent taking this survey."

TERMINATE

DOB

What is [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] date of birth?

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

1. Prefer not to say

GROUP	GROUP AGE	ALLOW RANGE	ERROR MESSAGE
Mail_Grp=2	13-17	YEAR RANGE 2004 - 2010	"Our records suggest [IF INDCONF = 1: you are/IF INCONFPARENT = 1 your child is] aged between 12 and 17, please check your answer"
Mail_grp=3	5-12	YEAR RANGE – 2009 – 2017	"Our records suggest your child is aged between 5 and 13, please check your answer"

IF DOB =1

AGE

What was [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] age at [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "their"] [IF MAIL_GRP2 AND INDCONF=1 "your"] last birthday?

[OPEN NUMERIC BOX AND APPLY TO AGE GROUPS AS OUTLINED BELOW BUT

ALLOW PAST]

2. Prefer not to say

IF AGED 13-15 AND MAIL_GRP2 AND INDCONF=1

PARCONS

Does your parent or guardian give you permission to take part in this study?

1. Yes

2. No

IF PARCONS =2

CLOSE2

"Thank you for starting the survey!

Please ask your parent or guardian for permission to complete the survey. Once they have

agreed for you to take part, please log back in to the survey."

TERMINATE

IF PARCONS = 1

PARNAME

Please write in the full name of your parent or guardian who has agreed that you can take part in this study:

{text box}

[TO SCRIPTING: IF NUMERIC VALUE IS ENTERED DISPLAY ERROR MESSAGE 'Please

check your answer']

IF MAIL_GRP2 AND INDCONF=1

CONSENT

Q3. You have been invited to join this study because you took part in the REACT study and agreed to be recontacted for future research. If you feel uncomfortable about answering a question, you do not have to answer that question. All the information we collect will be kept private and

confidential. The information gathered during this research will be used for research purposes only. Taking part is voluntary and you can change your mind at any time.

If you consent to take part in the research your name or other identifying information will not be shared outside the research team. Your personal data will never be available to the general public in any circumstances.

Further information is available in the participant information booklet, you can access it at www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/studies/react-children-and-young-people/

Do you agree to take part in this study by completing this questionnaire?

1. Yes, I want to take part in this study
2. No, I do not want to take part.

IF CONSENT =2

CLOSE1

"We thank you for your time spent taking this survey."

TERMINATE

IF AGED 5-12 OR (IF AGED 13-15 (and not completing on their own) and INDCONFPARENT =1):

ASK (IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1)

CONSENTPAR

Your child has been invited to join this study because they took part in the REACT study agreed to be recontacted for future research. If you feel uncomfortable about answering a question, you do not have to answer that question. All the information we collect will be kept private and confidential.

The information gathered during this research will be used for research purposes only. Taking part is voluntary and you can change your mind at any time.

If you consent to take part in the research your child's name or other identifying information will not be shared outside the research team. Your child's personal data will never be available to the general public in any circumstances.

Further information is available in the participant information booklet, you can access it at www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/studies/react-children-and-young-people/

Do you agree for your child to take part in this study by completing this questionnaire on their behalf?

1. Yes, I want my child to take part in this study
2. No, I do not want my child to take part.

Your contact information

ASK IF AGED 13-15

CONTACT

We would like to collect your email address. We will use your email address to update our REACT study records if necessary and to contact you about this study and/or future research.

If you would prefer not to provide your email address, please leave this blank.

> **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.]

SECTION 2: CURRENT HEALTH, SYMPTOMS AND IMPACTS

The following questions will help us understand more about your [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

health and if [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child suffers"] [IF MAIL_GRP2 AND INDCONF=1 "you suffer"] from any health conditions.

ASK ALL

HEALTH

How is [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

health in general? Is it…

1. Very Good
2. Good
3. Fair
4. Bad
5. Very bad
6. Prefer not to say

ASK ALL

SYMPTANY

[ROTATE LIST. KEEP CODES 7 AND 8 TOGETHER AND 10 AND 11 TOGETHER]

In the last two weeks, that is since <DAY/MONTH>, [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "has your child"] [IF MAIL_GRP2 AND INDCONF=1 "have you"] experienced any of the following symptoms:

Please include **any** symptom [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child has"] [IF MAIL_GRP2 AND INDCONF=1 "you have"] experienced over the last two weeks, including those that have resolved or lasted only a few days.

Please select all that apply.

1. Fever
2. Persistent cough
3. Shortness of breath (compare with what's normal [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "for your child"] [IF MAIL_GRP2 AND INDCONF=1 "for you"]
4. Chest pain/tightness
5. Headache
6. Dizziness
7. Mild fatigue (e.g. feeling more tired than normal)
8. Severe fatigue (e.g. inability to get out of bed)
9. Loss of appetite (skipping meals)
10. Joint pain/Aches
11. Muscle pain/Aches
12. Difficulty thinking or concentrating ("brain fog")
13. Fast pulse or irregular heartbeat / heart palpitations
14. None of these – FIXED CODE (EXCLUSIVE)
15. Prefer not to say – FIXED CODE (EXCLUSIVE)

ASK ALL

SYMPTANY2

[ROTATE LIST. KEEP CODES 7 AND 8 TOGETHER, CODES 14, 15 AND 16 TOGETHER]

How about these? [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Has your child"] [IF MAIL_GRP2 AND INDCONF=1 "Have you"] experienced any of the following in the last two weeks, that is since <DAY/MONTH>??

Please include **any** symptom you [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child has"] [IF MAIL_GRP2 AND INDCONF=1 "you have"] experienced over the last two weeks, including those that have resolved or lasted only a few days.

Please select all that apply

1. Leg swelling (including due to thrombosis)
2. Sudden swelling of face or lips
3. Red or purples sores/blisters on your/your child's feet (including toes)
4. Numbness or tingling somewhere in the body
5. Skin issues (itchy, scaly, redness, rash)
6. Itchy eyes
7. Loss or change to sense of taste
8. Loss or change to send of smell
9. Vision issues
10. Ringing in the ears (tinnitus)
11. Hair loss
12. Difficulty sleeping
13. Poor memory
14. Mood swings

15. Anxiety
16. Low mood
17. Other (please write in) *(Free text box max 200 characters)* – FIXED CODE
18. None of these– FIXED CODE (EXCLUSIVE)
19. Prefer not to say – FIXED CODE (EXCLUSIVE)

ASK IF CODES 1 TO 13 SELECTED AT SYMPTANY1 OR CODES 1 TO 17 SELECTED AT SYMPTANY2

SYMPTSTART

MULTICODE

Which symptom(s), if any, started after 1 January 2020?

Please select all that apply.

[DISPLAY LIST OF SYMPTOMS SELECTED AT SYMPTANY1 OR SYMPTANY2 SO THEY CAN BE SELECTED]

ALL SYMPTOMS SELECTED AT SYMPTSTART

   1.   None of these

DATESYMPTSTART

Thinking about <each symptom selected at SYMPTSTART>, when did this symptom start?

If this is something [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child experiences"] [IF MAIL_GRP2 AND INDCONF=1 "you experience"] occasionally, please tell us when you {your child} first started to experience this symptom. If you can't remember exactly when, please enter your best guess.

      MONTH/YEAR

   1.   Don't know

ALL SYMPTOMS SELECTED AT SYMPTANY or SYMPTANY2. DISPLAY EACH SYSTEM AT A TIME.

CURRENTSYMPT

Thinking about <symptom selected at SYMPTANY1 or SYMPTANY2 >, [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "is your child"] [IF MAIL_GRP2 AND INDCONF=1 "are you"] currently experiencing this symptom?

If this is something [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child experiences"] [IF MAIL_GRP2 AND INDCONF=1 "you experience"]occasionally, please answer "yes".

   1.   Yes
   2.   No – This symptom has finished

ASK IF CURRENTSYMPT = 1

FREQSYMPT

Still thinking about <symptom selected at SYMPTANY1 or SYMPTANY2 >,

How often in the last two weeks, that is since <DATE/MONTH> [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "has your child"] [IF MAIL_GRP2 AND INDCONF=1 "have you"] experienced this symptom?

> 1. Every day in the last two weeks
>
> 2. Most days in the last two weeks
>
> 3. Only once in the last two weeks
>
> 4. Occasionally in the last two weeks
>
> 5. Don't know

ASK FOR EACH SYMPTOM CURRENTSYMPT = 2

SYMPTFINISH

When did this symptom finish?

EACH SYMPTOM SELECTED AT SYMPTANY1 or SYMPTANY2. DISPLAY EACH SYSTEM AT A TIME.

[PLEASE RESTRICT END DATE FOR THE SYMPTOM SO IT CAN'T BE BEFORE THE START DATE ENTERED FOR THAT SYMPTOM AT QUESTION DATESYMPTSTART]

MONTH/YEAR

1. Don't know
2. Prefer not to say

ASK IF CODES 1 TO 13 SELECTED AT SYMPTANY1 OR CODES 1 TO 17 SELECTED AT SYMPTANY2

LONGCOVIDABILITY

How much, if at all, did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] symptoms reduce [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "their"] [IF MAIL_GRP2 AND INDCONF=1 "your"] ability to carry out day-to-day activities?

1. A lot
2. A little
3. Not at all
4. Don't know
5. Prefer not to say

ASK IF CODES 1 TO 13 SELECTED AT SYMPTANY1 OR CODES 1 TO 17 SELECTED AT SYMPTANY2

LONGCOVIDMED

In the last two weeks have [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "has your child"] [IF MAIL_GRP2 AND INDCONF=1 "have you"] accessed any medical help for your [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) {their} symptoms 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)
7. Hospital appointment or consultation (outpatient)
8. Hospital admission
9. Hospital admission: intensive care unit
10. Long COVID clinic
11. Other, please write in ………. [free text]
12. No, did not seek medical attention

HEALTH IMPACTS

EQ-5D-Y – Health Questionnaire

ASK ALL

For the questions on the next pages, please select the ONE box that (IF MAIL_GRP2 AND INDCONFPARENT=1) "you think"] best describes [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

health TODAY

MOBILITY

MOBILITY *(walking about)*

1. I have/My child has <u>no</u> problems walking about
2. I have/My child has <u>some</u> problems walking about
3. I have/My child has <u>a lot</u> of problems walking about

SELFCARE

LOOKING AFTER IF MAIL_GRP2 AND INDCONF=1) MYSELF/[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1)THEMSELVES

1. I have/My child has <u>no</u> problems washing or dressing myself/ themselves
2. I have/My child has <u>some</u> problems washing or dressing myself/ themselves
3. I have/My child has <u>a lot</u> of problems washing or dressing myself/ themselves

ACTIVITIES

DOING USUAL ACTIVITIES *(for example, going to school, hobbies, sports, playing, doing things with family or friends)*

1. I have/My child has <u>no</u> problems doing my/their usual activities
2. I have/My child has <u>some</u> problems doing my/their usual activities
3. I have/My child has <u>a lot</u> of problems doing my/their usual activities

PAINDISC

HAVING PAIN OR DISCOMFORT

1. I have/My child has <u>no</u> pain or discomfort
2. I have/My child has <u>some</u> pain or discomfort
3. I have/My child has <u>a lot of</u> pain or discomfort

ANXIETYDEP

FEELING WORRIED, SAD OR UNHAPPY

1. I am/My child is <u>not</u> worried, sad or unhappy
2. I am/My child is <u>a bit</u> worried, sad or unhappy
3. I am/My child is <u>very</u> worried, sad or unhappy

HEALTHSCORE

We would like to know how good or bad [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] health is TODAY.

You will see a scale numbered from 0 to 100.

100 means the <u>best</u> health you can imagine.

0 means the <u>worst</u> health you can imagine.

Please indicate on the scale how [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] health is TODAY
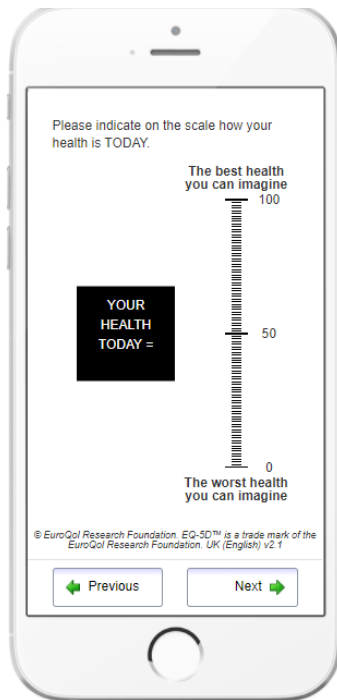
SECTION 3: COVID-19 VACCINATION STATUS AND HISTORY OF INFECTION

VACCINATION STATUS

ASK ALL

VACCINE3

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Has your child"] [IF MAIL_GRP2 AND INDCONF=1 "Have you"]

ever had a coronavirus vaccine?

1. Yes

2. No

3. Don't know

IF VACCINE3 = 1

VACCDOSE

Most of the vaccines require more than one dose which are given as separate injections some time apart.

How many doses (injections) have [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "has your child"] [IF MAIL_GRP2 AND INDCONF=1 "have you"] had so far?

1. One

2. Two

3. Three

4.More than three

IF VACCINE3 = 1

VACCINELAST

When did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] have [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "the"] [IF MAIL_GRP2 AND INDCONF=1 "your"] most recent dose (injection)?

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

[DO NOT ALLOW DATE BEFORE APRIL 2020]

1. MONTH/YEAR

2. Prefer not to answer

COVID HISTORY
ASK ALL
HADCOVID

Do you think that [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child has or has had"] [IF MAIL_GRP2 AND INDCONF=1 "you have or have had"] COVID-19?

1. Yes
2. No
3. Not sure
4. Prefer not to say

IF HADCOVID = 1

 HADCOVIDTIMES

Do you think you [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child has had"] [IF MAIL_GRP2 AND INDCONF=1 "you have had"] COVID-19 more than once?

1. Yes
2. Not sure
3. No
4. Prefer not to say

First COVID-19 infection

IF **HADCOVID = 1**

 COVIDNUM

How many times do you think [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child has"] [IF MAIL_GRP2 AND INDCONF=1 "you have"] had COVID-19?

[NUMBER]

COVIDA

Thinking about the first time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19, was it.....

1. Confirmed by a positive test (swab/PCR/antigen test/lateral flow test) (A swab/PCR/antigen test/lateral flow test is done by a nasal or throat swab and tests for current COVID-19 infection)
2. Suspected by a doctor but not tested
3. My own suspicions

IF COVIDA = 1

COVIDB1

When did you/your child take the first test (swab/PCR/antigen test/lateral flow test) which came back positive for the first time you/your child had COVID-19? If you have/your child has taken different types of tests, please tell us the date of the first test you/your child took.

Please try to be as accurate as possible.

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

MONTH/YEAR

IF COVIDA = 1, 2 OR 3

COVIDC1

How severe was the illness when you {IF COVIDA=1 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"]; IF COVIDA=2 or 3 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "thought your child had"] [IF MAIL_GRP2 AND INDCONF=1 "thought you had"]

COVID-19 the first time?

1. No symptoms

2. Mild symptoms – didn't affect [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

3. Moderate symptoms – some effect on [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

4. Severe symptoms – significant effect on [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

IF COVIDC1 = 2, 3 or 4

COVIDD1

What kind of medical attention, if any, did you access for [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

illness when {IF COVIDA=1 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"]

had; IF COVIDA=2 or 3 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "you thought your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you thought you had"] COVID-19 the first time?

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. Hospital admission
8. Hospital admission: intensive care unit
9. Other, please write in ………. [free text
10. None

IF COVIDC1 = 2, 3 or 4

COVIDSTA1

When did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] first symptoms start when you had/they had COVID-19 the first time (as best as you can remember)?

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

DAY/MONTH/YEAR

IF COVIDC1 = 2, 3 or 4

COVIDEND1

When did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] symptoms finish when you [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"] COVID-19 the first time (as best as you can remember)?

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

DAY/MONTH/YEAR

       1. Symptoms are ongoing

IF COVIDC = 2, 3 or 4

COVIDSYM1

Which of the following symptoms were part of [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

COVID-19 illness the first time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19?

Please select all the symptoms, whether or not [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] saw a doctor.

Please select all that apply.

ROTATE LIST, KEEP 9 AND 10 TOGETHER

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 or change to sense of smell
10. Loss or change to sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
15. None of these – FIXED CODE (EXCLUSIVE)
16. Prefer not to say – FIXED CODE (EXCLUSIVE)

COVIDSYM2

Which of the following symptoms were part of [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] COVID-19 illness the first time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "they"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19?

Please select all the symptoms you /they had, whether or not [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] saw a doctor.

KEEP 5 AND 6 TOGETHER, KEEP 8 AND 9 TOGETHER

Please select all that apply.

1. Shortness of breath affecting normal activities
2. New persistent cough

3. Tightness in chest
4. Chest pain
5. Fever (feeling too hot)
6. Chills (feeling too cold)
7. Difficulty sleeping
8. Felt more tired than normal
9. Severe fatigue (e.g. inability to get out of bed)
10. Numbness or tingling somewhere in the body
11. Feeling of heaviness in arms or legs
12. Achy muscles
13. Raised, red, itchy areas on the skin
14. Sudden swelling of the face or lips
15. Red/purple sores or blisters on your feet (including toes)
16. Leg swelling (Thrombosis)
17. Other symptom (please write in)
18. None of these – FIXED CODE (EXCLUSIVE)
19. Prefer not to say – FIXED CODE (EXCLUSIVE)

Most recent COVID-19 infection

IF HADCOVID = 1 AND HADCOVIDTIMES = 1: "THE MOST RECENT TIME"

COVIDA2

Thinking about the most recent time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19, was it.....

1. Confirmed by a positive test (swab/PCR/antigen test/lateral flow test) (A swab/PCR/antigen test/lateral flow test is done by a nasal or throat swab and tests for current COVID-19 infection)
2. Suspected by a doctor but not tested
3. My own suspicions

IF COVIDA2 = 1

COVIDB2

When did you/your child take the first test (swab/PCR/antigen test/lateral flow test) which came back positive for the most recent time you/your child had COVID-19?

If you have/your child has taken different types of tests, please tell us the date of the first test you/your child took for the most recent COVID-19 episode.

Please try to be as accurate as possible.

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

MONTH/YEAR

IF COVIDA2 = 1, 2 OR 3

COVIDC2

How severe was the illness when you {IF COVIDA=1 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"];

IF COVIDA=2 or 3 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "thought your child had"] [IF MAIL_GRP2 AND INDCONF=1 "thought you had"]

COVID-19 the most recent time?

1. No symptoms

2. Mild symptoms – didn't affect [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

3. Moderate symptoms – some effect on [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

4. Severe symptoms – significant effect on [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "my child's"] [IF MAIL_GRP2 AND INDCONF=1 "my"] daily life

IF COVIDC2 = 2, 3 or 4

COVIDD2

What kind of medical attention, if any, did you access for [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

illness when {IF COVIDA=1 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"]

had; IF COVIDA=2 or 3 [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "you thought your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you thought you had"] COVID-19 the most recent time?

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. Hospital admission
8. Hospital admission: intensive care unit
9. Other, please write in ………. [free text
10. None

IF COVIDC2 = 2, 3 or 4

COVIDSTA2

When did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] first symptoms start when you had/they had COVID-19 the most recent time (as best as you can remember)?

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

DAY/MONTH/YEAR

IF COVIDC2 = 2, 3 or 4

COVIDEND2

When did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] symptoms finish when you [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child had"] [IF MAIL_GRP2 AND INDCONF=1 "you had"] COVID-19 the most recent time (as best as you can remember)?

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

DAY/MONTH/YEAR

1. Symptoms are ongoing

IF COVIDC2 = 2, 3 or 4

COVIDSYM3

Which of the following symptoms were part of [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]

COVID-19 illness the most recent time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19?

Please select all the symptoms, whether or not [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] saw a doctor.

Please select all that apply.

ROTATE LIST, KEEP 9 AND 10 TOGETHER AND 17 AND 18 FIXED TO THE BOTTOM

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 or change to sense of smell
10. Loss or change to sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
17. None of these – FIXED CODE (EXCLUSIVE)
18. Prefer not to say – FIXED CODE (EXCLUSIVE)

COVIDSYM4

Which of the following symptoms were part of [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] COVID-19 illness the most recent time [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "they"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19?

Please select all the symptoms you /they had, whether or not [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] saw a doctor.

KEEP 5 AND 6 TOGETHER, KEEP 8 AND 9 TOGETHER

Please select all that apply.

1. Shortness of breath affecting normal activities
2. New persistent cough
3. Tightness in chest
4. Chest pain
5. Fever (feeling too hot)
6. Chills (feeling too cold)
7. Difficulty sleeping
8. Felt more tired than normal
9. Severe fatigue (e.g. inability to get out of bed)
10. Numbness or tingling somewhere in the body
11. Feeling of heaviness in arms or legs
12. Achy muscles
13. Raised, red, itchy areas on the skin
14. Sudden swelling of the face or lips
15. Red/purple sores or blisters on your feet (including toes)
16. Leg swelling (Thrombosis)
17. Other symptom (please write in)
18. None of these – FIXED CODE (EXCLUSIVE)19. Prefer not to say – FIXED CODE (EXCLUSIVE

IF HADCOVID = 1 AND IF COVIDC = 2, 3 OR 4

LONGCOVID1

Some people who have COVID-19 have symptoms that last for more than 12 weeks.

When you [[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] had COVID-19, did [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "their"] [IF MAIL_GRP2 AND INDCONF=1 "your"] symptoms last for more than 12 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 12 weeks or less

4. No, never had any symptoms

5. Don't know – still have symptoms but not yet for 12 weeks

IF LONGCOVID1=1, 2

PERSISTSYM1

Please indicate which persistent symptoms (lasting more than 12 weeks), if any, you think may be linked to [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] having had COVID-19?

Please select all that apply.

1. Fever
2. Persistent cough
3. Shortness of breath (compare with what's normal for you)
4. Chest pain/tightness
5. Headache
6. Dizziness
7. Mild fatigue (e.g. feeling more tired than normal)
8. Severe fatigue (e.g. inability to get out of bed)
9. Loss of appetite (skipping meals)
10. Joint pain/Aches
11. Muscle pain/Aches
12. Difficulty thinking or concentrating ("brain fog")
13. Fast pulse or irregular heartbeat / heart palpitations
14. None of these– FIXED CODE (EXCLUSIVE)
15. Prefer not to say– FIXED CODE (EXCLUSIVE)

PERSISTSYM2

How about these? Please select all that apply.

1. Leg swelling (including due to thrombosis)
2. Sudden swelling of face or lips
3. Red or purples sores/blisters on your feet (including toes)
4. Numbness or tingling somewhere in the body
5. Skin issues (itchy, scaly, redness, rash)
6. Itchy eyes
7. Loss or change to sense of taste
8. Loss or change to send of smell
9. Vision issues
10. Ringing in the ears (tinnitus)
11. Hair loss
12. Difficulty sleeping
13. Poor memory
14. Mood swings
15. Anxiety
16. Low mood
17. Other (please write in) *(Free text box max 200 characters)* – FIXED CODE
18. None of these – FIXED CODE (EXCLUSIVE)
19. Prefer not to say – FIXED CODE (EXCLUSIVE)

For all answers selected at **PERSISTSYM1** [CODES 1-13] and **PERSISTSYM2** [CODES 1-17]. ASK FOR EACH SYMPTOM SEPARATELY.

LONGCOVIDB2

Thinking about [**PERSISTSYM1**, **PERSISTSYM2**], how long did this symptom last for approximately? If [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child still has"] [IF MAIL_GRP2 AND INDCONF=1 "you still have"] this symptom, how long has it lasted for? If you are unsure, please give an estimate.

1. 12 weeks up to six months
2. Six months up to 12 months
3. 12 months up to 24 months
4. More than 24 months
5. Cannot give an estimate
6. Prefer not to say

PERSISTDIAG1

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Was your child"] [IF MAIL_GRP2 AND INDCONF=1 "Were you"] diagnosed by a healthcare professional with a new health condition, illness or disability lasting more than 12 weeks that the doctor thought was linked to [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] having had COVID-19?

Please also think about and include the ones that have now resolved.

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

IF PERSISTDIAG =1

HEALTHCOND

Please indicate what new health condition, illness or disability lasting for more than 12 weeks the doctor has linked to [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"] having had COVID-19.

Please select all that apply.

1. Post-viral fatigue
2. Long Covid
3. A blood clot (e.g. in the leg, lung, heart or brain)
4. A heart condition
5. A lung condition
6. A condition affecting the brain
7. A condition affecting the nervous system outside the brain (e.g. Guillain Barre)
8. A condition affecting the kidneys

9. Thyroid disease
10. A mental health condition
11. A condition that causes joint and/or muscle pain
12. An autoimmune condition
13. Gastrointestinal condition
14. Skin conditions
15. Reproductive condition
16. ENT (Ear nose and throat) conditions
17. Eye or vision conditions
18. Other – please write in [Free text] – FIXED CODE
19. None of these
20. Prefer not to say

For all answers selected at **HEALTHCOND** [CODES 1-18] ASK FOR EACH Health Condition SEPARATELY.

HEALTHCOND2

Thinking about [**HEALTHCOND**], how long did this health condition, illness or disability last for approximately? If [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child still has"] [IF MAIL_GRP2 AND INDCONF=1 "you still have"]this health condition, illness or disability, how long has it lasted for? If you are unsure, please give an estimate.

1.12 weeks up to six months

2.Six months up to 12 months

3.12 months up to 24 months

4.More than 24 months

5. Cannot give an estimate

6. Prefer not to say

SECTION 4: MEDICAL HISTORY

ASK ALL

WEIGHT

What is [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] current weight? If you are unsure, please give an estimate.

KILOGRAMS (NUMBER RANGE 20 to 250)

2. Cannot give estimate

3. Prefer not to say

ASK ALL

WGTCHK [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Your child's"] [IF MAIL_GRP2 AND INDCONF=1 "Your"] weight is [^insert kgs^], is that correct?

1. Yes

2. No - you will be taken back to change your answer (RETURN TO WEIGHT)

ASK ALL

HEIGHT

How tall [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "is your child"] [IF MAIL_GRP2 AND INDCONF=1 "are you"] 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.

CENTIMETERS (NUMBER RANGE 0 to 240)

[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>.

1. Cannot give estimate
2. Prefer not to say

ASK ALL

HGTCHK

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Your child's"] [IF MAIL_GRP2 AND INDCONF=1 "Your"]

height is [^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

CONDHIST1

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Does your child"] [IF MAIL_GRP2 AND INDCONF=1 "Do you"] have any of the following (or do any of the following apply

to [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"]?

Please select all that apply.

(ROTATE LIST)

1. Organ transplant recipient
2. Diabetes (type I or II)
3. Heart disease or heart problems such as heart failure
4. Hypertension (high blood pressure)
5. Stroke
6. Kidney failure (kidneys do not work well)
7. Liver disease
8. Anaemia
9. Allergy (eczema, hay fever, rhinitis)
10. None of these– FIXED CODE (EXCLUSIVE)
11. Prefer not to say– FIXED CODE (EXCLUSIVE)

ASK ALL

CONDHIST2

How about these? [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Does your child"] [IF MAIL_GRP2 AND INDCONF=1 "Do you"] have any of the following (or do any of the following apply to [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child"] [IF MAIL_GRP2 AND INDCONF=1 "you"]?

 Please select all that apply (ROTATE LIST – keep 1 and 2 together / 5 and 6 together)

1. Asthma
2. Other condition affecting lungs (such as chronic obstructive lung disease (COPD), bronchitis or emphysema)
3. Cancer
4. Fibromyalgia
5. Epilepsy
6. Other condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis, Myasthenia Gravis)
7. Osteoarthritis
8. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
9. Hepatitis, tuberculosis or other chronic infection.
10. None of these– FIXED CODE (EXCLUSIVE)
11. Prefer not to say– FIXED CODE (EXCLUSIVE)

ASK ALL

CONDHIST3

How about these? [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Does your child"] [IF MAIL_GRP2 AND INDCONF=1 "Do you"] have any of the following?

 Please select all that apply (ROTATE LIST – keep 2,7,8 together)

1. Dementia
2. Anxiety
7. Depression
8. Any other psychiatric condition e.g. bipolar disorder, schizophrenia, anorexia or bulimia
3. Rheumatoid arthritis
4. Hypothyroidism (underactive thyroid gland)
5. Hyperthyroidism (overactive thyroid gland)
6. Addison's or Cushing's disease (poor functioning of the adrenal glands)
9. Sleep apnoea/ narcolepsy
10. Any other serious illness
 Please write in: [free text] -_[FIXED CODE]
11. None of these– FIXED CODE (EXCLUSIVE)
12. Prefer not to say– FIXED CODE (EXCLUSIVE)

ASK IF CODE 1 TO 9 AT CONDHIST1 OR CODE 1 TO 9 AT ONDHIST2OR CODE 1 TO 10 AT CONDHIST3

CONDHISTSTART

[IF CONDHIST1 = 2 TO 9, OR CONDHIST2 = 1 TO 9, OR CONDHIST3 = 1 TO 11 Approximately when did each condition start? If [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] condition started before January 2020 please select "before January 2020".]

[LOOP EACH CONDITION SELECTED AT CONDHIST1 = 2 TO 9, OR CONDHIST2 = 1 TO 9, OR CONDHIST3 = 1 TO 11]

[IF CONDHIST1 =1 What is the date of the organ transplant? If [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"]transplant date was before January 2020 please select "before January 2020".]

[DO NOT ALLOW DATE BEFORE JANUARY 2020]

1. MONTH/YEAR

2. Before January 2020 (i.e. before the start of the COVID-19 pandemic

3. Prefer not to answer

SECTION 5: SHORT GENERAL HEALTH QUESTIONNAIRE (GHQ 12)

ASK IF AGE 13+ ONLY AND INDCONF=1

CONCENTRATE

Have you recently?
Been able to concentrate on what you're doing?
1. Better than usual
2. Same as usual
3. Less than usual
4. Much less than usual

LOSTSLEEP

Lost much sleep over worry?
1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

USEFULPART

Felt you were playing a useful part in things?
1. More so than usual
2. Same as usual
3. Less useful than usual
4. Much less useful

MAKEDECIS

Felt capable of making decisions about things?
1. More so than usual
2. Same as usual
3. Less so than usual
4. Much less capable

STRAIN

Felt constantly under strain?
1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

OVERCOMEDIFF

Felt you couldn't overcome your difficulties?
1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

ENJOYACTIV

Been able to enjoy your normal day-to-day activities?
1. More so than usual
2. Same as usual
3. Less so than usual
4. Much less than usual

FACEPROB

Been able to face up to your problems?
1. More so than usual
2. Same as usual
3. Less so than usual
4. Much less able

UNHAPDEP

Been feeling unhappy and depressed?

1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

SELFCONF

Been losing confidence in yourself?

1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

WORTHLESS

Been thinking of yourself as a worthless person?

1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual

REASONABHAPP

Been feeling reasonably happy, all things considered

1. More so than usual
2. About same as usual
3. Less so than usual
4. Much less than usual

If you have been affected by any of the mental health issues raised in this survey, the following NHS webpage may be able to provide help and advice: https://www.nhs.uk/mental-health/

SECTION 7: SMOKING

ASK age 16+ ONLY

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

SMOKECIGDATE

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

[Do not allow date before participants age]

MONTH/YEAR

1.   Prefer not to say

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] 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

VAPNOW

Do you vape/use e-cigarettes at all nowadays?

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

IF VAPNOW =1
VAPFIVEYEAR

How long have you been vaping / using e-cigarettes 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 but less than 20 years
7. 20 years or more
8. Prefer not to say

VAPNOW=1

VAPNUM
About how many times [IF VAPNOW=1 do you vape / use e-cigarettes] 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

SECTION 8: RECONTACT QUESTION

LINKAGEEDU

Imperial College would like your permission to link information from [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] education records held by the English Department for Education, and other relevant public bodies holding these data to this survey data to follow your educational attainment for up to 10 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

3. I no longer live in England

ASK ONLY if turned age 16+ since REACT-1 (AND INDONF=1)

LINKAGEEXP

Imperial College would like your permission to link information held by NHS Digital and other

UK NHS bodies about you [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child" to this survey data to follow your [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "their" health status for up to 20 years.

If you agree to be recontacted for a follow up survey, Imperial College may also obtain your contact details from the NHS so they can contact you. 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

ASK ALL

RECONTACT2

Imperial College London may wish to carry out some interviews to better understand the experiences, support and treatment of children and young people with persistent symptoms of COVID-19.

You do not have to say now whether you would actually take part in the interview, just whether you would be happy to be contacted about it.

Please select one answer

1. Yes

2. No

ASK ALL

COGNITIVECONTACT

Thank you for taking part in this important survey about the impact of the COVID-19 pandemic on the health and wellbeing of children and young people.

Research has suggested that long COVID can be linked to cognitive problems such as brain fog. The next stage of this study involves some brief online "brain games" to help us understand if long COVID is linked to issues with cognition and memory.

[(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "Your child does"] [IF MAIL_GRP2 AND INDCONF=1 "You do"] not need to have had COVID-19 or experienced symptoms or ill-health related to COVID-19 to take part.

Participation from a range of people who have had and have not had COVID-19 is extremely important to understand what impact COVID-19 has had on children and young people.

This will take about 15 minutes to complete, and you will then have the option of seeing a summary report of [(IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1) "your child's"] [IF MAIL_GRP2 AND INDCONF=1 "your"] scores relative to all other people who have done them.

IF AGED 5-12 OR IF AGED 13-15 (and not completing on their own)

[IF MAIL_GRP3 AND INDCONF=1) OR (IF MAIL_GRP2 AND INDCONFPARENT=1)]

We advise that you are present with your child when they are playing the games, to ensure that they understand what they need to do. This is particularly likely to be necessary for younger children and those that cannot read confidently. However, please limit assistance to understanding the instructions and helping them interact with the computer, rather than helping with the answers or choices, as these must be your child's alone.

IF AGED 13-15 AND MAIL_GRP2:

[IF MAIL_GRP2 AND INDCONF=1]

You may want your parent or guardian with you when you are playing the games, to ensure that you understand what you need to do. This may be helpful if you cannot read confidently. They can help you understand how to play the games but we would like the answers to be only yours.

IF AGED 5-12 OR (IF AGED 13-15 AND INDOCONFPARENT=1)

COGCONSENTPAR

Would you be willing for your child to take part in the online brain games?

1. Yes – They will take part
2. No - They will not take part

IF AGED 16-17 OR (AGED 13-15 AND INDCONF=1)

COGCONSENT

Would you be willing to take part in the online brain games?

1. Yes – I will take part
2. No – I will not take part

Submit button appears here.

End Screen

(COGCONSENTPAR =1: OR **COGCONSENT =1)**

Please click here to complete the cognitive tests [IF AGE_NOW = 5 TO 9 "https://reactcyp1.e.cognitron.co.uk", IF AGE_NOW = 10 TO 13 "https://reactcyp2.e.cognitron.co.uk", IF AGE_NOW = 14 TO 17 "https://reactcyp3.e.cognitron.co.uk"] **and enter your 8 character access code <xxxx-xxxx>.**
If you have difficulty accessing the site, please contact support@cognitron.co.uk.

IF COGCONSENTPAR =2 OR COGCONSENT =2.

Thank you very much for taking part in this important study. The study will help us further our understanding of the health and wellbeing experiences of children and young people over the course of the COVID-19 pandemic.

The results of the study will be available on the Imperial College London dedicated REACT webpage in due course: https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/real-time-assessment-of-community-transmission-findings/.

To find out more about the REACT research programme and the latest results please visit https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/.

You can exit the questionnaire by closing your internet browser.