

STRICTLY CONFIDENTIAL

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NTAG1

MRC National Survey of Health and Development

COVID-19 Survey

Version:30/06/2020

The questionnaire covers the impact of the coronavirus outbreak on your work, your health, your family, and your social life and your work. The answers you give will help researchers understand the impact of the outbreak on people's lives. We will ask you to do this at regular intervals throughout the outbreak to see how things change for you.

The survey should take about 30 minutes to complete. As always, answering these questions is voluntary and you can skip over any questions that you cannot or would prefer not to answer. The 'Privacy and data protection' FAQs on the study website provide details about how we protect the information you provide and how it will be used for research.

If you have any problems, queries or concerns, you can contact us using at mrciha.enquiries@ucl.ac.uk or please telephone 0800 952 0249 or 020 7670 5700.

Please enter the date you completed the questionnaire:

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month 2020
CW1_COVDTDAY			CW1_COVDTMNTH		

Please enter a cross if the questionnaire was completed by proxy on behalf of the study member

<input type="checkbox"/>
CW1_COVPRXY

What is the relationship of proxy to study member:

CW1_COVPRXYDTL

The first few questions will ask about your health.

1. Have you experienced any of the following symptoms in the past 2 weeks?

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Fever (1) | <input type="checkbox"/> Fatigue (11) |
| <input type="checkbox"/> Cough - dry (2) | <input type="checkbox"/> Unusual loose motions or diarrhoea (12) |
| <input type="checkbox"/> Cough - mucus or phlegm (3) | <input type="checkbox"/> Vomiting (16) |
| <input type="checkbox"/> Sore throat (4) | <input type="checkbox"/> Loss of smell (13) |
| <input type="checkbox"/> Chest tightness (5) | <input type="checkbox"/> Loss of taste (14) |
| <input type="checkbox"/> Shortness of breath (6) | <input type="checkbox"/> Skin rash (17) |
| <input type="checkbox"/> Runny nose (7) | <input type="checkbox"/> Headaches (19) |
| <input type="checkbox"/> Nasal congestion (8) | <input type="checkbox"/> Other, please specify (20) |
| <input type="checkbox"/> Sneezing (18) | <input type="checkbox"/> No - none of these (23) |
| <input type="checkbox"/> Muscle or body aches (10) | |

2. Do you think that you have or have had Coronavirus?

- Yes, confirmed by a positive test (1)
- Yes, based on strong personal suspicion or medical advice (2)
- Unsure (3)
- No (4) → go to question **Error! Reference source not found.**

3. Have you sought medical advice in relation to any symptoms you have had, which you think may be caused by Coronavirus? Please tick all that apply.

CW1_COVIDADV_1

Yes - discussed symptoms with doctor/practice nurse (1)

CW1_COVIDADV_2

Yes - discussed symptoms with NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (2)

CW1_COVIDADV_3

Yes – accessed online advice at NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (3)

CW1_COVIDADV_4

Yes - visited pharmacist (4)

CW1_COVIDADV_5

Yes - visited A&E or walk in centre (5)

CW1_COVIDADV_6

No (6)

4. Have you been in hospital because of Coronavirus symptoms?

Yes (1)

CW1_COVID_HOSPAD

No (2)

5. Have you been tested for Coronavirus?

Yes (1)

CW1_COVIDTEST

No (2)→ go to question **Error! Reference source not found.**

6. What was the result of your coronavirus test? If you had more than one test please report the findings of the latest test.

Positive - it showed I had coronavirus (1)

Negative - it showed I did not have coronavirus (2)

Inconclusive (3)

CW1_COVIDRESULT

Waiting for results (4)

7. In general, would you say your health is...

- Excellent (1) CW1_GHQ
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

8. In general, in the 3 months before the Coronavirus outbreak would you say your health was...

- Excellent (1) CW1_GHQPRECOVID
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

9. Do you have any of the following?
Please tick all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Cancer (1) CW1_LLI_1 | <input type="checkbox"/> Heart disease, congenital or acquired (10) CW1_LLI_10 |
| <input type="checkbox"/> Cystic fibrosis (2) CW1_LLI_2 | <input type="checkbox"/> Depression or other emotional nervous or psychiatric problem (11) CW1_LLI_11 |
| <input type="checkbox"/> Asthma (3) CW1_LLI_3 | <input type="checkbox"/> Obesity (12) CW1_LLI_12 |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (4) CW1_LLI_4 | <input type="checkbox"/> Chronic obstructive airways disease (13) CW1_LLI_13 |
| <input type="checkbox"/> Wheezy bronchitis (5) CW1_LLI_5 | <input type="checkbox"/> Infection (14) CW1_LLI_14 |
| <input type="checkbox"/> Diabetes (6) CW1_LLI_6 | <input type="checkbox"/> HIV / Immunodeficiency (15) CW1_LLI_15 |
| <input type="checkbox"/> Recurrent backache, prolapsed disc, sciatica or other back problem (7) CW1_LLI_7 | <input type="checkbox"/> Condition affecting the brain and nerves (e.g. Parkinson's, Multiple Sclerosis) (16) CW1_LLI_16 |
| <input type="checkbox"/> Problems with hearing (8) CW1_LLI_8 | <input type="checkbox"/> None of the above (17) CW1_LLI_17 |
| <input type="checkbox"/> High blood pressure (9) CW1_LLI_9 | |

10. As a result of the COVID-19 pandemic, have you experienced any of the following?

Please select all that apply

- | | | |
|----------------|--------------------------|--|
| CW1_SURGCAN_10 | <input type="checkbox"/> | Routine out-patient appointment cancelled or deferred (10) |
| CW1_SURGCAN_11 | <input type="checkbox"/> | Surgery cancelled or deferred (11) |
| CW1_SURGCAN_12 | <input type="checkbox"/> | Cancer treatment cancelled or deferred (12) |
| CW1_SURGCAN_13 | <input type="checkbox"/> | Investigations for health problem cancelled or deferred (13) |
| CW1_SURGCAN_14 | <input type="checkbox"/> | Difficulty getting prescription medicine (14) |
| CW1_SURGCAN_15 | <input type="checkbox"/> | None of the above (15) |

11. Do you currently take any of these medications/supplements?

Please select all that apply

- | | | |
|------------|--------------------------|---|
| CW1_MEDS_1 | <input type="checkbox"/> | ACE-inhibitor (e.g. Ramipril, Lisinopril) (1) |
| CW1_MEDS_2 | <input type="checkbox"/> | Sartan (e.g. Losartan, Valsartan, Candesartan) (2) |
| CW1_MEDS_3 | <input type="checkbox"/> | Entresto (sucubitril/valsartan) (3) |
| CW1_MEDS_4 | <input type="checkbox"/> | Ibuprofen / Neurofen, any other type of non-steriodal anti-inflammatory (4) |
| CW1_MEDS_5 | <input type="checkbox"/> | Vitamin D (5) |
| CW1_MEDS_6 | <input type="checkbox"/> | None (6) |

12. Have you received a letter or text message from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch Coronavirus, because you have an underlying disease or health condition?

- | | | |
|------------|--------------------------|---------|
| CW1_SHIELD | <input type="checkbox"/> | Yes (1) |
| | <input type="checkbox"/> | No (2) |

The next question is about the extent to which you are complying with the social distancing guidelines issued by the Government.

13. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you are complying with the guidelines?

Please tick one option.

CW1_COMPLIANC

Not complying at all

Complying fully

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about who you are currently living with.

14. How many people do you currently live with? Please include yourself.

<input type="text"/>	<input type="text"/>	CW1_HHNUM
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If you live alone, go to question 17.

15. If you live with other people, who do you currently live with?
Please tick all that apply.

CW1_HHNUMWH_1

Husband/Wife/Cohabiting Partner ⁽¹⁾→ go to question 17

CW1_HHNUMWH_2

Children (including step-children, adopted children, foster children or any other children you consider yourself parent to)
⁽²⁾

CW1_HHNUMWH_3

Parent or Parent-in-law (including step-parent or adoptive parent) ⁽³⁾→ go to question 17

CW1_HHNUMWH_5

Grandchild ⁽⁵⁾→ go to question 17

CW1_HHNUMWH_6

Sibling ⁽⁶⁾→ go to question 17

CW1_HHNUMWH_7

Other relative ⁽⁷⁾→ go to question 17

CW1_HHNUMWH_8

Friend / unrelated sharer ⁽⁸⁾→ go to question 17

CW1_HHNUMWH_9

Other ⁽⁹⁾→ go to question 17

16a. How many of your children do you currently live with?

CW1_NUMCHIL		
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16b. Please give the age of each child you live with.

		Age		Age	
CW1_CHILAGE_1_1	Child 1				
CW1_CHILAGE_2_1	Child 2				
CW1_CHILAGE_3_1	Child 3				
CW1_CHILAGE_4_1	Child 4				
CW1_CHILAGE_5_1	Child 5				
	Child 6				CW1_CHILAGE_6_1
	Child 7				CW1_CHILAGE_7_1
	Child 8				CW1_CHILAGE_8_1
	Child 9				CW1_CHILAGE_9_1
	Child 10				CW1_CHILAGE_10_1

17. Do you have any children who you do not live with? Please include any adopted children, step-children or foster children of whom you consider yourself a parent. Please include grown-up children.

Yes (1) CW1_ANYCHNL

No (2)

18. Have there been any changes to the people you are living with **since** the Coronavirus outbreak?

Yes (1) CW1_COVCHAN

No (2) → go to question 20

19. Which of the following changes have occurred **since** the Coronavirus outbreak?

Please tick all that apply.

- | | | |
|---------------|--------------------------|---|
| CW1_COVPART | <input type="checkbox"/> | Started living with your partner ⁽¹⁾ |
| CW1_COVCHIL_1 | <input type="checkbox"/> | At least one of my children has moved into my home ⁽²⁾ |
| CW1_COVCHIL_2 | <input type="checkbox"/> | At least one of my children has moved out of my home ⁽³⁾ |
| CW1_COVCHIL_3 | <input type="checkbox"/> | I have moved into one of my children's homes ⁽⁴⁾ |
| CW1_COVPER_1 | <input type="checkbox"/> | At least one of my parents (or in-laws) has moved in with me ⁽⁵⁾ |
| CW1_COVPER_2 | <input type="checkbox"/> | I have moved in with at least one of my parents (or in-laws) ⁽⁶⁾ |
| CW1_COVOTH_1 | <input type="checkbox"/> | Someone other than a parent or child has moved in to my home ⁽⁷⁾ |
| CW1_COVOTH_2 | <input type="checkbox"/> | I have moved in to someone other than a parent or child's home ⁽⁸⁾ |
| CW1_COVNONE | <input type="checkbox"/> | None of these ⁽⁹⁾ |

20. Are you in a relationship (husband/wife/partner) with someone at the moment?

- | | | |
|--------------------------|--------------------|---------------------|
| <input type="checkbox"/> | Yes ⁽¹⁾ | CW1_OTHRELA |
| <input type="checkbox"/> | No ⁽²⁾ | → go to question 23 |

21. On a scale from 1 to 7, where '1' means that you are 'very unhappy' and '7' means that you are 'very happy', how happy is your relationship with your partner at the moment, all things considered?

Please tick one option.

CW1_RELSAT

Very unhappy

Very happy

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Since the Coronavirus outbreak began, has the amount you have argued with your partner changed?

- My partner and I have argued more often (1)
- No change - same as before (2)
- My partner and I have argued less often (3)

CW1_RELCONFL

23. Before the Coronavirus outbreak did you or a person you live with usually get help with regular personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) that cannot be managed alone?

- No help needed (4)→ go to question 26
- No help received (1)→ go to question 26
- Help received for myself (2)
- Help received for someone I live with (3)

CW1_CARE_4

CW1_CARE_1

CW1_CARE_2

CW1_CARE_3

24. Who provided this help? Please tick all that apply.

- Husband/wife/partner/self (1)
- Son or daughter or other family member (include even if not blood related) (2)
- Friend or neighbour (3)
- Voluntary helper (4)
- Paid/professional help (5)
- Other (6)

CW1_CAREWHO_1

CW1_CAREWHO_2

CW1_CAREWHO_3

CW1_CAREWHO_4

CW1_CAREWHO_5

CW1_CAREWHO_6

25. Altogether, how many hours help did you or someone you live with usually get in a week?

- Up to 4 hours (1)
- 5-9 hours (4)
- 10-19 hours (5)
- 20-34 hours (6)
- 35 hours or more (7)

CW1_HCARPRE

26. **Since** the Coronavirus outbreak, have you or someone you live with had a change in help needed and/or received?

CW1_CARECHAN

Yes, there has been a change to the care needed or received (1)

No change (2) → go to question 30

27. Which of these statements best describes the change in help needed or received?

Needs remain the same, but regular care reduced due to the Coronavirus outbreak (1)

CW1_CACHANWH

New or more care needed but not received (2)

New or more care needed and received (3)

28. **Since** the Coronavirus outbreak, how many hours of help have you or someone you live with typically received each week?

0 hours (2) → go to question 30

1-4 hours (3)

CW1_CARHRAF

5-9 hours (4)

10-19 hours (5)

20-34 hours (6)

35 hours or more (7)

29. Who provided this help? Please tick all that apply.

Husband/wife/partner/self (1)

Son or daughter or other family member (include even if not blood related) (2)

CW1_PRNCARE

Friend or neighbour (3)

Voluntary helper (4)

Paid/professional help (5)

Other (6)

The next few questions are about where you are currently living.

30. How many rooms are there in the home where you are currently living, not counting kitchens, bathrooms, toilets, halls and garages?

Please do not include conservatories unless they are used as a living room all year round.

CW1_NUMROOMS		
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31. Please enter the postcode of the address at which you are currently living, even if this is a temporary address.

CW1_CMPOST						
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32. Do you have a garden, a patio or yard, a roof terrace or large balcony?
Please select all that apply

- A garden (1) CW1_OUTDOORS_1
- A patio or yard (2) CW1_OUTDOORS_2
- A roof terrace or large balcony (3) CW1_OUTDOORS_3
- None of the above (4) CW1_OUTDOORS_4

The following questions are about your financial situation, your job, or any other things that you were doing before and since the Coronavirus outbreak.

33. In the 3 months **before** the Coronavirus outbreak, how well would you say you personally were managing financially?

- Living comfortably (1)
- Doing all right (2) CW1_FINANCIALMANB
- Just about getting by (3)
- Finding it quite difficult (4)
- Finding it very difficult (5)

34. Overall, how do you feel your **current** financial situation compares to **before** the Coronavirus outbreak?

I'm much worse off (1)

I'm a little worse off (2)

CW1_FINANCIALMAND

I'm about the same (3)

I'm a little better off (4)

I'm much better off (5)

35. Which of the following statements best describes the food eaten in your household **since** the Coronavirus outbreak began?

You and other household members always have had enough of the kinds of foods you wanted to eat (1)

You and other household members have had enough to eat, but not always the kinds of foods you wanted (2)

CW1_FOODAFFORD

Sometimes you and other household members did not have enough to eat (3)

Often you and other household members did not have enough to eat (4)

36. How often has your household used a food bank, or similar service, **since** the Coronavirus outbreak began?

Never (1)

Less than four times (2)

Four times or more (3)

CW1_FOODBANK

37. In the three months **before** the Coronavirus outbreak, have you (or your partner if you have one) received any of the following?

Please tick all that apply.

- | | | |
|-----------------|--------------------------|--|
| CW1_BENEFITB_2 | <input type="checkbox"/> | Universal credit ⁽²⁾ |
| CW1_BENEFITB_3 | <input type="checkbox"/> | Pension credit ⁽³⁾ |
| CW1_BENEFITB_4 | <input type="checkbox"/> | Income support or Job Seeker's Allowance ⁽⁴⁾ |
| CW1_BENEFITB_5 | <input type="checkbox"/> | Working Tax Credit or Child Tax credit ⁽⁵⁾ |
| CW1_BENEFITB_6 | <input type="checkbox"/> | Employment and Support Allowance ⁽⁶⁾ |
| CW1_BENEFITB_8 | <input type="checkbox"/> | Statutory sick pay ⁽⁸⁾ |
| CW1_BENEFITB_14 | <input type="checkbox"/> | Housing benefit ⁽¹⁴⁾ |
| CW1_BENEFITB_9 | <input type="checkbox"/> | Council tax support or reduction ⁽⁹⁾ |
| CW1_BENEFITB_11 | <input type="checkbox"/> | Pension credit ⁽¹¹⁾ |
| CW1_BENEFITB_12 | <input type="checkbox"/> | Carers allowance, Personal independence payments, or Disability Living Allowance ⁽¹²⁾ |
| CW1_BENEFITB_13 | <input type="checkbox"/> | No - none of these ⁽¹³⁾ |

38. Now thinking about the time **since** the Coronavirus outbreak, have you (or your partner if you have one) made any **new** claims for the following?

Please tick all that apply.

- | | | |
|----------------|--------------------------|--|
| CW1_BENEFITD_2 | <input type="checkbox"/> | Universal credit ⁽²⁾ |
| CW1_BENEFITD_4 | <input type="checkbox"/> | Employment and Support Allowance ⁽⁴⁾ |
| CW1_BENEFITD_5 | <input type="checkbox"/> | Statutory sick pay ⁽⁵⁾ |
| CW1_BENEFITD_6 | <input type="checkbox"/> | Council tax support or reduction ⁽⁶⁾ |
| CW1_BENEFITD_9 | <input type="checkbox"/> | Carers allowance or Personal independence payments ⁽⁹⁾ |
| CW1_BENEFITD_7 | <input type="checkbox"/> | New government financial support for self employed people ⁽⁷⁾ |
| CW1_BENEFITD_8 | <input type="checkbox"/> | No - none of these ⁽⁸⁾ |

39. **Since** the Coronavirus outbreak, have you used any of the following?
Please tick all that apply.

CW1_BENEFITOTH_1	<input type="checkbox"/>	Mortgage or rent payment holidays (1)
CW1_BENEFITOTH_5	<input type="checkbox"/>	Council tax payment holiday (5)
CW1_BENEFITOTH_2	<input type="checkbox"/>	Other debt repayment or interest payment holidays (2)
CW1_BENEFITOTH_4	<input type="checkbox"/>	No - none of these (4)

40. Which of these best describes what you were doing just **before** the Coronavirus outbreak? If you were doing more than one activity, please choose the activity that you spent most time doing.

CW1_ECONACTIVITYB	
<input type="checkbox"/>	Employed (1)→ go to question 41
<input type="checkbox"/>	Self-employed (2)→ go to question → go to question 41
<input type="checkbox"/>	In unpaid/ voluntary work (3)→ go to question 41 Error! Reference source not found.
<input type="checkbox"/>	Apprenticeship (4)→ go to question 46
<input type="checkbox"/>	Unemployed (5)→ go to question 46
<input type="checkbox"/>	Permanently sick or disabled (6)→ go to question 46
<input type="checkbox"/>	Looking after home or family (7)→ go to question 46
<input type="checkbox"/>	In education at school/college/university (8)→ go to question 46
<input type="checkbox"/>	Retired (9)→ go to question 46
<input type="checkbox"/>	Doing something else (10)→ go to question 46

41. How many hours per week did you usually work, not including meal breaks but including overtime?

CW1_WRKHOURSB		
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42. What was your job title?

CW1_JTITLEB

43. Please describe in your own words what you mainly did in this job. Please describe in detail (for example job title and the type of work).

CW1_JDOB

44. What did the firm or organisation you worked for, or own mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

CW1_JMAKEB

45. In this job, did you have a zero hours contract?

CW1_ZEROHB

Yes (1)

No (2)

Not applicable (3)

46. And which of these would you say best describes your situation **now** - that is **since** the Coronavirus outbreak?

CW1_ECONACTIVITYD

- Employed and currently working (1) → go to question 47
- Employed but on paid leave (including furlough) (2) → go to question 50
- Employed and on unpaid leave (3) → go to question 50
- Apprenticeship (4) → go to question 50
- In unpaid/voluntary work (5) → go to question 47
- Self-employed and currently working (6) → go to question 47
- Self-employed but not currently working (7) → go to question 50
- Unemployed (8) → go to question 50
- Permanently sick or disabled (9) → go to question 50
- Looking after home or family (10) → go to question 50
- In education at school/college/university (11) → go to question 50
- Retired (12) → go to question 50
- Doing something else (13) → go to question 50

47. How many hours per week do you usually work now, not including meal breaks but including overtime?

CW1_WRKHOURSD

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48. Which of the following best describes your work location **since** the Coronavirus outbreak?

CW1_WRKLOCATIOND

- Work from your own home (1)
- Work at employer's premises (2)
- Other (3)

49. Are you a Key worker, or has your work been classified as critical to the Covid-19 response?

Yes (1)

CW1_KEYWORKERD

No (2)

50. Which of these best describes what **your partner** was doing just **before** the Coronavirus outbreak? If they were doing more than one activity, please choose the activity that they spent most time doing.

CW1_PCONACTIVITYB

Employed (1) → go to question 51

Self-employed (2) → go to question 51

In unpaid/ voluntary work (3) → go to question 51

Apprenticeship (4) → go to question 56

Unemployed (5) → go to question 56

Permanently sick or disabled (6) → go to question 56

Looking after home or family (7) → go to question 56

In education at school/college/university (8) → go to question 56

Retired (9) → go to question 56

Doing something else (10) → go to question 56

Not applicable, no partner (0) → go to question 59

51. How many hours per week did **your partner** usually work, not including meal breaks but including overtime?

CW1_PWRKHOURSB

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52. What was **your partner's** job title?

CW1_PJTITLEB

53. Please describe in your own words what **your partner** mainly did in this job. Please describe in detail (for example job title and the type of work).

CW1_PJOB

54. What did the firm or organisation **your partner** worked for, or own, mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

CW1_PJMAKEB

55. In this job, did **your partner** have a zero hours contract?

Yes (1)

CW1_PZEROHB

No (2)

Not applicable (3)

56. And which of these would you say best describes **your partner's** situation **now** - that is **since** the Coronavirus outbreak?

CW1_PECONACTIVITYD

- Employed and currently working (1)→ go to question 57
- Employed but on paid leave (including furlough) (2)→ go to question 59
- Employed and on unpaid leave (3)→ go to question 59
- Apprenticeship (4)→ go to question 59
- In unpaid/voluntary work (5)→ go to question 57
- Self-employed and currently working (6)→ go to question 57
- Self-employed but not currently working (7)→ go to question 59
- Unemployed (8)→ go to question 59
- Permanently sick or disabled (9)→ go to question 59
- Looking after home or family (10)→ go to question 59
- In education at school/college/university (11)→ go to question 59
- Retired (12)→ go to question 59
- Doing something else (13)→ go to question 59

57. How many hours per week does **your partner** usually work **now**, not including meal breaks but including overtime?

CW1_PWRKHOURSD

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58. Is **your partner** a Key worker, or has their work been classified as critical to the Covid-19 response?

- Yes (1)
- No (2)

CW1_PKEYWORKER

The next set of questions are about smoking, drinking alcohol, exercise, diet and sleep.

59. Which of these statements applies to you?

I've never smoked cigarettes (1) → go to question 62

I used to smoke cigarettes but don't at all now (2) → go to question 62

I now smoke cigarettes occasionally but not every day (3)

I smoke cigarettes every day (4)

CW1_SMOKING

60. In the month **before** the Coronavirus outbreak, how many cigarettes a day did you usually smoke?

CW1_NUMCIGSPP

61. **Since** the start of the Coronavirus outbreak, how many cigarettes a day have you typically smoked?

CW1_NUMCIGSSP

62. Now thinking about electronic cigarettes or vaping devices, which of these statements applies to you?

CW1_VAPE

I've never used an electronic cigarette or a vaping device (1) → go to question 64

I used to use an electronic cigarette or a vaping device but don't at all now (2) → go to question 64

I now use an electronic cigarette or a vaping device occasionally but not every day (3)

I use electronic cigarettes or vaping devices every day (4)

63. **Since** the start of the Coronavirus outbreak, has the amount you have been using an electronic cigarette or vaping device changed?

CW1_VAPESP

Yes - I have used an electronic cigarette or vaping device more often (1)

Yes - I have used an electronic cigarette or vaping device less often (2)

No (3)

64. In the month **before** the Coronavirus outbreak, how often did you have a drink containing alcohol?

CW1_ALDRPP

4 or more times a week (1)

2-3 times a week (2)

2-4 times per month (3)

Monthly or less (4)→ go to question 66

Never (5)→ go to question 66

65. In the month **before** the Coronavirus outbreak, how many standard alcoholic drinks have you had on a typical day when you were drinking?

CW1_AUNDPP

1-2 (1)

3-4 (2)

5-6 (3)

7-9 (4)

10+ (5)

66. **Since** the start of the Coronavirus outbreak, how often have you had a drink containing alcohol?

CW1_ALDRSP

4 or more times a week (1)

2-3 times a week (2)

2-4 times per month (3)

Monthly or less (4)→ go to question 71

Never (5)→ go to question 71

67. **Since** the start of the Coronavirus outbreak, how many standard alcoholic drinks do you have on a typical day when you were drinking?

CW1_AUNDSP

- 1-2 (1)
- 3-4 (2)
- 5-6 (3)
- 7-9 (4)
- 10+ (5)

68. **Since** the start of the Coronavirus outbreak, how often have you found you were not able to stop drinking once you had started?

CW1_AUSDSP

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

69. **Since** the start of the Coronavirus outbreak, how often have you failed to do what was expected of you because of drinking?

CW1_AUACSP

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

70. **Since** the start of the Coronavirus outbreak, has a relative, friend, doctor or health worker been concerned about your drinking or advised you to cut down?

CW1_AUCDSP

- Yes (1)
- No (2)

71. In the month **before** the start of the Coronavirus outbreak, on how many days in a typical week did you do 30 minutes or more of exercise where you are working hard enough to raise your heart rate and break into a sweat?

CW1_EXCISEPP

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72. **Since** the start of the Coronavirus outbreak, on how many days in a typical week did you do 30 minutes or more of exercise where you are working hard enough to raise your heart rate and break into a sweat?

CW1_EXCISESP

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73. In the month **before** the start of the Coronavirus outbreak, how many portions of fresh fruit and vegetables did you eat in a typical day?

A portion of fruit could be a whole piece of fruit, like an apple or banana or 80g of fruit (like in a fruit salad).

A portion of vegetables is 3 heaped tablespoons of cooked vegetables or beans /pulses or a handful of cherry tomatoes or a small bowl of salad. It does not include potatoes.

Juice/smoothies can count as 1 portion per day.

CW1_FRTVEGP

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74. **Since** the start of the Coronavirus outbreak, how many portions of fresh fruit and vegetables have you eaten in a typical day?

A portion of fruit could be a whole piece of fruit, like an apple or banana or 80g of fruit (like in a fruit salad).

A portion of vegetables is 3 heaped tablespoons of cooked vegetables or beans /pulses or a handful of cherry tomatoes or a small bowl of salad. It does not include potatoes.

Juice/smoothies can count as 1 portion per day.

CW1_FRTVEGS

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75. In the month **before** the start of the Coronavirus outbreak, how many hours did you sleep each night on average?

Please round to the nearest hour.

CW1_HSLEEPP

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76. **Since** the start of the Coronavirus outbreak, how many hours have you slept each night on average?

Please round to the nearest hour.

CW1_HSLEEPS

The next question is about your weight.

77. What is your weight?

Please report your weight in kilograms or stones and pounds.

CW1_WGHTKG

Kilograms (1)

OR

Stones and

Pounds (2)

OR

CW1_WGHTSTP_4

CW1_WGHTSTP_5

I do not wish to report my weight (3)

CW1_WGHTSTP_6

The next few questions are about the contact you have had with people you do not live with in the last seven days.

78. In the last seven days, on how many days did you meet up in person with any of your family or friends who do not live with you?

Every day (1)

4-6 days (2)

CW1_SCON1

2-3 days (3)

1 day (4)

Never (5)

79. In the last seven days, on how many days did you talk to family or friends you do not live with via phone or video calls?

CW1_SCON2

Every day (1)

4-6 days (2)

2-3 days (3)

1 day (4)

Never (5)

80. In the last seven days, on how many days did you keep in contact with family or friends you do not live with by email or text or other electronic messaging?

CW1_SCON3

Every day (1)

4-6 days (2)

2-3 days (3)

1 day (4)

Never (5)

81. In the last seven days, on how many days did you take part in an online community activity, e.g. an online community group, online chat group, street or neighbourhood social media group?

Every day (1)

CW1_SCON4

4-6 days (2)

2-3 days (3)

1 day (4)

Never (5)

- 82.** In the last seven days, on how many days did you give help to people outside of your household affected by Coronavirus or the current restrictions?

Please include doing shopping, collecting medicines, checking in on people and any other voluntary work for community groups or other organisations.

Every day (1)

CW1_SCON5

4-6 days (2)

2-3 days (3)

1 day (4)

Never (5)

The next few questions are about the way you have been feeling recently.

Please tick one option for each row

	Better than usual (1)	Same as usual (2)	Less than usual (3)	Much less than usual (4)
83. Have you recently been able to concentrate on what you're doing?	CW1_GHQ121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Have you recently lost much sleep over worry?	CW1_GHQ122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Have you recently felt that you are playing a useful part in things?	CW1_GHQ123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Have you recently felt capable of making decisions about things?	CW1_GHQ124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Have you recently felt constantly under strain?	CW1_GHQ125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Have you recently felt you couldn't overcome your difficulties?	CW1_GHQ126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Have you recently been able to enjoy your normal day to day activities?	CW1_GHQ127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Have you recently been able to face up to your problems?	CW1_GHQ128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Have you recently been feeling unhappy or depressed?	CW1_GHQ129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Have you recently been losing confidence in yourself?	CW1_GHQ1210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Have you recently been thinking of yourself as a worthless person?	CW1_GHQ1211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Have you recently been feeling reasonably happy, all things considered?	CW1_GHQ1212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95. Over the last 2 weeks, how often have you been bothered by the following problems?

Please tick one option for each row

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious or on edge	CW1_GAD2PHQ2_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	CW1_GAD2PHQ2_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing things	CW1_GAD2PHQ2_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	CW1_GAD2PHQ2_4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96. On a scale from 0-10, where 0 is 'never' and 10 is 'always', how willing to take risks would say you are?

CW1_RISK

Please tick one option.

Never

Always

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. On a scale from 0-10, where 0 is 'never' and 10 is 'always', how patient would you say you are?

CW1_PATIENT

Please tick one option.

Never

Always

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98. On a scale from 0-10 where 0 means you are 'not at all trusting' of other people and 10 means you are 'extremely trusting' of other people, how trusting of other people would you say you are?

Please tick one option.

CW1_TRUST

Not at all trusting

Extremely trusting

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99. On a scale from 0-10 where 0 means you are 'not at all trusting' and 10 means you are 'extremely trusting', how trusting are you that British Governments, of any party, place the needs of the nation above the needs of their own political party?

Please tick one option.

CW1_TRUSTPOL

Not at all trusting

Extremely trusting

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. Since the Coronavirus outbreak please indicate how the following have changed. Please tick one option for each row

	More than before (1)	Same - no change (2)	Less than before (3)
The amount of stress I've been feeling	CW1_CVDCHNG_1	<input type="checkbox"/>	<input type="checkbox"/>
The amount of trust I have in the Government	CW1_CVDCHNG_2	<input type="checkbox"/>	<input type="checkbox"/>
The amount of trust I have in people in my local area	CW1_CVDCHNG_3	<input type="checkbox"/>	<input type="checkbox"/>
The amount of conflict I have had with people around me	CW1_CVDCHNG_4	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know about how you have been spending your time since the Coronavirus outbreak.

101. How many hours have you been spending doing each of the following activities on a typical week day since the Coronavirus outbreak began?

Please round to the nearest half hour. For example, enter 0.5 if you spent half an hour per typical week day or 2.5 if you spent two and a half hours per typical week day.

	Number of hours
Paid work (1)	CW1_Timeuse1_1_1
Volunteering / unpaid work (not for your household) (2)	CW1_Timeuse1_2_1
Home schooling your children (if you have any) (3)	CW1_Timeuse1_3_1
Other interactive activities with children (e.g. reading to them, playing games with them, painting/drawing with them, doing puzzles together). (16)	CW1_Timeuse1_4_1
Caring for someone other than a child (4)	CW1_Timeuse1_5_1
Housework (e.g. cleaning, laundry, cooking, DIY) (5)	CW1_Timeuse1_6_1
Formal learning as part of a course (6)	CW1_Timeuse1_7_1
Physical activity / exercise (7)	CW1_Timeuse1_8_1
Other leisure activities and hobbies (e.g. TV, gaming, reading, news, listening to music, gardening, online shopping, mealtime, relaxing) (8)	CW1_Timeuse1_9_1

Please round to the nearest half hour. For example, enter 0.5 if you spent half an hour per typical week day or 2.5 if you spent two and a half hours per typical week day.

	Number of hours
Socialising with non-household members via telephone, video-calling or messaging ⁽⁹⁾	CW1_Timeuse1_10_1
Socialising with non-household members in person ⁽¹⁰⁾	CW1_Timeuse1_11_1
Travelling for work ⁽¹¹⁾	CW1_Timeuse1_12_1
Shopping or essential appointments ⁽¹²⁾	CW1_Timeuse1_13_1
Personal care (e.g. taking a shower/bath, grooming, getting dressed etc.) ⁽¹³⁾	CW1_Timeuse1_14_1
Ill in bed ⁽¹⁴⁾	CW1_Timeuse1_15_1
Other ⁽¹⁵⁾	CW1_Timeuse1_16_1

102. How many hours in total have you been spending outside of your home on a typical week day **since** the Coronavirus outbreak began?

Please do not include time spent in your garden or any other outdoor space which is part of your home.

Please round to the nearest hour.

		CW1_Timeuse2
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103. Please use the space below to express in your own words the main ways the Coronavirus outbreak has affected your life and/or your loved ones so far, and what you think the effects might be in the future.

You can write as much or little as you like, and cover any topic you choose.

CW1_OPEN

- 104.** Data collections for next NSHD survey were due to start later this year, but there may be delays because of the Coronavirus outbreak. As we do not know when social distancing rules will allow us to restart home visits or clinic visits, we are considering whether to ask study members to take part in other ways. Would you be willing to take part in any of the following ways?

Please select all that apply.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Video call with an interviewer (e.g. using Skype, Zoom or similar) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephone interview (2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Online questionnaire (3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Paper questionnaire (4) |
| <input type="checkbox"/> | <input type="checkbox"/> | None of the above (6) |

Smartphone holders only

Finally – we'd like to ask you to download a COVID-19 Symptoms Tracker app.

Many people are recording symptoms of COVID-19 using specially designed symptom tracker apps. These are helping to slow the outbreak, by recording which symptoms are most common, and identifying high risk areas in the UK. As a member of NSHD you can play a special role.

We have teamed up with the organisations running the COVID-19 symptom tracker, designed by Kings College London, to allow the results from the symptoms tracker app to be combined with the information held by NSHD. All you need to do is to download the app on your mobile device, and record your symptoms every day. If you have already been recording your symptoms using this app, the symptoms you have already recorded can also be linked.

The app can be downloaded from <https://covid.joinzoe.com/>

More information about the app can be found under the COVID-19 study tab on our website: <https://www.nshd.mrc.ac.uk/>

If you DO NOT wish your information held by NSHD to be linked to information collected by the COVID-19 symptom tracker app please tick the box below.

I DO NOT wish my NSHD information to be linked with information collected by the COVID-19 tracker app ⁽⁵⁾

CW1_NSHDAPP_5

Thank you for completing the questionnaire