

CW2\_NTAG1

# MRC National Survey of Health and Development COVID-19 Questionnaire

Version: 21/10/2020

The questionnaire covers the impact of the coronavirus outbreak on your work, your health, your family, and your social life. 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 [mrclha.enquiries@ucl.ac.uk](mailto:mrclha.enquiries@ucl.ac.uk) or please telephone 0800 952 0249 or 020 7670 5700.

Please enter the date you completed the questionnaire:

Day   Month 2020  
CW2\_COVDTDAY CW2\_COVDTMNTH

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

CW2\_COVPRXY

What is the relationship of proxy to study member:

CW2\_COVPRXYDTL

**The first few questions will ask about your health.**

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

- Yes, confirmed by a positive test (1) CW2\_COVID19
- Yes, based on strong personal suspicion or medical advice (2)
- Unsure (3)
- No (4) → *go to question 5*

2. When do you think you got (or might have got) Coronavirus?

*If you have thought you have had Coronavirus on more than one occasion please tick the month in which you most recently think you got it.*

- February or earlier (1) CW2\_COVID19POS
- March (2)
- April (3)
- May (4)
- June (5)
- July (6)
- August (7)
- September (8)
- October (9)

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.*

 CW2\_COVIDADV\_1

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

 CW2\_COVIDADV\_2

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

 CW2\_COVIDADV\_3

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

 CW2\_COVIDADV\_4

Yes - visited pharmacist (4)

 CW2\_COVIDADV\_5

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

 CW2\_COVIDADV\_6

No (6)

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

Yes (1)

 CW2\_COVID\_HOSPAD

No (2)

5. Have you been tested for Coronavirus? *Please tick all that apply.*

 CW2\_COVIDTEST\_1

Yes - a throat swab or nasal swab or saliva test or nasal mucus test for current infection (1)

 CW2\_COVIDTEST\_2

Yes – a finger stick or blood test or serology test or antibody test for past infection (2)

 CW2\_COVIDTEST\_3

Yes – but I don't know which type (3)

 CW2\_COVIDTEST\_4

No (4) → *go to question 8*

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)

 CW2\_COVIDRESULT

Inconclusive (3)

Waiting for results (4)

## 7. When did you have this test?

- February or earlier (1)
- March (2)
- April (3)
- May (4)
- June (5)
- July (6)
- August (7)
- September (8)
- October (9)

CW2\_COVIDWHEN

## 8. 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 (13)                           |
| <input type="checkbox"/> Sore throat (4)             | <input type="checkbox"/> Loss of smell (14)                      |
| <input type="checkbox"/> Chest tightness (5)         | <input type="checkbox"/> Loss of taste (15)                      |
| <input type="checkbox"/> Shortness of breath (6)     | <input type="checkbox"/> Skin rash (16)                          |
| <input type="checkbox"/> Runny nose (7)              | <input type="checkbox"/> Headaches (17)                          |
| <input type="checkbox"/> Nasal congestion (8)        | <input type="checkbox"/> Other, please specify                   |
| <input type="checkbox"/> Sneezing (9)                | <input type="checkbox"/> No - none of these (19)                 |
| <input type="checkbox"/> Muscle or body aches (10)   |                                                                  |

CW1\_COVIDSYMPT\_1

CW1\_COVIDSYMPT\_11

CW1\_COVIDSYMPT\_2

CW1\_COVIDSYMPT\_12

CW1\_COVIDSYMPT\_3

CW1\_COVIDSYMPT\_16

CW1\_COVIDSYMPT\_4

CW1\_COVIDSYMPT\_13

CW1\_COVIDSYMPT\_5

CW1\_COVIDSYMPT\_14

CW1\_COVIDSYMPT\_6

CW1\_COVIDSYMPT\_17

CW1\_COVIDSYMPT\_7

CW1\_COVIDSYMPT\_19

CW1\_COVIDSYMPT\_8

CW1\_COVIDSYMPT\_20

CW1\_COVIDSYMPTO

CW1\_COVIDSYMPT\_18

CW1\_COVIDSYMPT\_23

## 9. In general, would you say your health is...

- Excellent (1)
- Very good (2) CW2\_GHQ
- Good (3)
- Fair (4)
- Poor (5)

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

- Excellent (1)
- Very good (2) CW2\_GHQPRECOVID
- Good (3)
- Fair (4)
- Poor (5)

## 11. Do you have any of the following?

*Please tick all that apply.*

- |                                                                                                                                                                       |                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cancer (1) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_1</span>                                                             | <input type="checkbox"/> High blood pressure (9) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_9</span>                                                              |
| <input type="checkbox"/> Cystic fibrosis (2) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_2</span>                                                    | <input type="checkbox"/> Heart disease, congenital or acquired (10) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_10</span>                                          |
| <input type="checkbox"/> Asthma (3) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_3</span>                                                             | <input type="checkbox"/> Depression or other emotional, nervous or physical problems (11) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_1</span>                     |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (4) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_4</span>                              | <input type="checkbox"/> Obesity (12) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_2</span>                                                                         |
| <input type="checkbox"/> Wheezy bronchitis (5) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_5</span>                                                  | <input type="checkbox"/> Infection (13) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_3</span>                                                                       |
| <input type="checkbox"/> Diabetes (6) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_6</span>                                                           | <input type="checkbox"/> HIV / Immunodeficiency (14) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_4</span>                                                          |
| <input type="checkbox"/> Recurrent backache, prolapsed disc, sciatica or other back problem (7) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_7</span> | <input type="checkbox"/> Condition affecting the brain and nerves (e.g. Parkinson's, Multiple Sclerosis) (15) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_5</span> |
| <input type="checkbox"/> Problems with hearing (8) <span style="border: 1px solid black; padding: 2px;">CW2_LLI_8</span>                                              | <input type="checkbox"/> None of the above (16) <span style="border: 1px solid black; padding: 2px;">CW2_LL2_6</span>                                                               |

**12.** At the time of the Coronavirus outbreak in March, were you taking any prescribed medication?

- Yes <sup>(1)</sup> CW2 PMED
- No <sup>(2)</sup> → *go to question 18*

**13.** Which type of prescribed medication were you taking at that time?

*Please tick all that apply.*

- CW2\_PMEDTYP\_1  Asthma medication <sup>(1)</sup> → *go to question 15*
- CW2\_PMEDTYP\_2  Oral contraceptive or hormone replacement therapy <sup>(2)</sup> → *go to question 15*
- CW2\_PMEDTYP\_3  Anti-depressant or anxiety medication <sup>(3)</sup> → *go to question 15*
- CW2\_PMEDTYP\_4  Diabetes medication <sup>(4)</sup> → *go to question 15*
- CW2\_PMEDTYP\_5  Hypertension or cardiovascular disease medication <sup>(5)</sup>
- CW2\_PMEDTYP\_6  Cancer chemotherapy <sup>(6)</sup> → *go to question 15*
- CW2\_PMEDTYP\_7  Other <sup>(7)</sup> → *go to question 15*

**14.** Were you taking any of the following medications for hypertension or cardiovascular disease at that time?

*Please tick all that apply.*

- CW2\_CARDMED\_1  ACE-inhibitor (e.g. Ramipril, Lisinopril) <sup>(1)</sup>
- CW2\_CARDMED\_2  Sartan (e.g. Losartan, Valsartan, Candesartan) <sup>(2)</sup>
- CW2\_CARDMED\_3  Entresto (sucubitril/valsartan) <sup>(3)</sup>
- CW2\_CARDMED\_4  None of these <sup>(4)</sup>

**15.** Since the Coronavirus outbreak in March, have you had any difficulty obtaining any of your prescribed medication?

- CW2\_PMEDDIF  Yes <sup>(1)</sup>
- No / Not applicable <sup>(2)</sup> → *go to question 18*

**16.** Which type of medication did you have difficulty obtaining?

*Please tick all that apply.*

CW2\_PMEDDIFTYP\_1

Asthma medication (1)

CW2\_PMEDDIFTYP\_2

Oral contraceptive or hormone replacement therapy (2)

CW2\_PMEDDIFTYP\_3

Anti-depressant or anxiety medication (3)

CW2\_PMEDDIFTYP\_4

Diabetes medication (4)

CW2\_PMEDDIFTYP\_5

Hypertension or cardiovascular disease medication (5)

CW2\_PMEDDIFTYP\_6

Cancer chemotherapy (6)

CW2\_PMEDDIFTYP\_7

Other (7)

**17.** Are you still having any difficulty obtaining any of your prescribed medication?

Yes (1)

CW2\_PMEDDIFB

No (2)

Not applicable – no longer require this medication (3)

**18.** At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a **consultation, investigation, treatment**?

CW2\_APPHOSP\_1

Yes (1)

No (3) → *go to question 23*

**19.** Have you now **had** your in-patient or out-patient hospital appointment for a consultation, investigation or treatment?

*If you have had more than one appointment booked, and if there are any which you have not yet had, please tick 'No'.*

CW2\_APPHAD

Yes (1)

No (2) → *go to question 22*

**20.** Did your (last) appointment take place on the planned date or was it delayed?

CW2\_APPHADH

Appointment took place on the planned date (1)

Appointment was delayed (2)

21. Did your (last) appointment take place in-person or by phone/video?

CW2\_APPHADT

In-person appointment (1)

Appointment took place via phone/video (2)

Go to question 23

22. Why has your in-patient or out-patient hospital appointment for a consultation, investigation or treatment not taken place?

CW2\_APPNOT

My appointment was postponed and has not yet happened (1)

My appointment was not postponed, but it hasn't happened yet (2)

My appointment was cancelled (3)

23. At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for **surgery**?

CW2\_APPHOSP\_2

Yes (2)

No (3) → go to question 27

24. Have you now had your surgery?

*If you have had more than one surgery booked, and if there are any which have you have not yet had, please tick 'No'.*

CW2\_APPHADS

Yes (1)

No (2) → go to question 26

25. Did your (last) surgery take place on the planned date or was it delayed?

CW2\_APPHADSH

Surgery took place on the planned date (1)

Surgery was delayed (2)

Go to question 27



26. Why has your surgery not taken place?

My surgery was postponed and has not yet happened (1)

CW2\_APPNOTS

My surgery was not postponed, but it hasn't happened yet (2)

My surgery was cancelled (3)

27. At the time of the Coronavirus outbreak in March, did you have an appointment booked for cognitive behaviour therapy, counselling or psychological therapy?

CW2\_APPMEN

Yes (1)

No (2) → go to question 32

28. Have you now had your appointment for cognitive behaviour therapy, counselling or psychological therapy?

*If you have had more than one appointment booked, and if there are any which you have not yet had, please tick 'No'.*

CW2\_APPMENHAD

Yes (1)

No (2) → go to question 31

29. Did your (last) appointment take place on the planned date or was it delayed?

CW2\_APPMENHADH

Appointment took place on the planned date (1)

Appointment was delayed (2)

30. Did your (last) appointment take place in-person or by phone/video?

CW2\_APPHADTH

In-person appointment (1)

Appointment took place via phone/video (2)

Go to question 32

31. Why has your appointment for cognitive behaviour therapy, counselling or psychological therapy not taken place?

My appointment was postponed and has not yet happened (1)

CW2\_APPNOTH

My appointment was not postponed, but it hasn't happened yet (2)

My appointment was cancelled (3)

32. Did you **at any time** receive 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?

CW2\_SHIELD

Yes (1)

No (2)

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

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



CW2\_HHNUM

*If you live alone, go to question 45*

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

CW2\_HHNUMWH\_1

Husband/Wife/Cohabiting Partner (1) → *go to question 36*

CW2\_HHNUMWH\_2

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

CW2\_HHNUMWH\_3

Parent or Parent-in-law (including step-parent or adoptive parent)  
(3) → *go to question 36*

CW2\_HHNUMWH\_5

Grandchild (5) → *go to question 36*

CW2\_HHNUMWH\_6

Sibling (6) → *go to question 36*

CW2\_HHNUMWH\_7

Other relative (7) → *go to question 36*

CW2\_HHNUMWH\_8

Friend / unrelated sharer (8) → *go to question 36*

CW2\_HHNUMWH\_9

Other (9) → *go to question 36*

**35a.** How many of your children do you currently live with?

CW2_NUMCHIL		
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**35b.** Please give the age and gender of each child you live with.

		Age		Gender			
CW2_CHILAGE_1_1	Child 1			Male	<input type="checkbox"/>	Female	CW2_CHILSEX_1
CW2_CHILAGE_2_1	Child 2			Male	<input type="checkbox"/>	Female	CW2_CHILSEX_2
CW2_CHILAGE_3_1	Child 3			Male	<input type="checkbox"/>	Female	CW2_CHILSEX_3
CW2_CHILAGE_4_1	Child 4			Male	<input type="checkbox"/>	Female	CW2_CHILSEX_4
CW2_CHILAGE_5_1	Child 5			Male	<input type="checkbox"/>	Female	CW2_CHILSEX_5

**36.** Do you have any children who you do not live with? Please include adult children, step-children, adopted children, foster children or any other children you consider yourself parent to.

Yes <sup>(1)</sup>

No <sup>(2)</sup> CW2\_ANYCHNL

**37.** Have there been any changes to the people you are living with since the Coronavirus outbreak in March? In other words has anyone different moved in, has someone moved out, or have you moved out to live with someone else or to be on your own?

Yes <sup>(1)</sup> CW2\_COVCHAN

No <sup>(2)</sup> → go to question 39

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

*Please tick all that apply.*

- |               |                          |                                                                                |
|---------------|--------------------------|--------------------------------------------------------------------------------|
| CW2_COVPART   | <input type="checkbox"/> | Started living with your partner (1)                                           |
| CW2_COVCHIL_1 | <input type="checkbox"/> | At least one of my children has moved into my home (2)                         |
| CW2_COVCHIL_2 | <input type="checkbox"/> | At least one of my children has moved out of my home (3)                       |
| CW2_COVCHIL_3 | <input type="checkbox"/> | I have moved into one of my children's homes (4)                               |
| CW2_COVPER_1  | <input type="checkbox"/> | At least one of my parents (or in-laws) has moved in with me (5)               |
| CW2_COVPER_2  | <input type="checkbox"/> | I have moved in with at least one of my parents (or in-laws) (6)               |
| CW2_COVOTH_1  | <input type="checkbox"/> | Someone other than a parent (or in-law) or child has moved in to my home (7)   |
| CW2_COVOTH_2  | <input type="checkbox"/> | I have moved in to someone other than a parent (or in-law) or child's home (8) |
| CW2_COVNONE   | <input type="checkbox"/> | None of these (9)                                                              |

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

- Yes (1) CW2\_OTHRELA
- No (2) → *go to question 43*

**40.** 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. CW2\_RELSAT

- |                          |                          |                          |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <b>Very unhappy</b>      |                          |                          |                          |                          |                          | <b>Very happy</b>        |  |
| 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"/> |  |

41. During the period **between March and May**, when the lockdown restrictions were strictest, did the amount you argued with your partner change, compared to before the Coronavirus outbreak?

My partner and I argued more often between March and May, compared to before the Coronavirus outbreak (1)

CW2\_RELCONFL1

No change - same as before the Coronavirus outbreak (2)

My partner and I argued less often between March and May, compared to before the Coronavirus outbreak (3)

42. **Since the national lockdown restrictions started to be eased in June**, has the amount you have argued with your partner changed, compared to when the lockdown restrictions were strictest?

My partner and I have argued more often since June, compared to when the lockdown restrictions were strictest (1)

CW2\_RELCONFL2

No change - same as during the period when lockdown restrictions were strictest (2)

My partner and I have argued less often since June, compared to when the lockdown restrictions were strictest (3)

43. *If you live in a household more people than either just you, or you and your partner*  
During the period **between March and May**, when the lockdown restrictions were strictest, did the amount you argued with the people you live with change compared to before the Coronavirus outbreak?

I argued with the people I live with more often between March and May, compared to before the Coronavirus outbreak (1)

CW2\_FAMCONFL1

No change - same as before the Coronavirus outbreak (2)

I argued with the people I live with less often between March and May, compared to before the Coronavirus outbreak (3)

Not applicable – only live with partner or alone (4) → go to question 45

44. *If you live in a household more people than either just you, or you and your partner* **Since the national lockdown restrictions started to be eased in June**, has the amount you have argued with the people you live with changed compared to when the lockdown restrictions were strictest?

I have argued with the people I live with more often since June, compared to when the lockdown restrictions were strictest (1)

CW2\_FAMCONFL2

No change - same as during the period when lockdown restrictions were strictest (2)

I have argued with the people I live with less often since June, compared to when the lockdown restrictions were strictest (3)

Not applicable – only live with partner or alone (4)

45. **In the month before the Coronavirus outbreak in March**, did you need help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because you could not manage them alone?

CW2\_CAREB\_1

Yes - I needed help (1)

No (3)→ go to question 48

46. In the month before the Coronavirus outbreak in March, who provided you with the help you needed? *Please tick all that apply.*

CW2\_WHOCAREB\_1

Nobody – needs were not met (1)→ go to question 48

CW2\_WHOCAREB\_2

Husband/wife/partner (2)

CW2\_WHOCAREB\_3

Son or daughter or other family member (include even if not blood related) (3)

CW2\_WHOCAREB\_4

Friend or neighbour (4)

CW2\_WHOCAREB\_5

Voluntary helper (5)

CW2\_WHOCAREB\_6

Paid/professional help (6)

CW2\_WHOCAREB\_7

Other (7)

**47.** In the month before the Coronavirus outbreak in March, how many hours of help did you usually get each week?

- Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

CW2\_CAREHOURS

**48.** In the month before the Coronavirus outbreak in March, did someone you lived with need help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because they could not manage them alone?

- Yes - someone you lived with needed help (2)
- No (3) → go to question 51
- Not applicable – live alone (4) → go to question 51

CW2\_CAREB\_2

**49.** In the month before the Coronavirus outbreak in March, who provided the person you live with the help they needed? *Please tick all that apply.*

CW2\_WHOCAREPB\_1

Nobody – needs were not met (1) → go to question 51

CW2\_WHOCAREPB\_2

Me (2)

CW2\_WHOCAREPB\_3

My husband / wife / partner (3)

CW2\_WHOCAREPB\_4

Son or daughter or other family member (include even if not blood related) (4)

CW2\_WHOCAREPB\_5

Friend or neighbour (5)

CW2\_WHOCAREPB\_6

Voluntary helper (6)

CW2\_WHOCAREPB\_7

Paid/professional help (7)

CW2\_WHOCAREPB\_8

Other (8)

**50.** In the month before the Coronavirus outbreak in March, how many hours of help did the person you live usually get each week?

- Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

CW2\_CAREHOURSPB

**51.** In the last four weeks, have **you** needed help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because you could not manage them alone?

- Yes - I needed help (1)
- No (3) → go to question 55

CW2\_CAREA\_1

**52.** Compared to before the Coronavirus outbreak, has the amount of help that you now need changed?

- Amount of help needed has increased (1)
- Amount of help needed has decreased (2)
- Amount of help needed has stayed the same (3)
- Not applicable (4)

CW2\_CARECHANA



- 53.** In the last four weeks, who has provided you with the help you have needed?  
Please tick all that apply.

 CW2\_CAREWHO\_A\_1

 Nobody – needs were not met <sup>(1)</sup> → go to question 55

 CW2\_CAREWHO\_A\_2

 Husband/wife/partner <sup>(2)</sup>
 CW2\_CAREWHO\_A\_3

 Son or daughter or other family member (include even if not blood related) <sup>(3)</sup>
 CW2\_CAREWHO\_A\_4

 Friend or neighbour <sup>(4)</sup>
 CW2\_CAREWHO\_A\_5

 Voluntary helper <sup>(5)</sup>
 CW2\_CAREWHO\_A\_6

 Paid/professional help <sup>(6)</sup>
 CW2\_CAREWHO\_A\_7

 Other <sup>(7)</sup>

- 54.** In the last four weeks, how many hours of help have you usually received each week?

 Up to 4 hours <sup>(1)</sup>


 5-9 hours <sup>(2)</sup>
 CW2\_CAREHOURS\_A

 10-19 hours <sup>(3)</sup>


 20-34 hours <sup>(4)</sup>


 35 hours or more <sup>(5)</sup>

- 55.** In the last four weeks, has **someone you lived with** needed help with personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) because they could not manage them alone?

 Yes - someone I lived with needed help <sup>(2)</sup>
 CW2\_CARE\_A\_2

 No <sup>(3)</sup> → go to question 59

 Not applicable – live alone <sup>(4)</sup> → go to question 59

**56.** Compared to before the Coronavirus outbreak, has the amount of help that someone you lived with now need changed?

- Amount of help needed has increased (1)
- Amount of help needed has decreased (2)
- Amount of help needed has stayed the same (3)
- Not applicable (4)

CW2\_CARECHANP

**57.** In the last four weeks, who provided the person you live with the help they needed?  
*Please tick all that apply.*

- Nobody – needs were not met (1) → *go to question 59*
- Me (2)
- Husband/wife/partner (3)
- Son or daughter or other family member (include even if not blood related) (4)
- Friend or neighbour (5)
- Voluntary helper (6)
- Paid/professional help (7)
- Other (8)

CW2\_CAREWHOAP\_1

CW2\_CAREWHOAP\_2

CW2\_CAREWHOAP\_3

CW2\_CAREWHOAP\_4

CW2\_CAREWHOAP\_5

CW2\_CAREWHOAP\_6

CW2\_CAREWHOAP\_7

CW2\_CAREWHOAP\_8

**58.** In the last four weeks, how many hours of help has someone you lived with usually received each week?

- Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

CW2\_CAREHOURSAP

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

**59.** Which country do you live in?

England (1)

CW2\_COUNTRES

Wales (2)

Scotland (3)

Northern Ireland (4)

Other (specify) (5) \_\_\_\_\_

CW2\_COUNTRESOTH

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

CW2\_CMPOST








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

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

CW2\_NUMROOMS



**62.** Do you have a garden, a patio or yard, a roof terrace or large balcony?  
Please tick all that apply

A garden (1)

CW2\_OUTDOORS\_1

A patio or yard (2)

CW2\_OUTDOORS\_2

A roof terrace or large balcony (3)

CW2\_OUTDOORS\_3

None of the above (4)

CW2\_OUTDOORS\_4

**63.** Do you (or your household) own or rent your home or have some other arrangement?

- Own – outright (1)
- Own - buying with help of a mortgage / loan (2)
- Pay part rent and part mortgage (shared / equity ownership) (3)
- Rent it (4)
- Live here rent-free, including rent-free in relative's / friend's / employer's property; exclude squatting (5)
- Squatting (6)
- Other arrangement (7)

CW2\_TENURE

**64.** Has your tenure changed since the start of the Coronavirus outbreak in March?

- Yes (1)
- No (2) → go to question 66

CW2\_TENCHANGE

**65.** At the start of the Coronavirus outbreak in March, did you (or your household) own or rent your home or have some other arrangement?

- Own – outright (1)
- Own - buying with help of a mortgage / loan (2)
- Pay part rent and part mortgage (shared / equity ownership) (3)
- Rent it (4)
- Live here rent-free, including rent-free in relative's / friend's / employer's property; exclude squatting (5)
- Squatting (6)
- Other arrangement (7)

CW2\_TENUREBC

The following questions are about your financial situation, your job, or any other things that you were doing.

66. In the 3 months before the Coronavirus outbreak in March, how well would you say you personally were managing financially?

- Living comfortably (1) CW2\_FINANCIALMANB
- Doing all right (2)
- Just about getting by (3)
- Finding it quite difficult (4)
- Finding it very difficult (5)

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

- I'm much worse off (1) CW2\_FINANCIALMAND
- I'm a little worse off (2)
- I'm about the same (3) → *go to question 69*
- I'm a little better off (4) → *go to question 69*
- I'm much better off (5) → *go to question 69*

68. You said that you are worse off now compared to before the Coronavirus outbreak. Have you {if living with a partner: or your partner} done any of the following as a result of this?

*Pease tick all that apply.*

- CW2\_FINHTY\_1  Reduced spending (1)
- CW2\_FINHTY\_2  Used savings (1)
- CW2\_FINHTY\_3  New borrowing from bank or credit card (1)
- CW2\_FINHTY\_4  New borrowing from family and friends (1)
- CW2\_FINHTY\_5  None of these (1)

**69. In 12 months' time, how do you expect your financial situation will compare to before the Coronavirus outbreak?**

- I will be much worse off (1)
- I will be a little worse off (2)
- I will be about the same (3)
- I will be a little better off (4)
- I will be much better off (5)

CW2\_FINEXP

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

*Please tick all that apply.*

- Universal credit (2)
- Pension credit (3)
- Income support or Job Seeker's Allowance (4)
- Working Tax Credit or Child Tax credit (5)
- Employment and Support Allowance (6)
- Statutory sick pay (7)
- Housing benefit (8)
- Council tax support or reduction (9)
- Carers allowance, Personal independence payments, or Disability Living Allowance (11)
- No - none of these (12)

CW2\_BENEFITB\_2

CW2\_BENEFITB\_3

CW2\_BENEFITB\_4

CW2\_BENEFITB\_5

CW2\_BENEFITB\_6

CW2\_BENEFITB\_8

CW2\_BENEFITB\_14

CW2\_BENEFITB\_9

CW2\_BENEFITB\_12

CW2\_BENEFITB\_13

**71. Since the Coronavirus outbreak in March**, have you (or your partner if you have one) made any **new** claims for the following?

*Please tick all that apply.*

- |                                         |                                                               |
|-----------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> CW2_BENEFITD_2 | Universal credit (2)                                          |
| <input type="checkbox"/> CW2_BENEFITD_4 | Employment and Support Allowance (3)                          |
| <input type="checkbox"/> CW2_BENEFITD_5 | Statutory sick pay (4)                                        |
| <input type="checkbox"/> CW2_BENEFITD_6 | Council tax support or reduction (5)                          |
| <input type="checkbox"/> CW2_BENEFITD_9 | Carers allowance or Personal independence payments (6)        |
| <input type="checkbox"/> CW2_BENEFITD_7 | New government financial support for self employed people (7) |
| <input type="checkbox"/> CW2_BENEFITD_8 | No - none of these (8)                                        |

**72. Since the Coronavirus outbreak in March**, have you used any of the following?

*Please tick all that apply.*

- |                                           |                                                       |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> CW2_BENEFITOTH_1 | Mortgage or rent payment holidays (1)                 |
| <input type="checkbox"/> CW2_BENEFITOTH_5 | Council tax payment holiday (5)                       |
| <input type="checkbox"/> CW2_BENEFITOTH_2 | Other debt repayment or interest payment holidays (2) |
| <input type="checkbox"/> CW2_BENEFITOTH_4 | No - none of these (4)                                |

**73. Between March 2019 and March 2020**, did you **give** financial help, in the form of money or by paying for goods (for example groceries, medicines) to any of the following?

*Please tick all that apply.*

- |                                        |                                                |
|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> CW2_FINGIVB_1 | Adult children, including in-laws (1)          |
| <input type="checkbox"/> CW2_FINGIVB_2 | Parents, including in-laws (2)                 |
| <input type="checkbox"/> CW2_FINGIVB_3 | Siblings (3)                                   |
| <input type="checkbox"/> CW2_FINGIVB_4 | Former spouse or partner (4)                   |
| <input type="checkbox"/> CW2_FINGIVB_5 | Friends or neighbours (5)                      |
| <input type="checkbox"/> CW2_FINGIVB_6 | Someone else (6)                               |
| <input type="checkbox"/> CW2_FINGIVB_7 | No - did not give financial help to anyone (7) |

**74. Since the Coronavirus outbreak in March**, have you **given** financial help, in the form of money or by paying for goods (for example groceries, medicines) to any of the following?

*Please tick all that apply.*

- |                                        |                                                |
|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> CW2_FINGIVD_1 | Adult children, including in-laws (1)          |
| <input type="checkbox"/> CW2_FINGIVD_2 | Parents, including in-laws (2)                 |
| <input type="checkbox"/> CW2_FINGIVD_3 | Siblings (3)                                   |
| <input type="checkbox"/> CW2_FINGIVD_4 | Former spouse or partner (4)                   |
| <input type="checkbox"/> CW2_FINGIVD_5 | Friends or neighbours (5)                      |
| <input type="checkbox"/> CW2_FINGIVD_6 | Someone else (6)                               |
| <input type="checkbox"/> CW2_FINGIVD_7 | No - did not give financial help to anyone (7) |

**75. Compared with before the Coronavirus outbreak in March**, has the amount of financial help you have been **giving** since then ....?

Increased (1)

 CW2\_FINGIVCHAN

Decreased (2)

Stayed the same (3)

No - did not give financial help to anyone (4)

**76. Between March 2019 and March 2020**, did you **receive** financial help, in the form of money or by paying for goods (for example groceries, medicines) from any of the following?

*Please tick all that apply.*

- |                                        |                                                   |
|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> CW2_FINRECB_1 | Adult children, including in-laws (1)             |
| <input type="checkbox"/> CW2_FINRECB_2 | Parents, including in-laws (2)                    |
| <input type="checkbox"/> CW2_FINRECB_3 | Siblings (3)                                      |
| <input type="checkbox"/> CW2_FINRECB_4 | Former spouse or partner (4)                      |
| <input type="checkbox"/> CW2_FINRECB_5 | Friends or neighbours (5)                         |
| <input type="checkbox"/> CW2_FINRECB_6 | Someone else (6)                                  |
| <input type="checkbox"/> CW2_FINRECB_7 | No - did not receive financial help to anyone (7) |



**77. Since the Coronavirus outbreak in March, have you **received** financial help, in the form of money or by paying for goods (for example groceries, medicines) from any of the following?**

Please tick all that apply.

- |                                        |                                                   |
|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> CW2_FINRECD_1 | Adult children, including in-laws (1)             |
| <input type="checkbox"/> CW2_FINRECD_2 | Parents, including in-laws (2)                    |
| <input type="checkbox"/> CW2_FINRECD_3 | Siblings (3)                                      |
| <input type="checkbox"/> CW2_FINRECD_4 | Former spouse or partner (4)                      |
| <input type="checkbox"/> CW2_FINRECD_5 | Friends or neighbours (5)                         |
| <input type="checkbox"/> CW2_FINRECD_6 | Someone else (6)                                  |
| <input type="checkbox"/> CW2_FINRECD_7 | No - did not receive financial help to anyone (7) |

**78. Compared with before the Coronavirus outbreak in March, has the amount of financial help you have been **receiving** since then ....?**

- |                                       |                                                   |
|---------------------------------------|---------------------------------------------------|
| <input type="checkbox"/>              | Increased (1)                                     |
| <input type="checkbox"/> CW2_FINRCHAN | Decreased (2)                                     |
| <input type="checkbox"/>              | Stayed the same (3)                               |
| <input type="checkbox"/>              | No - did not receive financial help to anyone (4) |

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

- Employed (1) → *go to question 80*
- Self-employed (2) → *go to question* → *go to question 80*
- In unpaid/ voluntary work (3) → *go to question 80*
- Apprenticeship (4) → *go to question 80*
- Unemployed (5) → *go to question 85*
- Permanently sick or disabled (6) → *go to question 85*
- Looking after home or family (7) → *go to question 85*
- In education at school/college/university (8) → *go to question 85*
- Retired (9) → *go to question 85*
- Doing something else (10) → *go to question 85*

CW2\_ECONACTIVITYB

80. Still thinking about the job you were doing **just before the Coronavirus outbreak in March**, how many hours per week did you usually work, not including meal breaks but including overtime?

CW2\_WRKHOURSB

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81. What was your job title at that time?

CW2\_JTITLEB

82. 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).

CW2\_JDOB

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- 83.** 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).

CW2\_JMAKEB

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- 84.** In this job, did you have a zero hours contract?

Yes (1)

CW2\_ZEROHB

No (2)

Not applicable (3)

85. Which of these would you say best describes your situation **now**?

CW2\_ECONACTIVITYD

- Employed and currently working (or on annual leave / holiday) (1) → *go to question 86*
- Employed but on paid leave (including furlough) (2) → *go to question 90*
- Employed and on unpaid leave (3) → *go to question 90*
- Apprenticeship (4) → *go to question 86*
- In unpaid/voluntary work (5) → *go to question 86*
- Self-employed and currently working (6) → *go to question 86*
- Self-employed but not currently working (7) → *go to question 90*
- Unemployed (8) → *go to question 91*
- Permanently sick or disabled (9) → *go to question 91*
- Looking after home or family (10) → *go to question 91*
- In education at school/college/university (11) → *go to question 91*
- Retired (12) → *go to question 91*
- Doing something else (13) → *go to question 91*

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

CW2\_WRKHOURSD

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

CW2\_WRKLOCATIOND

- Work from your own home (1)
- Work at employer's premises (2) → *go to question 89*
- Work some days at home and some days at employer's premises (3)
- Other (4) → *go to question 89*

88. Using a scale of 0 to 10, where 0 means 'completely disagree' and 10 means 'completely agree', please indicate the extent to which you agree or disagree with the statement below.

**CW2\_HWRKSAT**

I am able to work effectively whilst being at home

**Completely disagree**

**Completely agree**

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"/>

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

**CW2\_KEYWORKERD**

Yes (1)

No (2)

90. All things considered, how satisfied or dissatisfied are you with your present job overall?

Very satisfied (1)

**CW2\_JOBSATIS**

Somewhat satisfied (2)

Neither satisfied nor dissatisfied (3)

Dissatisfied (4)

Very dissatisfied (5)

Not applicable (6)

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

CW2\_PECONACTIVITYB

Employed (1) → go to question 92

Self-employed (2) → go to question 92

In unpaid/ voluntary work (3) → go to question 92

Apprenticeship (4) → go to question 92

Unemployed (5) → go to question 97

Permanently sick or disabled (6) → go to question 97

Looking after home or family (7) → go to question 97

In education at school/college/university (8) → go to question 97

Retired (9) → go to question 97

Doing something else (10) → go to question 97

Not applicable, no partner (0) → go to question 100

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

CW2\_PWRKHOURSB

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

CW2\_PJTITLEB

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94. 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).

CW2\_PJOBDB

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95. 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).

CW2\_PJMAKEB

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

CW2\_PZEROHB

Yes (1)

No (2)

Not applicable (3)

97. Which of these would you say best describes **your partner's** situation **now**?

- Employed and currently working <sup>(1)</sup>→ *go to question 98*
- Employed but on paid leave (including furlough) <sup>(2)</sup>→ *go to question 100*
- Employed and on unpaid leave <sup>(3)</sup>→ *go to question 100*
- Apprenticeship <sup>(4)</sup>→ *go to question 98*
- In unpaid/voluntary work <sup>(5)</sup>→ *go to question 98*
- Self-employed and currently working <sup>(6)</sup>→ *go to question 98*
- Self-employed but not currently working <sup>(7)</sup>→ *go to question 100*
- Unemployed <sup>(8)</sup>→ *go to question 100*
- Permanently sick or disabled <sup>(9)</sup>→ *go to question 100*
- Looking after home or family <sup>(10)</sup>→ *go to question 100*
- In education at school/college/university <sup>(11)</sup>→ *go to question 100*
- Retired <sup>(12)</sup>→ *go to question 100*
- Doing something else <sup>(13)</sup>→ *go to question 100*
- Not applicable, no partner <sup>(0)</sup>→ *go to question 100*

CW2\_PECONACTIVITYD

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

CW2\_PWRKHOURSD

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

- Yes <sup>(1)</sup> CW2\_PKEYWORKER
- No <sup>(2)</sup>



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

100. Which of these statements applies to you?

CW2\_SMOKING

I've never smoked cigarettes <sup>(1)</sup> → go to question 103

I used to smoke cigarettes but don't at all now <sup>(2)</sup> → go to question 103

I now smoke cigarettes occasionally but not every day <sup>(3)</sup>

I smoke cigarettes every day <sup>(4)</sup>

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

CW2\_NUMCIGSPP



102. In the **last four weeks**, how many cigarettes a day have you typically smoked?

CW2\_NUMCIGSSP



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

CW2\_VAPE

I've never used an electronic cigarette or a vaping device <sup>(1)</sup> → go to question 105

I used to use an electronic cigarette or a vaping device but don't at all now <sup>(2)</sup> → go to question 105

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

I use electronic cigarettes or vaping devices every day <sup>(4)</sup>

**104. In the last four weeks, has the amount you have been using an electronic cigarette or vaping device changed?**

CW2\_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)

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

CW2\_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 107*

Never (5) → *go to question 107*

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

CW2\_AUNDPP

1-2 (1)

3-4 (2)

5-6 (3)

7-9 (4)

10+ (5)

**107. In the last four weeks, how often have you had a drink containing alcohol?**

CW2\_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 110*

Never (5) → *go to question 110*

**108. In the last four weeks, how many standard alcoholic drinks do you have on a typical day when you were drinking?**

1-2 (1)

CW2\_AUNDSP

3-4 (2)

5-6 (3)

7-9 (4)

10+ (5)

**109. Since the national lockdown restrictions started to be eased in June, how often have you found you were not able to stop drinking once you had started?**

CW2\_AUSDSP

Never (1)

Less than monthly (2)

Monthly (3)

Weekly (4)

Daily or almost daily (5)

**110. In the month before the Coronavirus outbreak in March, 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?**

CW2\_EXCISEPP

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**111. In the last four weeks, 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?**

CW2\_EXCISESP

--	--

- 112.** In the **month before the Coronavirus outbreak in March**, 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.*

CW2_FRTVEGPP		
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- 113.** In the **last four weeks**, 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.*

CW2_FRTVEGSP		
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- 114.** In the **month before the Coronavirus outbreak in March**, how many hours did you sleep each night on average?

Please round to the nearest hour.

CW2_HSLEEPPP		
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- 115.** In the **last four weeks**, how many hours have you slept each night on average?

Please round to the nearest hour.

CW2_HSLEEPSP		
--------------	--	--

**The next question is about your weight.**

**116.** What is your weight?

Please report your weight in kilograms or stones and pounds.

Kilograms (1)  
 OR  
   Stones and   Pounds (2)  
 OR  
    
 I do not wish to report my weight (3)

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

**117.** 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)  
 2-3 days (3)  
 1 day (4)  
 Never (5)

**118.** 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?

- Every day (1)  
 4-6 days (2)  
 2-3 days (3)  
 1 day (4)  
 Never (5)

**119. 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?**

- Every day (1)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

CW2\_SCON3

**120. 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)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

CW2\_SCON4

**121. 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?**

- Every day (1)
- 4-6 days (2)
- 2-3 days (3)
- 1 day (4)
- Never (5)

CW2\_SCON5

**122.** If you were sick in bed how much could you count on the people around you to help out?

- Not at all (1)
- A little (2)
- Somewhat (3)
- A great deal (4)

CW2\_SICK

**123.** If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?

- Not at all (1)
- A little (2)
- Somewhat (3)
- A great deal (4)

CW2\_LISTEN

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

Please tick **one option** for each row

		Hardly ever (1)	Some of the time (2)	Often (3)
<b>124.</b> How often do you feel that you lack companionship?	CW2_LONELY_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>125.</b> How often do you feel left out?	CW2_LONELY_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>126.</b> How often do you feel isolated from others?	CW2_LONELY_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>127.</b> How often do you feel lonely?	CW2_LONELY_4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**128.** Overall, how satisfied are you with your life nowadays, where 0 means 'not at all' and 10 means 'completely'?

Please tick one option.

Never	CW2_SATN										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"/>	

**129.** In the 3 months before the Coronavirus outbreak in March, in general would you say your mental health was...

	<input type="checkbox"/>	Excellent (1)
CW2_MHBEF	<input type="checkbox"/>	Very good (2)
	<input type="checkbox"/>	Good (3)
	<input type="checkbox"/>	Fair (4)
	<input type="checkbox"/>	Poor (5)

**130.** Thinking about now, in general would you say your mental health is...

	<input type="checkbox"/>	Excellent (1)
CW2_MHNOW	<input type="checkbox"/>	Very good (2)
	<input type="checkbox"/>	Good (3)
	<input type="checkbox"/>	Fair (4)
	<input type="checkbox"/>	Poor (5)

**131.** Which of these statements is more true for you?

CW2_CONTRL	<input type="checkbox"/>	I usually have a free choice and control over my life (1)
	<input type="checkbox"/>	Whatever I do has no real effect on what happens to me (2)



**132.** Please select the answer that best describes your experience of each **over the last two weeks**

Please tick **one option** for each row

	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_1					
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_2					
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_3					
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_4					
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_5					
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_6					
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CW2_WEMWBS_7					

Please tick one option for each row

		Better than usual (1)	Same as usual (2)	Less than usual (3)	Much less than usual (4)
133.	Have you recently been able to concentrate on what you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134.	Have you recently lost much sleep over worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135.	Have you recently felt that you are playing a useful part in things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136.	Have you recently felt capable of making decisions about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137.	Have you recently felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138.	Have you recently felt you couldn't overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139.	Have you recently been able to enjoy your normal day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140.	Have you recently been able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141.	Have you recently been feeling unhappy or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142.	Have you recently been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143.	Have you recently been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144.	Have you recently been feeling reasonably happy, all things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

145. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**146.** Please select the answer that best describes your experience of each **over the last two weeks**

Please tick one option for each row	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
In uncertain times, I usually expect the best	CW2_OPTMSM_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future	CW2_OPTMSM_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad	CW2_OPTMSM_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one option.

CW2\_RISK

**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"/>

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

Please tick one option.

CW2\_PATIENT

**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"/>

**149.** 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.

CW2\_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"/>

- 150.** 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.

CW2\_TRUSTPOLP

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"/>

**We would like to know about how you have been spending your time recently.**

- 151.** How many hours have you been spending doing each of the following activities on a typical week day in the **last two weeks**?

Please enter whole hours (e.g. 1) or half hours (e.g. 1.5). Please round to the nearest half an hour.

If you are not sure of the exact amount of time, please give your best estimate.

If you have not typically spent any time doing an activity, or you have typically spent less than half an hour doing an activity please enter 0.

	Number of hours
Paid work <sup>(1)</sup>	CW2_Timeuse_1
Volunteering / unpaid work (not for your household) <sup>(2)</sup>	CW2_Timeuse_2
Home schooling your children (if you have any) <sup>(3)</sup>	CW2_Timeuse_3
Other interactive activities with children (e.g. reading to them, playing games with them, painting/drawing with them, doing puzzles together). <sup>(4)</sup>	CW2_Timeuse_4
Caring for someone other than a child <sup>(5)</sup>	CW2_Timeuse_5
Housework (e.g. cleaning, laundry, cooking, DIY) <sup>(6)</sup>	CW2_Timeuse_6
Studying <sup>(7)</sup>	CW2_Timeuse_7
Physical activity / exercise <sup>(8)</sup>	CW2_Timeuse_8
Other leisure activities and hobbies (e.g. TV, gaming, reading, news, listening to music, gardening, online shopping, mealtime, relaxing) <sup>(9)</sup>	CW2_Timeuse_9
Socialising with non-household members via telephone, video-calling or messaging <sup>(10)</sup>	CW2_Timeuse_10

	Number of hours
Socialising with non-household members in person <sup>(11)</sup>	CW2_Timeuse_11
Travelling for work <sup>(12)</sup>	CW2_Timeuse_12
Shopping or essential appointments <sup>(13)</sup>	CW2_Timeuse_13
Personal care (e.g. taking a shower/bath, grooming, getting dressed etc.) <sup>(14)</sup>	CW2_Timeuse_14
Ill in bed <sup>(15)</sup>	CW2_Timeuse_15
Other <sup>(16)</sup>	CW2_Timeuse_16

**152.** How many hours in total have you been spending outside of your home on a typical week day in the **last two weeks**?

*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.

		CW2_Timeuse2
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- 153.** The next questions will ask about a number of events.  
Please read each item carefully and then indicate whether or not each event has happened to you in the 12 months prior to the Coronavirus outbreak or since the Coronavirus outbreak in March.

<i>Please tick one option for each row</i>	<b>Yes in 12 months before COVID (1)</b>	<b>Yes, since COVID outbreak (2)</b>	<b>No (3)</b>
Have you had a serious illness or been seriously injured?	CW2_LIFEEVENTS2_1_1	CW2_LIFEEVENTS2_1_2	CW2_LIFEEVENTS2_1_3
Has one of your immediate family been seriously ill or injured?	CW2_LIFEEVENTS2_2_1	CW2_LIFEEVENTS2_2_2	CW2_LIFEEVENTS2_2_3
Have any of your close friends or relatives been seriously ill or injured?	CW2_LIFEEVENTS2_3_1	CW2_LIFEEVENTS2_3_2	CW2_LIFEEVENTS2_3_3
Have you, or an immediate family member been subject to any abuse, at least once, because of race?	CW2_LIFEEVENTS2_4_1	CW2_LIFEEVENTS2_4_2	CW2_LIFEEVENTS2_4_3
Have you, or an immediate family member been subject to any abuse, at least once, for another reason?	CW2_LIFEEVENTS2_5_3	CW2_LIFEEVENTS2_5_1	CW2_LIFEEVENTS2_5_2
Have any of your immediate family members died?	CW2_LIFEEVENTS1_1_1	CW2_LIFEEVENTS1_1_2	CW2_LIFEEVENTS1_1_3
Have any of your other close friends or close friends died?	CW2_LIFEEVENTS1_2_1	CW2_LIFEEVENTS1_2_2	CW2_LIFEEVENTS1_2_3
Have you separated from your partner (including death)?	CW2_LIFEEVENTS1_3_1	CW2_LIFEEVENTS1_3_2	CW2_LIFEEVENTS1_3_3
Have you or your partner been unemployed or seeking work for more than 12 months?	CW2_LIFEEVENTS2_6_1	CW2_LIFEEVENTS2_6_2	CW2_LIFEEVENTS2_6_3
Have you or your partner been sacked from your job or made redundant?	CW2_LIFEEVENTS1_4_1	CW2_LIFEEVENTS1_4_2	CW2_LIFEEVENTS1_4_3
Have you had any major financial difficulties (e.g. debts, difficulty paying bills)?	CW2_LIFEEVENTS2_7_1	CW2_LIFEEVENTS2_7_2	CW2_LIFEEVENTS2_7_3
Have you had any serious housing difficulties such as being evicted?	CW2_LIFEEVENTS1_6_1	CW2_LIFEEVENTS1_6_2	CW2_LIFEEVENTS1_6_3
Have you or an immediate family member been a victim of crime?	CW2_LIFEEVENTS2_8_1	CW2_LIFEEVENTS2_8_2	CW2_LIFEEVENTS2_8_3

154. Have you experienced any other events that have had a major impact on your life since the outbreak of the Coronavirus in March?

CW2\_MAJIMP

Yes (1)

No (2) → go to question 156

155. Please describe what has happened to you.

CW2\_MAJIMPOTH

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156. We would welcome any comments about your own experiences, which have not been captured by the questions.

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

CW2\_OPEN

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- 157.** As the coronavirus remains with us, we would like to send you some more questions in the coming months. Your help will be much valued in enabling us to understand the changes to people's health and wellbeing in these difficult times. If you wish to complete postal versions of future questionnaires, please tick the box below.

Postal Only

 CW2\_NSHDMO\_4

**Thank you for completing the questionnaire**