

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 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
CW2_COVDTDAY			CW2_COVDTMNTH		

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

<input type="checkbox"/>
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) | |

CW2_COVIDSYMPT_1

CW2_COVIDSYMPT_11

CW2_COVIDSYMPT_2

CW2_COVIDSYMPT_12

CW2_COVIDSYMPT_3

CW2_COVIDSYMPT_16

CW2_COVIDSYMPT_4

CW2_COVIDSYMPT_13

CW2_COVIDSYMPT_5

CW2_COVIDSYMPT_14

CW2_COVIDSYMPT_6

CW2_COVIDSYMPT_17

CW2_COVIDSYMPT_7

CW2_COVIDSYMPT_19

CW2_COVIDSYMPT_8

CW2_COVIDSYMPT_20

CW2_COVIDSYMPTO

CW2_COVIDSYMPT_18

CW2_COVIDSYMPT_23

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

CW2_GHQ

Excellent (1)

Very good (2)

Good (3)

Fair (4)

Poor (5)

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

CW2_GHQPRECOVID

Excellent (1)

Very good (2)

Good (3)

Fair (4)

Poor (5)

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

CW2_PMED

Yes (1)

No (2) → *go to question 17*

12. Which type of prescribed medication were you taking at that time?
Please tick all that apply.

CW2_PMEDTYP_1

Asthma medication (1) → *go to question 14*

CW2_PMEDTYP_2

Oral contraceptive or hormone replacement therapy (2) → *go to question 14*

CW2_PMEDTYP_3

Anti-depressant or anxiety medication (3) → *go to question 14*

CW2_PMEDTYP_4

Diabetes medication (4) → *go to question 14*

CW2_PMEDTYP_5

Hypertension or cardiovascular disease medication (5)

CW2_PMEDTYP_6

Cancer chemotherapy (6) → *go to question 14*

CW2_PMEDTYP_7

Other (7) → *go to question 14*

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

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> CW2_CARDMED_1 | ACE-inhibitor (e.g. Ramipril, Lisinopril) (1) |
| <input type="checkbox"/> CW2_CARDMED_2 | Sartan (e.g. Losartan, Valsartan, Candesartan) (2) |
| <input type="checkbox"/> CW2_CARDMED_3 | Entresto (sucubitril/valsartan) (3) |
| <input type="checkbox"/> CW2_CARDMED_4 | None of these (4) |

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> CW2_PMEDDIF | Yes (1) |
| <input type="checkbox"/> | No / Not applicable (2) → <i>go to question 17</i> |

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

Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> CW2_PMEDDIFTYP_1 | Asthma medication (1) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_2 | Oral contraceptive or hormone replacement therapy (2) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_3 | Anti-depressant or anxiety medication (3) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_4 | Diabetes medication (4) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_5 | Hypertension or cardiovascular disease medication (5) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_6 | Cancer chemotherapy (6) |
| <input type="checkbox"/> CW2_PMEDDIFTYP_7 | Other (7) |

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

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> CW2_PMEDDIFB | Yes (1) |
| <input type="checkbox"/> | No (2) |
| <input type="checkbox"/> | Not applicable – no longer require this medication (3) |

17. 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 22*

18. 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 21*

19. 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)

20. 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 22

21. 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)

22. 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 26

23. 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 25

24. 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 26

25. Why has your surgery not taken place?

 CW2_APPNOTS

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

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

My surgery was cancelled (3)

26. 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 31

- 27.** 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 30

- 28.** 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)

- 29.** 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 31.

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

 CW2_APPNOTH

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)

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

- 31.** How many people do you currently live with? Please include yourself.

32.

 CW2_HHNUM

If you live alone, go to question 40

33. 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 34

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 34

CW2_HHNUMWH_5

Grandchild ⁽⁵⁾→ go to question 34

CW2_HHNUMWH_6

Sibling ⁽⁶⁾→ go to question 34

CW2_HHNUMWH_7

Other relative ⁽⁷⁾→ go to question 34

CW2_HHNUMWH_8

Friend / unrelated sharer ⁽⁸⁾→ go to question 34

CW2_HHNUMWH_9

Other ⁽⁹⁾→ go to question 34

33a. How many of your children do you currently live with?

CW2_NUMCHIL

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33b. 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

34. 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 (1) CW2_ANYCHNL

No (2)

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

Yes (1) CW2_COVCHAN

No (2) → *go to question 38*

36. 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

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"/>

37. **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?

CW2_RELCONFL1 My partner and I have argued more often since June, compared to when the lockdown restrictions were strictest (1)

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)

38. *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?

CW2_FAMCONFL1

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

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 40*

39. *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)

40. **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 43*

41. 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 43*

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⁾

42. 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⁾

CW2_CAREHOURS_B

5-9 hours ⁽²⁾

10-19 hours ⁽³⁾

20-34 hours ⁽⁴⁾

35 hours or more ⁽⁵⁾

43. 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?

CW2_CAREB_2

Yes - someone you lived with needed help ⁽²⁾

No ⁽³⁾→ *go to question 46*

Not applicable – live alone ⁽⁴⁾→ *go to question 46*

44. 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 46*

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⁾

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

Up to 4 hours ⁽¹⁾

CW2_CAREHOURSPB

5-9 hours ⁽²⁾

10-19 hours ⁽³⁾

20-34 hours ⁽⁴⁾

35 hours or more ⁽⁵⁾

46. 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?

CW2_CAREA_1

Yes - I needed help ⁽¹⁾

No ⁽³⁾→ *go to question 50*

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

Amount of help needed has increased (1)

CW2_CARECHANA

Amount of help needed has decreased (2)

Amount of help needed has stayed the same (3)

Not applicable (4)

48. In the last four weeks, who has provided you with the help you have needed?

Please tick all that apply.

CW2_CAREWHOA_1

Nobody – needs were not met (1) → *go to question 50*

CW2_CAREWHOA_2

Husband/wife/partner (2)

CW2_CAREWHOA_3

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

CW2_CAREWHOA_4

Friend or neighbour (4)

CW2_CAREWHOA_5

Voluntary helper (5)

CW2_CAREWHOA_6

Paid/professional help (6)

CW2_CAREWHOA_7

Other (7)

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

Up to 4 hours (1)

CW2_CAREHOURS

5-9 hours (2)

10-19 hours (3)

20-34 hours (4)

35 hours or more (5)

50. 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?

- CW2_CAREA_2** Yes - someone I lived with needed help (2)
- No (3) → *go to question 54*
- Not applicable – live alone (4) → *go to question 54*

51. 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)
- CW2_CARECHANP** Amount of help needed has decreased (2)
- Amount of help needed has stayed the same (3)
- Not applicable (4)

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

- CW2_CAREWHOAP_1** Nobody – needs were not met (1) → *go to question 54*
- CW2_CAREWHOAP_2** Me (2)
- CW2_CAREWHOAP_3** Husband/wife/partner (3)
- CW2_CAREWHOAP_4** Son or daughter or other family member (include even if not blood related) (4)
- CW2_CAREWHOAP_5** Friend or neighbour (5)
- CW2_CAREWHOAP_6** Voluntary helper (6)
- CW2_CAREWHOAP_7** Paid/professional help (7)
- CW2_CAREWHOAP_8** Other (8)

53. 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.

54. Which country do you live in?

- England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)
- Other (specify) (5) _____

CW2_COUNTRES

CW2_COUNTRESOTH

55. Have you moved to a new address since the beginning of June?

- Yes (1)
- No (2) → go to question 59

CW2_MOVE

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

CW2_CMPOST

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57. 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

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

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

59. 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)

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

- Yes (1)
- No (2) → go to question 62

61. 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)

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

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

CW2_FINANCIALMAND

- I'm much worse off (1)
- I'm a little worse off (2)
- I'm about the same (3) → *go to question 64*
- I'm a little better off (4) → *go to question 64*
- I'm much better off (5) → *go to question 64*

- 63.** 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?

Please tick all that apply.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> CW2_FINHTY_1 | Reduced spending (1) |
| <input type="checkbox"/> CW2_FINHTY_2 | Used savings (1) |
| <input type="checkbox"/> CW2_FINHTY_3 | New borrowing from bank or credit card (1) |
| <input type="checkbox"/> CW2_FINHTY_4 | New borrowing from family and friends (1) |
| <input type="checkbox"/> CW2_FINHTY_5 | None of these (1) |

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

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> CW2_FINEXP | I will be much worse off (1) |
| <input type="checkbox"/> | I will be a little worse off (2) |
| <input type="checkbox"/> | I will be about the same (3) |
| <input type="checkbox"/> | I will be a little better off (4) |
| <input type="checkbox"/> | I will be much better off (5) |

- 65.** 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) |

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

Please tick all that apply.

CW2_BENEFITOTH_1

Mortgage or rent payment holidays (1)

CW2_BENEFITOTH_5

Council tax payment holiday (5)

CW2_BENEFITOTH_2

Other debt repayment or interest payment holidays (2)

CW2_BENEFITOTH_4

No - none of these (4)

67. 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.

CW2_FINGIVB_1

Adult children, including in-laws (1)

CW2_FINGIVB_2

Parents, including in-laws (2)

CW2_FINGIVB_3

Siblings (3)

CW2_FINGIVB_4

Former spouse or partner (4)

CW2_FINGIVB_5

Friends or neighbours (5)

CW2_FINGIVB_6

Someone else (6)

CW2_FINGIVB_7

No - did not give financial help to anyone (7)

68. 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.

CW2_FINGIVD_1

Adult children, including in-laws (1)

CW2_FINGIVD_2

Parents, including in-laws (2)

CW2_FINGIVD_3

Siblings (3)

CW2_FINGIVD_4

Former spouse or partner (4)

CW2_FINGIVD_5

Friends or neighbours (5)

CW2_FINGIVD_6

Someone else (6)

CW2_FINGIVD_7

No - did not give financial help to anyone (7)

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

CW2_FINGIVCHAN

Increased (1)

Decreased (2)

Stayed the same (3)

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

70. **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.

CW2_FINRECB_1

Adult children, including in-laws (1)

CW2_FINRECB_2

Parents, including in-laws (2)

CW2_FINRECB_3

Siblings (3)

CW2_FINRECB_4

Former spouse or partner (4)

CW2_FINRECB_5

Friends or neighbours (5)

CW2_FINRECB_6

Someone else (6)

CW2_FINRECB_7

No - did not receive financial help to anyone (7)

71. **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.

CW2_FINRECD_1

Adult children, including in-laws (1)

CW2_FINRECD_2

Parents, including in-laws (2)

CW2_FINRECD_3

Siblings (3)

CW2_FINRECD_4

Former spouse or partner (4)

CW2_FINRECD_5

Friends or neighbours (5)

CW2_FINRECD_6

Someone else (6)

CW2_FINRECD_7

No - did not receive financial help to anyone (7)

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

CW2_FINRCHAN

Increased (1)

Decreased (2)

Stayed the same (3)

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

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

Employed and currently working (or on annual leave / holiday) (1) → *go to question 74*

CW2_ECONACTIVITYD

Employed but on paid leave (including furlough) (2) → *go to question 78*

Employed and on unpaid leave (3) → *go to question 78*

Apprenticeship (4) → *go to question 74*

In unpaid/voluntary work (5) → *go to question 74*

Self-employed and currently working (6) → *go to question 74*

Self-employed but not currently working (7) → *go to question 78*

Unemployed (8) → *go to question 79*

Permanently sick or disabled (9) → *go to question 79*

Looking after home or family (10) → *go to question 79*

In education at school/college/university (11) → *go to question 79*

Retired (12) → *go to question 79*

Doing something else (13) → *go to question 79*

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

CW2_WRKHOURSD

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

Work from your own home (1)

CW2_WRKLOCATIOND

Work at employer's premises (2) → *go to question 77*

Work some days at home and some days at employer's premises (3)

Other (4) → *go to question 77*

76. 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

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

CW2_KEYWORKERD

Yes (1)

No (2)

78. 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)

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

Employed and currently working (1)→ *go to question 80*

CW2_PECONACTIVITYD

Employed but on paid leave (including furlough) (2)→ *go to question 82*

Employed and on unpaid leave (3)→ *go to question 82*

Apprenticeship (4)→ *go to question 80*

In unpaid/voluntary work (5)→ *go to question 80*

Self-employed and currently working (6)→ *go to question 80*

Self-employed but not currently working (7)→ *go to question 82*

Unemployed (8)→ *go to question 82*

Permanently sick or disabled (9)→ *go to question 82*

Looking after home or family (10)→ *go to question 82*

In education at school/college/university (11)→ *go to question 82*

Retired (12)→ *go to question 82*

Doing something else (13)→ *go to question 82*

Not applicable, no partner (0)→ *go to question 82*

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

CW2_PWRKHOUSD

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

Yes (1)

CW2_PKEYWORKER

No (2)

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

82. Which of these statements applies to you?

CW2_SMOKING

I've never smoked cigarettes (1) → *go to question 84*

I used to smoke cigarettes but don't at all now (2) → *go to question 84*

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

I smoke cigarettes every day (4)

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

CW2_NUMCIGSSP

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84. 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 (1) → *go to question 86*

I used to use an electronic cigarette or a vaping device but don't at all now (2) → *go to question 86*

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)

85. 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)

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

4 or more times a week (1)

CW2_ALDRSP

2-3 times a week (2)

2-4 times per month (3)

Monthly or less (4)

Never (5) → *go to question 89*

87. 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)

88. **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?

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

CW2_AUSDSP

89. **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

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90. **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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91. **In the last four weeks**, how many hours have you slept each night on average? Please round to the nearest hour.

CW2_HSLEEPSP

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The next question is about your weight.

92. What is your weight?

Please report your weight in kilograms or stones and pounds.

<input type="text" value="CW2_WGHTKG"/>	<input type="text"/>	Kilograms (1)
OR		
<input type="checkbox"/>	<input type="text"/>	Stones and
<input type="checkbox"/>	<input type="text"/>	Pounds (2)
<input type="checkbox"/>	<input type="text" value="CW2_WGHTSTP_4"/>	
<input type="checkbox"/>		I do not wish to report my weight (3)
<input type="text" value="CW2_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.

93. 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?

<input type="checkbox"/>	Every day (1)
<input type="text" value="CW2_SCON1"/>	<input type="checkbox"/>
	4-6 days (2)
<input type="checkbox"/>	2-3 days (3)
<input type="checkbox"/>	1 day (4)
<input type="checkbox"/>	Never (5)

94. 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?

<input type="text" value="CW2_SCON2"/>	<input type="checkbox"/>
	Every day (1)
<input type="checkbox"/>	4-6 days (2)
<input type="checkbox"/>	2-3 days (3)
<input type="checkbox"/>	1 day (4)
<input type="checkbox"/>	Never (5)

95. 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)

CW2_SCON3

2-3 days (3)

1 day (4)

Never (5)

96. 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)

CW2_SCON4

4-6 days (2)

2-3 days (3)

1 day (4)

Never (5)

97. 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)

CW2_SCON5

2-3 days (3)

1 day (4)

Never (5)

98. 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)

99. 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)

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

Please tick **one option** for each row

- | | | Hardly
ever
<small>(1)</small> | Some of
the time
<small>(2)</small> | Often
<small>(3)</small> |
|---|--------------------------|--------------------------------------|---|-----------------------------|
| 100. How often do you feel that you lack companionship? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. How often do you feel left out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. How often do you feel isolated from others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. How often do you feel lonely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

104. 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"/>	

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

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

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

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

107. 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)

108. 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"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Please tick one option for each row

		Better than usual (1)	Same as usual (2)	Less than usual (3)	Much less than usual (4)
109.	Have you recently been able to concentrate on what you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110.	Have you recently lost much sleep over worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111.	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"/>
112.	Have you recently felt capable of making decisions about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113.	Have you recently felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114.	Have you recently felt you couldn't overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.	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"/>
116.	Have you recently been able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117.	Have you recently been feeling unhappy or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118.	Have you recently been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119.	Have you recently been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120.	Have you recently been feeling reasonably happy, all things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

121. 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"/>

122. 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"/>

123. 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"/>

124. 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"/>

125. 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"/>

- 126.** 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.

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

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

128. 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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129. 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>	Yes in 12 months before COVID (1)	Yes, since COVID outbreak (2)	No (3)
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 members 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, attack or harassment 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, attack or harassment 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 relatives 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 problems 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

- 133.** 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.

 CW2_NSHDMO_4

Postal Only

Thank you for completing the questionnaire