

CW3_NTAG1

MRC National Survey of Health and Development COVID-19 Questionnaire

Version: 29/04/2021

Thank you for taking part in the 3rd wave of the MRC National Survey of Health and Development COVID-19 questionnaire.

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

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

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

Please enter the date you completed the que	CW3_COVDTDAY] [CW3_COVDTMNTH
		Day	Month 2021
Please enter a cross if the questionnaire was member	s completed by prox	y on b	CW3_COVPRXY
What is the relationship of proxy to study me	mber:		
CW3 COVF			

The first set questions are about your health.

- 1. Do you think that you have or have had Coronavirus? $CW3_COVID19$ \Box Yes, confirmed by a positive test (1) \Box Yes, based on strong personal suspicion or medical advice (2) \Box Unsure (3) \Box No (4) \rightarrow go to question 11
- 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 2020 or earlier (1) CW3_COVID19POS
March 2020 (2)
April 2020 (3)
May 2020 (4)
June 2020 (5)
July 2020 (6)
August 2020 (7)
September 2020 (8)
October 2020 (9)
November 2020 (10)
December 2020 (11)
January 2021 (12)
February 2021 (13)
March 2021 (14)
April 2021 (15)
May 2021 (16)
June 2021 (17)

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.*

CW3_COVIDADV_1	Yes - discussed symptoms with doctor/GP/practice nurse (1)
CW3_COVIDADV_2	Yes - discussed symptoms with NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (2)
CW3_COVIDADV_3	Yes – accessed online advice at NHS 111 in England, Wales and Northern Ireland or NHS 24 in Scotland (3)
CW3_COVIDADV_4	Yes - visited pharmacist (4)
CW3_COVIDADV_5	Yes - visited A&E or walk in centre (5)
CW3_COVIDADV_6	No (6)

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

Yes (1)	CW3_COVID_HOSPAD
No (2)	

5. For how long were you unable to function as normal due to COVID-19 Coronavirus symptoms?

l was always able	to function as normal (1)
1-3 days (2)	CW3_COVFUNC
4-6 days (3)	
1 week or more, le	ess than 2 weeks (4)
2 weeks or more,	less than 4 weeks (5)
4 weeks or more,	less than 12 weeks (6)
12 weeks or more	? (7)

6. How many days were you so unwell that you stayed in bed or on the sofa due to Coronavirus?

None (1) CW3_COVBED	,
1-3 days (2)]
4-6 days (3)	
1 week or more, less than 2 w	eeks (4)
2 weeks or more, less than 4	weeks (5)
4 weeks or more, less than 12	weeks (6)
12 weeks or more (7)	

- **7.** Have you been told by a doctor that you may have a new condition, illness, or disability as a result of Coronavirus?
 - $\square \qquad Yes (1) \qquad \boxed{CW3_COVNEWILL} \\ \square \qquad No (2) \rightarrow go to question 9$
- **8.** What new condition, illness or disability does your doctor think you may have as a result of Coronavirus? *Please tick all that apply.*

CW3_COVNEWILT_1	Post-viral fatigue (1)				
CW3_COVNEWILT_2	A blood clot in the leg, heart, lung or brain (2)				
CW3_COVNEWILT_3	A heart condition (3)				
CW3_COVNEWILT_4	A lung condition (4)				
CW3_COVNEWILT_5	A condition affecting the mind or brain (5)				
CW3_COVNEWILT_6	A condition affecting the nervous system outside the brain (6)				
CW3_COVNEWILT_7	Thyroid disease (7)				
CW3_COVNEWILT_8	Other (specify) (8) CW3_COVNEWILTOTH				

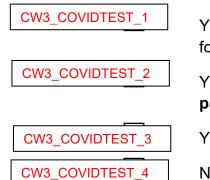
9. In the **past few** weeks have you been troubled by....

	Rarely (1)	Some of the time (2)	A good part of the time (3)	Most of the time (4)
Waking up tired? CW3 TIRED	GRID 1			
Feeling tired after rest or cwarrelaxation?	3 TIREDGRID 2			
Needing to sleep longer?	V3_TIREDGRID_3			
Prolonged tiredness after CV activity?	V3_TIREDGRID_4			
Poor sleep? CW3 TIREDO	GRID 5			

10. The next questions are about how you have been feeling in the **last month**.

In the last month	Less than usual (1)	No more than usual (2)	More than usual (3)	Much more than usual (4)
Have you had problems with tiredness?	CW3 FATGRID 1			
Have you needed to rest more?	CW3_FATGRID_2			
Have you felt sleepy or drowsy?	CW3 FATGRID 3			
Have you had problems starting things?	CW3 FATGRID 4			
Have you lacked energy?	CW3 FATGRID 5			
Have you made slips of the tongue when speaking?	CW3_FATGRID_9			
Have you found it more difficult to find the right word?	CW3 FATGRID 1	0		

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



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

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

Yes – but I don't know which type (3)

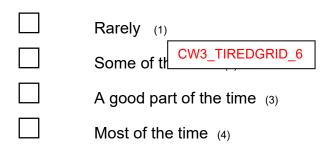
No $(4) \rightarrow go \text{ to question } 14$

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

C	W3_COVIDCURRESULT		V3_COVIDINCRESULT		
	(Nasal or saliv CW	V3_COVIDPASRESULT	Unsure of type		
Positive – had COVID (1)					
Negative – did not have COVID (2)					
Inconclusive (3)					
Waiting for results (4)					

13. When did you have this te	CW3_COVIDINCWH	EN		
	Current infection (Nasal or saliva)	CW3_COVIDPASWI	HEN sure of type	
February 2020 or earlier (1)				
March 2020 (2)				
April 2020 (3)				
May 2020 (4)				
June 2020 (5)				
July 2020 (6)				
August 2020 (7)				
September 2020 (8)				
October 2020 (9)				
November 2020 (10)				
December 2020 (11)				
January 2021 (12)				
February 2021 (13)				
March 2021 (14)				
April 2021 (15)				
May 2021 (16)				
June 2021 (17)				

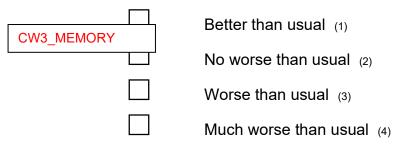
14. In the past few weeks have you been troubled by being excessively tired or exhausted?



15. The next questions are about how you have been feeling in the last month.

In the last month	Less than usual (1)	No more than usual (2)	More than usual (3)	Much more than usual (4)
Have you had less strength in your muscles?	CW3_FATGRID_6	6		
Have you felt weak?	CW3_FATGRID_7			
Have you had difficulties concentrating?	CW3_FATGRID_8	<u> </u>		

16. How is your memory?



17. Over the past two months, have you experienced strange, unpleasant sensations in CW3_SKIN
 in, such as pricking, tingling or burning?
 Yes (1)
 No (2)

18. Over the **past two months**, on average, how often has shortness of breath caused you to limit what you wanted to do?

	Never (1)
CW3_SHORTB	Less than once a month (2)
	Between once a week and once a month (3)
	More than once a week (4)
	Nearly every day (5)

19. Over the **past two months**, how often have you experienced your heart racing, when you are not exercising (palpitations)?

CW3_PALP]	Never (1)
		Less than once a month (2)
		Between once a week and once a month (3)
		More than once a week (4)
		Nearly every day (5)

20. Over the **past two months**, how often have you had to restrict your work or normal daily activity due to how you feel?

CW3_ACTIVITY	Never (1)
	Less than once a month (2)
	Between once a week and once a month (3)
	More than once a week (4)
	Nearly every day (5)

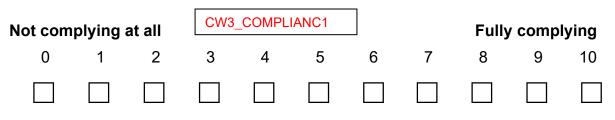
21. Have you experienced any of the following symptoms **in the past 2 weeks**? *Please tick all that apply.*

CW3_COVIDSYMPT_1 (1)	Fatigue (11) CW3_COVIDSYMPT_11
CW3_COVIDSYMPT_2 - dry (2)	Unusual loose motions or diarrhoea (12) CW3_COVIDSYMPT_12
CW3_COVIDSYMPT_3 - mucus or phlegm (3)	Vomiting (13) CW3_COVIDSYMPT_16
CW3_COVIDSYMPT_4 hroat (4)	Loss of smell (14) CW3_COVIDSYMPT_13
CW3_COVIDSYMPT_5 tightness (5)	Loss of taste (15) CW3_COVIDSYMPT_14
CW3_COVIDSYMPT_6 ess of breath (6)	Skin rash (16) CW3_COVIDSYMPT_17
CW3_COVIDSYMPT_7 nose (7)	Headaches (17) CW3_COVIDSYMPT_19
CW3_COVIDSYMPT_8 congestion (8)	Other, please specif
CW3_COVIDSYMPT_18 ng (9)	CW3_COVIDSYMPTO
CW3_COVIDSYMPT_10 or body aches (10)	No - none o CW3_COVIDSYMPT_23

22. Have you downloaded the NHS COVID 19 Test and Trace App?

Yes (1)
Unable as do not have suitable device (3)

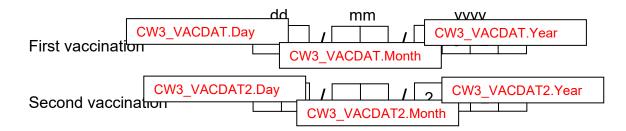
23. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you are complying with social distancing guidelines?



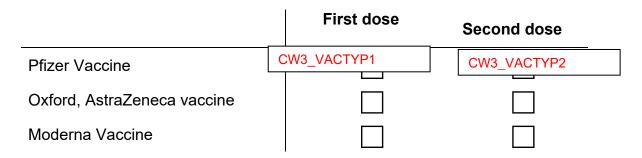
24. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you complied with Government guidelines to reduce the spread of COVID-19?

CW/2	COMPL							
all		ANCZ				Fully	, compl	ying
2 3		4	5	6	7	8	9	10
Yes (1)	W3_OFF	VAC		19?				
en vaccinated	for CO	VID-197)					
Yes (1) $\rightarrow g$	o to que	estion 27	7					
No – but I ir	ntend to	be (2) -	→ go to	questio	n 30			
No – and I	do not ir	ntend to	be (3)	ightarrow go to	questic	on 29		
	all 2 3 2 3 2 3 2 9 2 1 2 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	all 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	2 3 4 a d d d d d d d d d d d d d d d d d d d	all 2 3 4 5 2 1 2 1 2 1 2 1 1 2 1 2 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	all 2 3 4 5 6 2 3 4 5 6 2 0 0 0 0 0 0 en offered a vaccination for COVID-19? Yes (1) No (2) \rightarrow go to question 30 en vaccinated for COVID-19? Yes (1) \rightarrow go to question 27 No – but I intend to be (2) \rightarrow go to question	all 2 3 4 5 6 7 2 3 4 5 6 7 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	allFully2345678 \square \square \square \square \square \square \square en offered a vaccination for COVID-19?Yes (1)CW3_OFFVACNo (2) \rightarrow go to question 30en vaccinated for COVID-19?Yes (1) \rightarrow go to question 27	allFully complete23456789 \square \square \square \square \square \square \square \square en offered a vaccination for COVID-19? Yes (1)CW3_OFFVAC \square \square \square No (2) \rightarrow go to question 30en vaccinated for COVID-19? Yes (1) \rightarrow go to question 27 No – but I intend to be (2) \rightarrow go to question 30

27. Please enter the date that you got vaccinated? *If you have only had one vaccination, leave the second vaccination date blank.*



28. Which vaccination did you receive?



29. Why have you chosen not to get vaccinated? *Please tick all that apply.*

CW3_NOVAC_1	Covid-19 vaccine safety not proven yet
CW3_NOVAC_2	Covid-19 vaccine effectiveness not proven yet
CW3_NOVAC_3	I have had Coronavirus, so may be immune
CW3_NOVAC_4	I am not worried about catching Coronavirus
CW3_NOVAC_5	I distrust officials
CW3_NOVAC_6	Vaccines are not safe in general

30. On a scale from 0 to 10, where 0 means 'very badly' and 10 means 'very well', how well would you say the Government has been handling the Coronavirus crisis since the outbreak in March 2020?

Please tick one option.

Very ba	dlv			CW3	_GOVPA	Ν			Verv	well
0	1	2	3	4	5	6	7	8	9	10

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



32. In general, in the 3 months **before** the Coronavirus outbreak in March 2020 how would you say your health was...



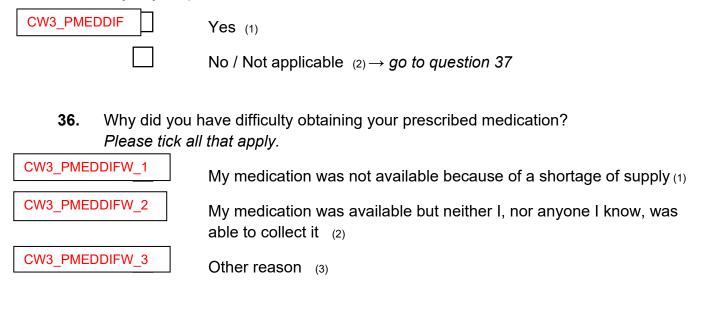
33. Do you currently have any of the following? *Please tick all that apply.*

CW3_LLI1_1	Cancer (1)	CW3_LLI1_9 High blood pressure (9)
CW3_LLI1_2	Cystic fibrosis (2)	CW3_LLI1_10 Heart disease, congenital or acquired (10)
CW3_LLI1_3	Asthma (3)	CW3_LLI2_1Depression or other emotional, nervous or psychiatric problems (11)
CW3_LLI1_4	Chronic Obstructive Pulmonary Disease (4)	CW3_LLI2_2 besity (12)
CW3_LLI1_5	Wheezy bronchitis (5)	CW3_LLI2_3 hfection (13)
CW3_LLI1_6	Diabetes (6)	CW3_LLI2_4 IV / Immunodeficiency (14)
CW3_LLI1_7	Recurrent backache, prolapsed disc, sciatica or other back problem (7)	dOndition affecting the brain and erves (e.g. Parkinson's, Multiple Sclerosis) (15)
CW3_LLI1_8	Problems with hearing (8)	CW3_LLI2_6 one of the above (16)

34. At the time of the Coronavirus outbreak in March 2020, were you taking any prescribed medication or have you been prescribed any medication since then?

CW3_PMEDYes (1) \square No (2) \rightarrow go to question 37

35. Since the Coronavirus outbreak in March 2020, have you had any difficulty obtaining any of your prescribed medication?



37. Since the Coronavirus outbreak in March 2020, have you at any time had any medical appointments booked? *Please tick all that apply.*

CW3_APPMED_1	Bospital appointment for consultation, investigation or treatment (1)
CW3_APPMED_2	Hospital appointment for surgery (2)
CW3_APPMED_4	Appointment for cognitive behaviour therapy, counselling or psychological therapy (3)
CW3_APPMED_5	Any other medical appointment (4)
CW3_APPMED_3	GP appointment (6)
CW3_APPMED_6	No medical appointments booked $(5) \rightarrow go$ to question 40

38. Were any of your medical appointments cancelled or delayed?



Yes (1)

No $(2) \rightarrow go \text{ to question } 40$

39. Which type of medical appointment was cancelled or delayed? *Please tick all that apply.*

CW3 APPCANT 1	
	Hospital appointment for consultation, investigation or treatment (1)
CW3_APPCANT_2	Hospital appointment for surgery (2)
CW3_APPCANT_3	Appointment for cognitive behaviour therapy, counselling or
	psychological therapy (3)
CW3_APPCANT_4	Any other medical appointment (4)
CW3_APPCANT_5	GP appointment (6)

40. 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?

CW3_SHIELD	Yes (1)
	No (2)

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

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

CW3_HHNUM	

If you live alone, go to question 45.

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

CW3_HHNUMWH_1	Husband/Wife/Cohabiting Partner $(1) \rightarrow go$ to question 45
CW3_HHNUMWH_2	Children (including adult children, step-children, adopted children, foster children or any other children you consider yourself parent to)
CW3_HHNUMWH_3	Parent or Parent-in-law (including step-parent or adoptive parent) (3) \rightarrow <i>go to question</i> 45
CW3_HHNUMWH_5	Grandchild $(5) \rightarrow go \ to \ question \ 45$
CW3_HHNUMWH_6	Sibling $_{(6)} \rightarrow$ <i>go to question</i> 45
CW3_HHNUMWH_7	Other relative $(7) \rightarrow go \text{ to question } 45$
CW3_HHNUMWH_8	Friend / unrelated sharer $_{(8)} \rightarrow$ <i>go to question</i> 45
CW3_HHNUMWH_9	Other $(9) \rightarrow go \ to \ question \ 45$

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

CW3_NUMCHIL

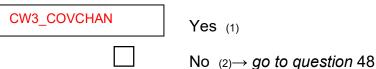
44. Please give the age and gender of each child you live with.

		Age		Ger	nder		
CW3_CHILAGE_1_1	hild 1		Male		Female	CW3	_CHILSEX_1
CW3_CHILAGE_2_1	hild 2		Male		Female	CW3	_CHILSEX_2
CW3_CHILAGE_3_1	nild 3		Male		Female	CW3	_CHILSEX_3
CW3_CHILAGE_4_1	ild 4		Male		Female	CW3	_CHILSEX_4
CW3_CHILAGE_5_1	ild 5		Male		Female	CW3	_CHILSEX_5

45. 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.



46. Have there been any changes to the people you are living with since the Coronavirus outbreak in March 2020? 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?



47. Which of the following changes have occurred **since** the Coronavirus outbreak? *Please tick all that apply.*

CW3_COVPART
CW3_COVCHIL_1
CW3_COVCHIL_2
CW3_COVCHIL_3
CW3_COVPER_1
CW3_COVPER_2
CW3_COVOTH_1



Started living with your partner (1)

At least one of my children has moved into my home (2)

At least one of my children has moved out of my home (3)

I have moved into one of my children's homes (4)

At least one of my parents (or in-laws) has moved in with me (5)

I have moved in with at least one of my parents (or in-laws) (6)

Someone other than a parent (or in-law) or child has moved in to my home (7)

I have moved in to someone other than a parent (or in-law) or child's home $_{\scriptscriptstyle (8)}$

CW3_COVNONE

None of these (9)

48. Are you in a relationship with someone at the moment?



No $(2) \rightarrow go$ to question 50

49. 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 optio	n. C	CW3_REL	SAT			
Very un	happy	,			Very	happy
1	2	3	4	5	6	7

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

50. Which country do you live in?

England 🔟
Wales (2)
Scotland (3)
Northern Ireland (4)
Other (specify) (5) CW3 COUNTRESOTH

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

CW3_CMPOST				

52. 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.

CW3_NUMROOMS

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

CW3_OUTDOORS_1	A garden (1)
CW3_OUTDOORS_2	A patio or yard (2)
CW3_OUTDOORS_3	A roof terrace or large balcony (3)
CW3_OUTDOORS_4	None of the above (4)

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

	Own – outright (1)
CW3_TENURE	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)

55. Has your tenure changed since the start of the Coronavirus outbreak in March 2020?

CW3_TENCHANGE	

Yes (1)

No $(2) \rightarrow go \text{ to question 57}$

56. 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)
CW3 TENUREBC	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)

57. Do you live in a care home?

CW3_CAREHOME	

Yes (1)

We would like to ask you about what you are currently doing.

58. Which of these would you say best describes your situation **now**? *If you are doing more than one activity, please choose the activity that you spend most time doing.*

Are you...

CW3_ECONACTIVITYD	Employed and currently working (or on annual leave / holiday) $(1) \rightarrow go$ to question 59
	Employed but on paid leave (including furlough) $(2) \rightarrow go$ to question 59
	Employed and on unpaid leave $(3) \rightarrow go \ to \ question \ 59$
	Apprenticeship $(4) \rightarrow go to question 59$
	In unpaid/voluntary work $(5) \rightarrow go$ to question 59
	Self-employed and currently working (or on holiday) $_{(6)} \rightarrow go \ to$ question 59
	Self-employed but not currently working $(7) \rightarrow go$ to question 59
	Unemployed (8) \rightarrow go to question 70
	Permanently sick or disabled $(9) \rightarrow go$ to question 70
	Looking after home or family $(10) \rightarrow go to question 70$
	In education at school/college/university $(11) \rightarrow go \ to \ question \ 70$
	Retired (12) \rightarrow go to question 70
	Doing something else $(13) \rightarrow go$ to question 70

59. Are you doing the same type of work now, that you were doing at the time of the Coronavirus outbreak in March 2020?

CW3_SAMEJOBYes (1) \rightarrow go to question 63

No (2)

60. What is your job title?

61. Please describe in your own words what you mainly do in this job. Please describe in detail (for example job title and the type of work) and describe any special qualifications or training needed to do the job.

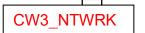
CW3 JDOCUR

62. What does 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).

CW3_JMAKECUR	

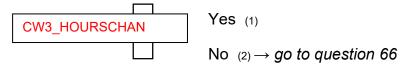
63. How many hours per week do you usually work now, not including meal breaks but including overtime?





Not currently working \rightarrow go to question 69

64. Has the number of hours you usually work per week, changed since the outbreak of Coronavirus in March 2020?



65. Just before the Coronavirus outbreak in March 2020, how many hours per week did you usually work, not including meal breaks but including overtime? Please round to the nearest hour.



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

CW3_WRKLOCATIOND	Work from your own home (1)	
	Work at employer's premises $(2) \rightarrow go$ to question 68	
	Work some days at home and some days at employer's premises	(3)
	Other $_{(4)} \rightarrow go \ to \ question \ 68$	

67. 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.

 I am able to work effectively whilst being at home

 CW3_HWRKSAT
 isagree
 Completely agree

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

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



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

CW3_JOBSATIS	Very satisfied (1)
	Somewhat satisfied (2)
	Neither satisfied nor dissatisfied (3)
	Dissatisfied (4)
	Very dissatisfied (5)
	Not applicable (6)

We would also like to ask you about what you were doing before the Coronavirus outbreak in March 2020 so that we can see how things may have changed for you.

70. Which of these best describes what you were doing just before the Coronavirus outbreak in March 2020?

If you are doing more than one activity, please choose the activity that you spend most time doing.

	Employed (1) \rightarrow go to question 71
CW3_ECONACTIVITYB2	Self-employed $(2) \rightarrow go \ to \ question \ 71$
	In unpaid/voluntary work $(3) \rightarrow go$ to question 71
	Apprenticeship $(4) \rightarrow go \ to \ question \ 71$
	Unemployed $(5) \rightarrow go \text{ to question } 75$
	Permanently sick or disabled $(9) \rightarrow go to question 75$
	Looking after home or family $(10) \rightarrow go$ to question 75
	In education at school/college/university $(11) \rightarrow go \ to \ question \ 75$
	Retired $(12) \rightarrow go \ to \ question \ 75$
	Doing something else $(13) \rightarrow go to question 75$

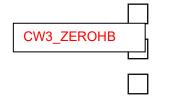
71. What was your job title at that time?

CW3_JTITLEB2

72. 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) and describe any special qualifications or training needed to do the job.

_	
_	
_	
3.	Please describe in detail (for example manufacturing, processing or distribution
3.	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).
.	Please describe in detail (for example manufacturing, processing or distribution goods produced, materials used, wholesale or retail).
- - -	Please describe in detail (for example manufacturing, processing or distributing goods produced, materials used, wholesale or retail).

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



Yes (1)

No (2)

Not applicable (3)

We would like to ask you about what your **partner** is currently doing.

75. Which of these would best describes what your partner situation **now**? *If they were doing more than one activity, please choose the activity that they spent most time doing.*

Is your partner...

CW3_PECONACTIVITYD	Employed and currently working $(1) \rightarrow go$ to question 76
	Employed but on paid leave (including furlough) $_{(2)} \rightarrow$ <i>go to question</i> 76
	Employed and on unpaid leave $(3) \rightarrow go \ to \ question \ 76$
	Apprenticeship $(4) \rightarrow go \ to \ question \ 76$
	In unpaid/voluntary work $(5) \rightarrow go \ to \ question \ 76$
	Self-employed and currently working $_{(6)} \rightarrow$ <i>go to question</i> 76
	Self-employed but not currently working $(7) \rightarrow go \ to \ question \ 76$
	Unemployed $(8) \rightarrow go \ to \ question \ 89$
	Permanently sick or disabled $(9) \rightarrow go$ to question 89
	Looking after home or family $(10) \rightarrow go \ to \ question \ 89$
	In education at school/college/university $(11) \rightarrow go \ to \ question \ 89$
	Retired $(12) \rightarrow go \ to \ question \ 89$
	Doing something else $(13) \rightarrow go \ to \ question \ 89$
	Not applicable, no partner $(0) \rightarrow go \ to \ question \ 89$

76. Was your partner working for the same employer or doing the same type of work that they were doing at the time of the Coronavirus outbreak in March 2020?

CW3_PSAMEJOB	Yes $(1) \rightarrow go to question 80$
	No (2)
	I was not living with my partner at the time of the Coronavirus outbreak in March 2020 $_{(3)} \rightarrow go$ to question 89

77. What is your partner's job title?

CW3_PJTITLECUR

78. Please describe in your own words what **your partner** mainly does in this job. Please describe in detail (for example job title and the type of work) and describe any special qualifications or training needed to do the job.

CW3_PJDOCUR

79. What does 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.

CW3_PJMAKECUR

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



81. Has the number of hours your partner usually work per week, changed since the outbreak of Coronavirus in March 2020?

CW3_PHOURSCHAN	Yes $(1) \rightarrow$ go to question 83
	No (2)

82. Just before the Coronavirus outbreak in March 2020, how many hours per week did your partner usually work, not including meal breaks but including overtime?



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

	Yes (1)
CW3_PKEYWORKERD	lo (2)
	Not applicable (3)

84. We would also like to ask you about what your partner was doing before the Coronavirus outbreak in March 2020 so that we can see how things may have changed for them. Which of these best describes what you were doing just before the Coronavirus outbreak in March 2020? *If you are doing more than one activity, please choose the activity that you spend*

If you are doing more than one activity, please choose the activity that you spend most time doing.

	Employed (1) \rightarrow go to question 85
CW3_PECONACTIVITYB2	elf-employed $(2) \rightarrow go$ to question 85
	In unpaid/voluntary work $(3) \rightarrow go$ to question 85
	Apprenticeship $(4) \rightarrow go \ to \ question \ 85$
	Unemployed $(5) \rightarrow go \ to \ question \ 85$
	Permanently sick or disabled $(9) \rightarrow go to question 89$
	Looking after home or family $(10) \rightarrow go$ to question 89
	In education at school/college/university $(11) \rightarrow$ go to question 89
	Retired (12) \rightarrow go to question 89
	Doing something else $(13) \rightarrow go \ to \ question \ 89$

85. What was their job title at that time?

CW3_PJTITLEB2

86. 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) and describe any special qualifications or training needed to do the job.

CW3_PJDOB2	 	

87. 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).

CW3_PJMAKEB2]		

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

CW3_PZEROHB	Yes (1)
	No (2)
	Not applicable (3)

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

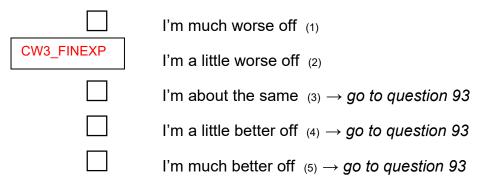
89. In the 3 months before the Coronavirus outbreak in March, how well would you say you personally were managing financially?

CW3_FINANCIALMANB	Living comfortably (1)		
	Doing all right (2)		
	Just about getting by (3)		
	Finding it quite difficult (4)		
	Finding it very difficult (5)		

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



91. In 12 months' time, how do you expect your financial situation will compare to before the Coronavirus outbreak in March 2020?



This question should be based on CW3_Financialmand=1,2 NOT cw3_Finexp

92. You said that you are worse off now compared to before the Coronavirus outbreak in March 2020. Have you or your partner done any of the following as a result of this?

Pease tick all that apply.

CW3_FINHTY_1	Reduced spending (1)
CW3_FINHTY_2	Used savings (2)
CW3_FINHTY_3	New borrowing from bank or credit card (3)
CW3_FINHTY_4	New borrowing from family and friends (4)
CW3_FINHTY_5	None of these (5)

93. In the **three months before the Coronavirus outbreak in March**, did you (or your partner if you have one) receive any of the following? *Please tick all that apply.*

CW3_BENEFITB_2	Universal credit (2)
CW3_BENEFITB_3	Pension credit (3)
CW3_BENEFITB_4	Income support or Job Seeker's Allowance (4)
CW3_BENEFITB_5	Working Tax Credit or Child Tax credit (5)
CW3_BENEFITB_6	Employment and Support Allowance (6)
CW3_BENEFITB_8	Statutory sick pay (7)
CW3_BENEFITB_14	Housing benefit (8)
CW3_BENEFITB_9	Council tax support or reduction (9)
CW3_BENEFITB_12	Carers allowance, Personal independence payments, or Disability
	Living Allowance (11)
CW3_BENEFITB_13	No - none of these (12)

94. 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.*

CW3_BENEFITD_2
CW3_BENEFITD_4
CW3_BENEFITD_5
CW3_BENEFITD_6
CW3_BENEFITD_9
CW3_BENEFITD_7
CW3_BENEFITD_10

Universal credit (2)

Employment and Support Allowance (3)

Statutory sick pay (4)

Council tax support or reduction (5)

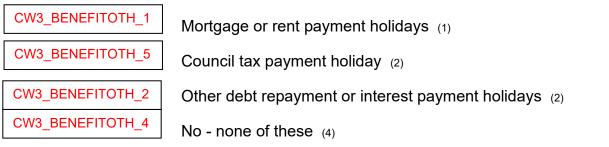
Carers allowance or Personal independence payments (6)

Coronavirus Self-Employment Income Support Scheme (7)

Test and trace support payment for those instructed to self-isolate (9)

No - none of these (8)

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



96. Since the Coronavirus outbreak in March 2020, 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.

CW3_FINGIVD_1	Adult children, including in-laws (1)
CW3_FINGIVD_3	Siblings (3)
CW3_FINGIVD_4	Former spouse or partner (4)
CW3_FINGIVD_5	Friends or neighbours (5)
CW3_FINGIVD_6	Someone else (6)
CW3_FINGIVD_7	No - did not give financial help to anyone (7)

97. Since the Coronavirus outbreak in March 2020, 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.

CW3_FINRECD_1	Adult children, including in-laws (1)
CW3_FINRECD_3	Siblings (3)
CW3_FINRECD_4	Former spouse or partner (4)
CW3_FINRECD_5	Friends or neighbours (5)
CW3_FINRECD_6	Someone else (6)
CW3_FINRECD_7	No - did not receive financial help from anyone (7)

98. The coronavirus pandemic has affected many people's financial circumstances. We know that changes in financial circumstances can have a significant impact on many aspects of life including health and well-being. We would therefore like to ask you about you and your partner's current income and whether this has changed since the coronavirus outbreak in March 2020.

Which letter (A - F) best describes you and your partner's take-home income from earnings, benefits and any other source of regular income, after tax and deductions?

	CW3_HHINCA	Prefer not to answer (⁹⁾ CW3 HHINCADK 102
	Weekly	Monthly	Annually
Α	Less than £200 per week	Less than £800 per month	Less than £10,000 per year
в	£200 or more per week,	£800 or more per month,	£10,000 or more per year,
	less than £350 per week	less than £1400 per month	less than £18,000 per year
с	£350 or more per week,	£1400 or more per month,	£18,000 or more per year,
	less than £500 per week	less than £2000 per month	less than £26,000 per year
D	£500 or more per week,	£2000 or more per month,	£26,000 or more per year,
	less than £750 per week	less than £3000 per month	less than £39,000 per year
Е	£750 or more per week,	£3000 or more per month,	£39,000 or more per year,
	less than £1000 per week	less than £4000 per month	less than £52,000 per year
F	More than £1000 per week	More than £4000 per month	More than £52,000 per year

99. Has your and your partner's take-home income from earnings, benefits and any other source of regular income, after tax and deductions changed since the outbreak of the Coronavirus in March 2020?

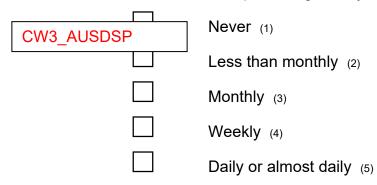
CW3_HHINCCHAN

No $(2) \rightarrow go \text{ to question } 102$

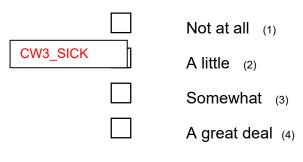
100. Which letter (A – F) best describes you and your partner's take-home income from earnings, benefits and any other source of regular income, after tax and deductions at the time of the outbreak in March 2020?

101. CW3_HHINCAB		CW3_HHINCAB	Prefer not to answer (-	⁹⁾ CW3 HHINCBDK		
		Weekly	Monthly	Annually		
	A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year		
	в	£200 or more per week, less than £350 per week	£800 or more per month, less than £1400 per month	£10,000 or more per year, less than £18,000 per year		
	С	£350 or more per week, less than £500 per week	£1400 or more per month, less than £2000 per month	£18,000 or more per year, less than £26,000 per year		
	D	£500 or more per week, less than £750 per week	£2000 or more per month, less than £3000 per month	£26,000 or more per year, less than £39,000 per year		
-	Е	£750 or more per week, less than £1000 per week	£3000 or more per month, less than £4000 per month	£39,000 or more per year, less than £52,000 per year		
	F	More than £1000 per week	More than £4000 per month	More than £52,000 per year		

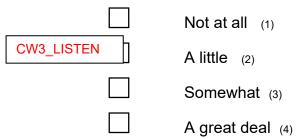
102. Since the Coronavirus outbreak in March 2020, how often have you found you were not able to stop drinking once you had started?



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



104. If you needed to talk about your problems and private feelings, how much would the people around you be willing to 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)
105 . How often do you feel that you lack compan CW3_LO	NELY_1		
106 . How often do you feel left out?	LY_2		
107. How often do you feel isolated from others? CW3_LO	NELY_3		
108 . How often do you feel lonely? CW3_LONEL	Y_4		

109. Overall, how satisfied are you with your life nowadays, where 0 means 'not at all' and

10 means 'completely'? Please tick one option.				CW3_SA	TN					
Not at a	ll satisfi	ied					C	omplete	ely satis	sfied
0	1	2	3	4	5	6	7	8	9	10

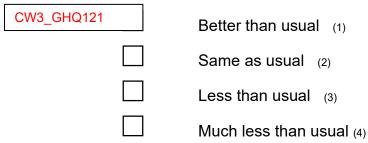
110. In the 3 months before the Coronavirus outbreak in March 2020, in general would you say your mental health was...



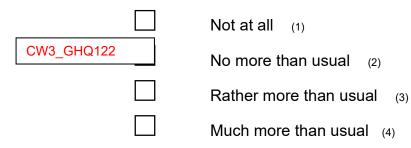
111. Please select the answer that best describes your experience of each **over the last two weeks** *Please tick one option for each row*

	None of the time Rarely (2) (1)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future	CW3_WEMWBS_1			
I've been feeling useful	W3_WEMWBS_2			
I've been feeling relaxed	W3_WEMWBS_3			
I've been dealing with problems well	CW3_WEMWBS_4			
I've been thinking clearly	CW3_WEMWBS_5			
l've been feeling close to other people	CW3_WEMWBS_6			
I've been able to make up my own mind about things	CW3_WEMWBS_7			

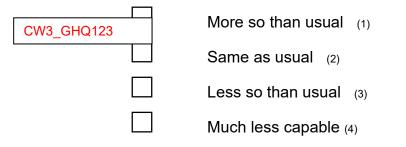
112. Have you recently been able to concentrate on what you're doing?



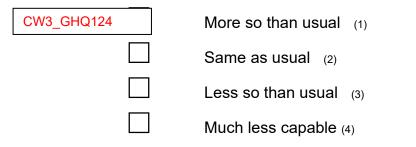
113. Have you recently lost much sleep over worry?



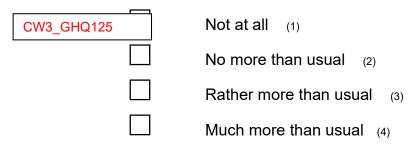
114. Have you recently felt that you are playing a useful part in things?



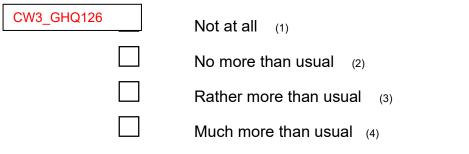
115. Have you recently felt capable of making decisions about things?



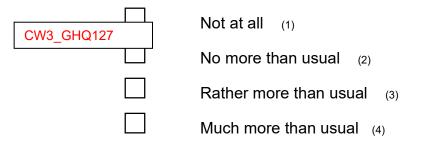
116. Have you recently felt constantly under strain?



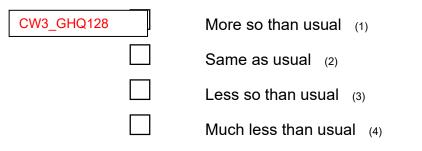
117. Have you recently felt you couldn't overcome your difficulties?



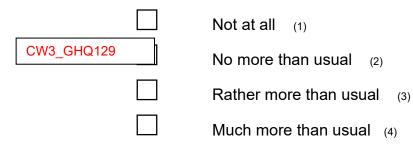
118. Have you recently been able to enjoy your normal day to day activities?



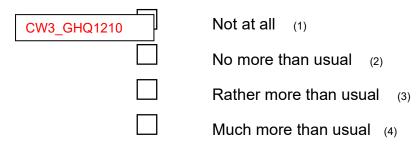
119. Have you recently been able to face up to your problems?



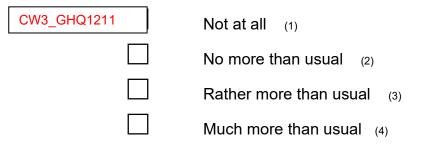
120. Have you recently been feeling unhappy or depressed?



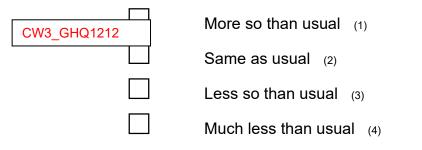
121. Have you recently been losing confidence in yourself?



122. Have you recently been thinking of yourself as a worthless person?



123. Have you recently been feeling reasonably happy, all things considered?



124. Do you have any difficulty with your memory, or with solving problems, or any other difficulty with everyday thinking?

CW3_DFMEM		Yes	(1)
		No	()

125. 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	3_GAD2PHQ2_1			
Not being able to stop or control worrying	N3_GAD2PHQ2_	2		
Little interest or pleasure in doing things	W3_GAD2PHQ2_	3		
Feeling down, depressed or hopeless	W3_GAD2PHQ2_	4		

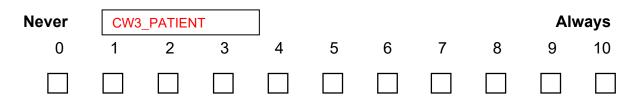
126. On a scale from 0-10, where 0 is 'never' and 10 is 'always', how **willing to take risks** would say you are?

Please tick one option.

Never	CW3	RISK]					Alv	vays
0	1	2	3	4	5	6	7	8	9	10

127. 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.



128. 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.

Not at a	ll trustir	ng CW	/3_TRUS	Т				Extrem	ely trus	sting
0	1	2	3	4	5	6	7	8	9	10

129. 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?

Ple	ease tick	one opt	ion							
	ease tick		CW3_TRI	JSTPOLP						
Not at a	ll trustin	g						Extren	nely tru	sting
0	1	2	3	4	5	6	7	8	9	10

The next questions will ask about a number of events.

130. 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.

Please tick one option for e	ach row	Yes in mont befo COVII	hs COVID re outbreak	No (3)	
Have any of your immediate fam	CW3_LIFEEVEN	TS1_1_1	CW3_LIFEEVENTS	1_1_2 CW3	_LIFEEVENTS1_1_3
Have any of your other close re	CW3_LIFEEVEN	FS1_2_1	CW3_LIFEEVENTS	1_2_2 CW3_	LIFEEVENTS1_2_3
Have you separated from your p including death)?	CW3_LIFEEVEN	TS1_3_1	CW3_LIFEEVENTS	1_3_2 CW3_	LIFEEVENTS1_3_3
Have you or your partner been { your job or made redundant?	CW3_LIFEEVENT	「S1_4_1	 CW3_LIFEEVENTS1_	_4_2 CW3_L	IFEEVENTS1_4_3
Have you had any serious hous such as being evicted?	CW3_LIFEEVENT	[S1_6_1	CW3_LIFEEVENTS1_	_6_2 CW3_L	IFEEVENTS1_6_3
		I			

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

	since the outbreak of the Coronavirus in March?
CW3_MAJIMP	Yes (1)
	No $(2) \rightarrow go to question 133$
400	
132.	Please describe what has happened to you.
_	CW3_MAJIMPOTH
_	
_	
133.	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.
CW3	_OPEN
_	
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_	

Thank you for completing the questionnaire