

CW3_NTAG1

National Survey of Health and Development COVID-19 Questionnaire

Version: 15/04/2021

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 mrclha.enquiries@ucl.ac.uk or please telephone 0800 952 0249 or 020 7670 5700.

Please enter the date you completed the questionnaire

Day Month 2021

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

What is the relationship of proxy to study member:

The first set questions are about your health.

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

- Yes, confirmed by a positive test ⁽¹⁾ CW3_COVID19
- Yes, based on strong personal suspicion or medical advice ⁽²⁾
- Unsure ⁽³⁾
- No ⁽⁴⁾ → 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⁾
- March 2020 ⁽²⁾ CW3_COVID19POS
- 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?

I was always able to function as normal (1)

1-3 days (2)

 CW3_COVFUNC

4-6 days (3)

1 week or more, less 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)
- 1-3 days (2)
- 4-6 days (3)
- 1 week or more, less 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)

7. Have you been told by a doctor that you may have a new condition, illness, or disability as a result of Coronavirus?

- Yes (1)
- No (2) → 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.*

Post-viral fatigue (1)

A blood clot in the leg, heart, lung or brain (2)

A heart condition (3)

A lung condition (4)

A condition affecting the mind or brain (5)

A condition affecting the nervous system outside the brain (6)

Thyroid disease (7)

Other (specify) (8)

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired after rest or relaxation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing to sleep longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged tiredness after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you needed to rest more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt sleepy or drowsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems starting things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lacked energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made slips of the tongue when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you found it more difficult to find the right word?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CW3_COVIDTEST_1

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

CW3_COVIDTEST_2

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

CW3_COVIDTEST_3

Yes – but I don't know which type (3)

CW3_COVIDTEST_4

No (4) → *go 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.

	CW3_COVIDCURRESULT Current infection (Nasal or saliva)	CW3_COVIDPASRESULT Past infection	CW3_COVIDINCRRESULT Unsure of type
Positive – had COVID (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative – did not have COVID (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconclusive (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for results (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. When did you have this infection?

	CW3_COVIDCURWHEN Current infection (Nasal or saliva)	CW3_COVIDPASWHEN Past infection	CW3_COVIDINCWHEN Unsure of type
February 2020 or earlier (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March 2020 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 2020 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 2020 (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 2020 (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2020 (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 2020 (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 2020 (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 2020 (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November 2020 (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
December 2020 (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 2021 (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
February 2021 (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March 2021 (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 2021 (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 2021 (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 2021 (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Rarely (1) CW3_TIREDGRID_6
- Some of the time (2)
- A good part of the time (3)
- Most of the time (4)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt weak?	CW3_FATGRID_7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had difficulties concentrating?	CW3_FATGRID_8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How is your memory?

- Better than usual (1)
- CW3_MEMORY No worse than usual (2)
- Worse than usual (3)
- Much worse than usual (4)

17. Over the **past two months**, have you experienced strange, unpleasant sensations in your skin, such as pricking, tingling or burning?

- CW3_SKIN 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?

Never (1)

CW3_ACTIVITY

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.

<input type="checkbox"/> CW3_COVIDSYMPT_1 (1)	<input type="checkbox"/> Fatigue (11) CW3_COVIDSYMPT_11
<input type="checkbox"/> CW3_COVIDSYMPT_2 - dry (2)	<input type="checkbox"/> Unusual loose stools or diarrhoea (12) CW3_COVIDSYMPT_12
<input type="checkbox"/> CW3_COVIDSYMPT_3 - mucus or phlegm (3)	<input type="checkbox"/> Vomiting (13) CW3_COVIDSYMPT_16
<input type="checkbox"/> CW3_COVIDSYMPT_4 throat (4)	<input type="checkbox"/> Loss of smell (14) CW3_COVIDSYMPT_13
<input type="checkbox"/> CW3_COVIDSYMPT_5 tightness (5)	<input type="checkbox"/> Loss of taste (15) CW3_COVIDSYMPT_14
<input type="checkbox"/> CW3_COVIDSYMPT_6 loss of breath (6)	<input type="checkbox"/> Skin rash (16) CW3_COVIDSYMPT_17
<input type="checkbox"/> CW3_COVIDSYMPT_7 runny nose (7)	<input type="checkbox"/> Headaches (17) CW3_COVIDSYMPT_19
<input type="checkbox"/> CW3_COVIDSYMPT_8 nasal congestion (8)	<input type="checkbox"/> Other, please specify CW3_COVIDSYMPT_20
<input type="checkbox"/> CW3_COVIDSYMPT_18 sneezing (9)	<input type="checkbox"/> CW3_COVIDSYMPTO
<input type="checkbox"/> CW3_COVIDSYMPT_10 muscle or body aches (10)	<input type="checkbox"/> No - none of CW3_COVIDSYMPT_23

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

Yes (1) **CW3_NHSTRACE**

No (2)

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?

CW3_COMPLIANC1

Not complying at all							Fully complying			
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"/>

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?

Not complying at all			<input type="text" value="CW3_COMPLIANC2"/>					Fully complying		
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"/>

25. Have you been offered a vaccination for COVID-19?

Yes ⁽¹⁾

No ⁽²⁾ → go to question 30

26. Have you been vaccinated for COVID-19?

Yes ⁽¹⁾ → go to question 27

No – but I intend to be ⁽²⁾ → go to question 30

No – and I do not intend to be ⁽³⁾ → go to question 29

27. Please enter the date that you got vaccinated?

If you have only had one vaccination, leave the second vaccination date blank.

	<input type="text" value="CW3_VACDAT.Day"/>	<input type="text" value="mm"/>	<input type="text" value="CW3_VACDAT.Year"/>
First vaccination	<input type="text" value="CW3_VACDAT.Month"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
	<input type="text" value="CW3_VACDAT2.Day"/>	<input type="text" value="CW3_VACDAT2.Month"/>	<input type="text" value="CW3_VACDAT2.Year"/>
Second vaccination	<input type="text" value="CW3_VACDAT2.Month"/>	<input type="text" value="2"/>	<input type="text"/>

28. Which vaccination did you receive?

	First dose	Second dose
Pfizer Vaccine	<input type="text" value="CW3_VACTYP1"/>	<input type="text" value="CW3_VACTYP2"/>
Oxford, AstraZeneca vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Moderna Vaccine	<input type="checkbox"/>	<input type="checkbox"/>

29. Why have you chosen not to get vaccinated?

Please tick all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> CW3_NOVAC_1 | Covid-19 vaccine safety not proven yet |
| <input type="checkbox"/> CW3_NOVAC_2 | Covid-19 vaccine effectiveness not proven yet |
| <input type="checkbox"/> CW3_NOVAC_3 | I have had Coronavirus, so may be immune |
| <input type="checkbox"/> CW3_NOVAC_4 | I am not worried about catching Coronavirus |
| <input type="checkbox"/> CW3_NOVAC_5 | I distrust officials |
| <input type="checkbox"/> 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 badly				<input checked="" type="checkbox"/> CW3_GOV PAN					Very well	
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"/>

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

- | | |
|---|---------------|
| <input checked="" type="checkbox"/> CW3_GHQ | Excellent (1) |
| <input type="checkbox"/> | Very good (2) |
| <input type="checkbox"/> | Good (3) |
| <input type="checkbox"/> | Fair (4) |
| <input type="checkbox"/> | Poor (5) |

32. Do you currently have any of the following?

Please tick all that apply.

- | | | | |
|-------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> CW3_LLI1_1 | Cancer (1) | <input type="checkbox"/> CW3_LLI1_9 | High blood pressure (9) |
| <input type="checkbox"/> CW3_LLI1_2 | Cystic fibrosis (2) | <input type="checkbox"/> CW3_LLI1_10 | Heart disease, congenital or acquired (10) |
| <input type="checkbox"/> CW3_LLI1_3 | Asthma (3) | <input type="checkbox"/> CW3_LLI2_1 | Depression or other emotional, nervous or psychiatric problems (11) |
| <input type="checkbox"/> CW3_LLI1_4 | Chronic Obstructive Pulmonary Disease (4) | <input type="checkbox"/> CW3_LLI2_2 | Obesity (12) |
| <input type="checkbox"/> CW3_LLI1_5 | Wheezy bronchitis (5) | <input type="checkbox"/> CW3_LLI2_3 | Infection (13) |
| <input type="checkbox"/> CW3_LLI1_6 | Diabetes (6) | <input type="checkbox"/> CW3_LLI2_4 | HIV / Immunodeficiency (14) |
| <input type="checkbox"/> CW3_LLI1_7 | Recurrent backache, prolapsed disc, sciatica or other back problem (7) | <input type="checkbox"/> CW3_LLI2_5 | Condition affecting the brain and nerves (e.g. Parkinson's, Multiple Sclerosis) (15) |
| <input type="checkbox"/> CW3_LLI1_8 | Problems with hearing (8) | <input type="checkbox"/> CW3_LLI2_6 | None of the above (16) |

33. 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_PMED Yes (1)
- No (2) → *go to question 36*

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

- CW3_PMEDDIF Yes (1)
- No / Not applicable (2) → *go to question 36*

35. Why did you have difficulty obtaining your prescribed medication?

Please tick all that apply.

CW3_PMEDDIFW_1

My medication was not available because of a shortage of supply (1)

CW3_PMEDDIFW_2

My medication was available but neither I, nor anyone I know, was able to collect it (2)

CW3_PMEDDIFW_3

Other reason (3)

36. 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

Hospital 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_6

No medical appointments booked (5) → *go to question 39*

CW3_APPMED_3

GP appointment (6)

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

CW3_APPCAND

Yes (1)

No (2) → *go to question 39*

38. 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)

39. 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.

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

CW3_HHNUM

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If you live alone, go to question 42.

41. 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)

CW3_HHNUMWH_2

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

CW3_HHNUMWH_3

Parent or Parent-in-law (including step-parent or adoptive parent) (3)

CW3_HHNUMWH_5

Grandchild (5)

CW3_HHNUMWH_6

Sibling (6)

CW3_HHNUMWH_7

Other relative (7)

CW3_HHNUMWH_8

Friend / unrelated sharer (8)

CW3_HHNUMWH_9

Other (9)

42. 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.

CW3_ANYCHNL

Yes (1)

No (2)

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

CW3_OTHRELA

Yes (1)

No (2) → *go to question 46*

44. 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.

CW3_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"/>

45. In the time since the Coronavirus outbreak in March 2020, has the amount you argued with your partner change, compared to before the Coronavirus outbreak?

My partner and I argued **more often** since March 2020, compared to before the Coronavirus outbreak (1)

CW3_RELCONFL1

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

My partner and I argued **less often** since March 2020, compared to before the Coronavirus outbreak (3)

My partner and I were not together at the time of the coronavirus outbreak (4)

46. *If you live in a household with more people than either just you, or you and your partner*

In the time since the Coronavirus outbreak in March 2020, has the amount you have argued with the people you live with changed, compared to before the Coronavirus outbreak?

I argued with the people I live with **more often** since March 2020, compared to before the Coronavirus outbreak (1)

CW3_FAMCONFL1

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

I argued with the people I live with **less often** since March 2020, compared to before the Coronavirus outbreak (3)

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

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

Yes - I needed help (1)

CW3_CAREA_1

No (3) → *go to question 51*

48. Compared to **before the Coronavirus outbreak in March 2020**, has the amount of help that you now need changed?

CW3_CARECHANA

Amount of help needed has increased (1)

Amount of help needed has decreased (2)

Amount of help needed has stayed the same (3)

Not applicable (4)

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

CW3_CAREWHOA_1

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

CW3_CAREWHOA_2

Husband/wife/partner (2)

CW3_CAREWHOA_3

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

CW3_CAREWHOA_4

Friend or neighbour (4)

CW3_CAREWHOA_5

Voluntary helper (5)

CW3_CAREWHOA_6

Paid/professional help (6)

CW3_CAREWHOA_7

Other (7)

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

CW3_CAREHOURS_A

Up to 4 hours (1)

5-9 hours (2)

10-19 hours (3)

20-34 hours (4)

35 hours or more (5)

51. 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?

CW3_CAREA_2

Yes - someone I lived with needed help (2)

No (3) → *go to question 55*

Not applicable – live alone (4) → *go to question 55*

52. Compared to before the Coronavirus outbreak in March 2020, has the amount of help that the person (or people) you lived with, changed?

CW3_CARECHANP

Amount of help needed has increased (1)

Amount of help needed has decreased (2)

Amount of help needed has stayed the same (3)

Not applicable (4)

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

CW3_CAREWHOAP_1

Nobody – needs were not met (1) → *go to question 55*

CW3_CAREWHOAP_2

Me (2)

CW3_CAREWHOAP_3

Husband/wife/partner (3)

CW3_CAREWHOAP_4

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

CW3_CAREWHOAP_5

Friend or neighbour (5)

CW3_CAREWHOAP_6

Voluntary helper (6)

CW3_CAREWHOAP_7

Paid/professional help (7)

CW3_CAREWHOAP_8

Other (8)

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

-
- CW3_CAREHOURSAP** Up to 4 hours (1)
- 5-9 hours (2)
- 10-19 hours (3)
- 20-34 hours (4)
- 35 hours or more (5)

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

55. Which country do you live in?

-
- CW3_COUNTRES** England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)
- Other (specify) (5)

56. Have you moved to a new address since the **beginning of October 2020**?

-
- CW3_MOVE2** Yes (1)
- No (2) → go to question 63

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

CW3_CMPOST

58. 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		
--------------	--	--

59. 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)

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

<input type="checkbox"/>	Own – outright (1)
CW3_TENURE	Own - buying with help of a mortgage / loan (2)
<input type="checkbox"/>	Pay part rent and part mortgage (shared / equity ownership) (3)
<input type="checkbox"/>	Rent it (4)
<input type="checkbox"/>	Live here rent-free, including rent-free in relative's / friend's / employer's property; exclude squatting (5)
<input type="checkbox"/>	Squatting (6)
<input type="checkbox"/>	Other arrangement (7)

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

CW3_TENCHANGE	Yes (1)
<input type="checkbox"/>	No (2) → go to question 63

62. 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)

63. Do you live in a care home?

Yes (1)

CW3_CAREHOME

No (2)

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

64. 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...

Employed and currently working (or on annual leave / holiday) ⁽¹⁾ → *go to question 65*

CW3_ECONACTIVITYD

Employed but on paid leave (including furlough) ⁽²⁾ → *go to question 65*

Employed and on unpaid leave ⁽³⁾ → *go to question 65*

Apprenticeship ⁽⁴⁾ → *go to question 65*

In unpaid/voluntary work ⁽⁵⁾ → *go to question 65*

Self-employed and currently working (or on holiday) ⁽⁶⁾ → *go to question 65*

Self-employed but not currently working ⁽⁷⁾ → *go to question 65*

Unemployed ⁽⁸⁾ → *go to question 74*

Permanently sick or disabled ⁽⁹⁾ → *go to question 74*

Looking after home or family ⁽¹⁰⁾ → *go to question 74*

In education at school/college/university ⁽¹¹⁾ → *go to question 74*

Retired ⁽¹²⁾ → *go to question 74*

Doing something else ⁽¹³⁾ → *go to question 74*

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

CW3_SAMEJOB

Yes ⁽¹⁾ → *go to question 69*

No ⁽²⁾

66. What is your job title?

CW3_JTITLECUR

67. 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

68. 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

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

CW3_WRKHOURSD

--	--

CW3_NTWRK

Not currently working (-9) → go to question 73

70. 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) → go to question 72

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

Other (4) → go to question 72

71. 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

Disagree

Completely agree

0 1 2 3 4 5 6 7 8 9 10

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

Yes (1)

CW3_KEYWORKERD

No (2)

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

Very satisfied (1)

CW3_JOBSATIS

Somewhat satisfied (2)

Neither satisfied nor dissatisfied (3)

Dissatisfied (4)

Very dissatisfied (5)

Not applicable (6)

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

- 74.** 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) → *go to question 75*
- Employed but on paid leave (including furlough) (2) → *go to question 75*
- Employed and on unpaid leave (3) → *go to question 75*
- Apprenticeship (4) → *go to question 75*
- In unpaid/voluntary work (5) → *go to question 75*
- Self-employed and currently working (6) → *go to question 75*
- Self-employed but not currently working (7) → *go to question 75*
- Unemployed (8) → *go to question 81*
- Permanently sick or disabled (9) → *go to question 81*
- Looking after home or family (10) → *go to question 81*
- In education at school/college/university (11) → *go to question 81*
- Retired (12) → *go to question 81*
- Doing something else (13) → *go to question 81*
- Not applicable, no partner (0) → *go to question 81*

- 75.** 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) → *go to question 79*
- No (2)
- I was not living with my partner at the time of the Coronavirus outbreak in March 2020 (3) → *go to question 81*

76. What is **your partner's** job title?

CW3_PJTITLECUR

77. 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).

CW3_PJDOCUR

78. 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

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

CW3_PWRKHOURSD

--	--

CW3_PNTWR

Not currently working (-9) → go to question 81

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

Yes (1)

CW3_PKEYWORKERD

No (2)

Not applicable (3)

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

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

I'm much worse off (1)

CW3_FINANCIALMAND

I'm a little worse off (2)

I'm about the same (3)

I'm a little better off (4)

I'm much better off (5)

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

I'm much worse off (1)

CW3_FINEXP

I'm a little worse off (2)

I'm about the same (3) → *go to question 84*

I'm a little better off (4) → *go to question 84*

I'm much better off (5) → *go to question 84*

- 83.** 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?

Please 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) |

- 84.** Since the Coronavirus outbreak in March, have you or your partner made any **new** claims for the following?

Please tick all that apply.

- | | |
|-----------------|---|
| CW3_BENEFITD_2 | Universal credit (2) |
| CW3_BENEFITD_4 | Employment and Support Allowance (3) |
| CW3_BENEFITD_5 | Statutory sick pay (4) |
| CW3_BENEFITD_6 | Council tax support or reduction (5) |
| CW3_BENEFITD_9 | Carers allowance or Personal independence payments (6) |
| CW3_BENEFITD_7 | Coronavirus Self-Employment Income Support Scheme (7) |
| CW3_BENEFITD_10 | Test and trace support payment for those instructed to self-isolate (9) |
| CW3_BENEFITD_8 | No - none of these (8) |

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

Please tick all that apply.

- | | |
|------------------|---|
| CW3_BENEFITOTH_1 | Mortgage or rent payment holidays (1) |
| CW3_BENEFITOTH_5 | Council tax payment holiday (2) |
| CW3_BENEFITOTH_2 | Other debt repayment or interest payment holidays (2) |
| CW3_BENEFITOTH_4 | No - none of these (4) |

- 86. 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) → <i>go to question 89</i> |
| CW3_FINGIVD_4 | Former spouse or partner (4) → <i>go to question 89</i> |
| CW3_FINGIVD_5 | Friends or neighbours (5) → <i>go to question 89</i> |
| CW3_FINGIVD_6 | Someone else (6) → <i>go to question 89</i> |
| CW3_FINGIVD_7 | No - did not give financial help to anyone (7) → <i>go to question 89</i> |

- 87. In total, how much financial help have you **given** to your adult children, including in-laws since the coronavirus outbreak in March 2020?**
If you don't know the precise amount it would be helpful if you could provide the best estimate.

CW3_FINAMTGC	£			
--------------	---	--	--	--

- | | |
|----------------|---------------------------|
| CW3_FINAMTGCDK | Prefer not to answer (-9) |
|----------------|---------------------------|

- 88. Is the amount of financial help you have **given** your adult children, including in-laws since the Coronavirus outbreak in March 2020 different to the amount you would have given if the Coronavirus outbreak had not happened?**

- | | |
|--------------------------|---|
| CW3_FINAMTGCCHAN | Yes – I have given more financial help because of the Coronavirus outbreak (1) |
| <input type="checkbox"/> | Yes - I have given less financial help because of the Coronavirus outbreak (2) |
| <input type="checkbox"/> | No – I would have given the same amount of financial help if the Coronavirus outbreak had not happened. (3) |
| <input type="checkbox"/> | Prefer not to answer (-9) |

- 89. 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) → <i>go to question 92</i>
CW3_FINRECD_4	Former spouse or partner (4) → <i>go to question 92</i>
CW3_FINRECD_5	Friends or neighbours (5) → <i>go to question 92</i>
CW3_FINRECD_6	Someone else (6) → <i>go to question 92</i>
CW3_FINRECD_7	No - did not receive financial help from anyone (7) → <i>go to question 92</i>

- 90. In total, how much financial help have you **received from** your adult children, including in-laws since the Coronavirus outbreak in March 2020?**
If you don't know the precise amount it would be very helpful if you could provide your best estimate.

CW3_FINAMTRC			
--------------	--	--	--

CW3_FINAMTRCDK	Prefer not to answer (-9)
----------------	---------------------------

- 91. Is the amount of financial help you have **received from** your adult children, including in-laws since the Coronavirus outbreak in March different to the amount you would have received if the Coronavirus outbreak had not happened?**

CW3_FINAMTRCCHAN	Yes – I have received more financial help because of the Coronavirus outbreak (1)
<input type="checkbox"/>	Yes - I have received less financial help because of the Coronavirus outbreak (2)
<input type="checkbox"/>	No – I would have received the same amount of financial help if the Coronavirus outbreak had not happened. (3)
<input type="checkbox"/>	Prefer not to answer (-9)

- 92.** 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 current take-home income from earnings, benefits and any other source of regular income, after tax and deductions?

CW3_HHINCA

Letter

CW3_HHINCADK

Prefer not to answer (-9) → go to question 95

	Weekly	Monthly	Annually
A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year
B	£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
C	£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
E	£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

+

- 93.** 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?

Yes ⁽¹⁾

CW3_HHINCCHAN

No ⁽²⁾ → go to question 95

94. 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?

CW3_HHINCAB

Letter

CW3_HHINCBDK

Prefer not to answer (-9)

	Weekly	Monthly	Annually
A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year
B	£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
C	£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
E	£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

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

CW3_SMOKING

95. Which of these statements applies to you?

- I've never smoked cigarettes ⁽¹⁾ → go to question 97
- I used to smoke cigarettes but don't at all now ⁽²⁾ → go to question 97
- I now smoke cigarettes occasionally but not every day ⁽³⁾
- I smoke cigarettes every day ⁽⁴⁾

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

CW3_NUMCIGSSP

--	--

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

 CW3_VAPE

I've never used an electronic cigarette or a vaping device (1) → go to question 99

I used to use an electronic cigarette or a vaping device but don't at all now (2) → go to question 99

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)

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

 CW3_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)

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

 CW3_ALDRSP

4 or more times a week (1)

2-3 times a week (2)

2-4 times per month (3)

Monthly or less (4) → go to question 102

Never (5) → go to question 102

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

 CW3_AUNDSP

1-2 (1)

3-4 (2)

5-6 (3)

7-9 (4)

10+ (5)

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

CW3_AUSDSP	<input type="checkbox"/> Never (1)
	<input type="checkbox"/> Less than monthly (2)
	<input type="checkbox"/> Monthly (3)
	<input type="checkbox"/> Weekly (4)
	<input type="checkbox"/> Daily or almost daily (5)

102. **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?

CW3_EXCISESP		
--------------	--	--

103. **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.

CW3_FRTVEGSP		
--------------	--	--

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

CW3_HSLEEPS		
-------------	--	--

The next question is about your weight.

105. What is your weight?

Please report your weight in kilograms or stones and pounds.

<input type="checkbox"/>	<input type="text" value="CW3_WGHTKG"/>	Kilograms (1)
	OR	
<input type="checkbox"/>	<input type="text"/>	Stones and
	OR	<input type="text"/>
	<input type="text" value="CW3_WGHTSTP_4"/>	<input type="text"/>
		Pounds (2)
<input type="checkbox"/>	I do not wish to report my weight (3)	
	<input type="text" value="CW3_WGHTSTP_6"/>	

On a typical weekday, how much time do you spend in front of a screen? Please tell us separately about the time you spend on a screen for work or study and the time you spend on a screen whilst not working or studying. Please include time spent on all devices including computers, laptops, tablets, phones or TV.

106. For work or study

<input type="checkbox"/>	<input type="text" value="CW3_SCREENIM_1"/>	No time (1)
<input type="checkbox"/>		Less than 1 hour (2)
<input type="checkbox"/>		More than 1 hour or more, less than 2 hours (3)
<input type="checkbox"/>		More than 2 hours or more, less than 4 hours (4)
<input type="checkbox"/>		More than 4 hours or more, less than 6 hours (5)
<input type="checkbox"/>		More than 6 hours or more, less than 8 hours (6)
<input type="checkbox"/>		More than 8 hours or more, less than 10 hours (7)
<input type="checkbox"/>		More than 10 hours or more (8)

107. Not for work or study

CW3_SCREENTIM_2

- No time (1)
- Less than 1 hour (2)
- More than 1 hour or more, less than 2 hours (3)
- More than 2 hours or more, less than 4 hours (4)
- More than 4 hours or more, less than 6 hours (5)
- More than 6 hours or more, less than 8 hours (6)
- More than 8 hours or more, less than 10 hours (7)
- More than 10 hours or more (8)

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

108. 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?

CW3_SCON1

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

109. 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?

CW3_SCON2

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

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

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

CW3_SCON3

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

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

CW3_SCON4

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

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

CW3_SCON5

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

<input type="checkbox"/>	Not at all (1)
<input type="checkbox"/>	A little (2)
<input type="checkbox"/>	Somewhat (3)
<input type="checkbox"/>	A great deal (4)

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

<input type="checkbox"/>	Not at all (1)
<input type="checkbox"/>	A little (2)
<input type="checkbox"/>	Somewhat (3)
<input type="checkbox"/>	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 (1)	Some of the time (2)	Often (3)
115. How often do you feel that you lack companionship?	CW3_LONELY_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. How often do you feel left out?	CW3_LONELY_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. How often do you feel isolated from others?	CW3_LONELY_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. How often do you feel lonely?	CW3_LONELY_4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one option.

Not at all satisfied			CW3_SATN	Completely satisfied						
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"/>

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

Excellent (1)

Very good (2)

CW3_MHNOW

Good (3)

Fair (4)

Poor (5)

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

CW3_CONTRL

I usually have a free choice and control over my life (1)

Whatever I do has no real effect on what happens to me (2)

122. 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"/> CW3_WEMWBS_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/> CW3_WEMWBS_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/> CW3_WEMWBS_3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/> CW3_WEMWBS_4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/> CW3_WEMWBS_5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/> CW3_WEMWBS_6	<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"/> CW3_WEMWBS_7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	Better than usual (1)
<input type="checkbox"/> CW3_GHQ121	Same as usual (2)
<input type="checkbox"/>	Less than usual (3)
<input type="checkbox"/>	Much less than usual (4)

124. Have you recently lost much sleep over worry?

<input type="checkbox"/>	Not at all (1)
<input type="checkbox"/> CW3_GHQ122	No more than usual (2)
<input type="checkbox"/>	Rather more than usual (3)
<input type="checkbox"/>	Much more than usual (4)

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

CW3_GHQ123

More so than usual (1)

Same as usual (2)

Less so than usual (3)

Much less capable (4)

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

CW3_GHQ124

More so than usual (1)

Same as usual (2)

Less so than usual (3)

Much less capable (4)

127. Have you recently felt constantly under strain?

CW3_GHQ125

Not at all (1)

No more than usual (2)

Rather more than usual (3)

Much more than usual (4)

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

CW3_GHQ126

Not at all (1)

No more than usual (2)

Rather more than usual (3)

Much more than usual (4)

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

CW3_GHQ127

Not at all (1)

No more than usual (2)

Rather more than usual (3)

Much more than usual (4)

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

CW3_GHQ128

More so than usual (1)

Same as usual (2)

Less so than usual (3)

Much less than usual (4)

131. Have you recently been feeling unhappy or depressed?

CW3_GHQ129

Not at all (1)

No more than usual (2)

Rather more than usual (3)

Much more than usual (4)

132. Have you recently been losing confidence in yourself?

CW3_GHQ1210

Not at all (1)

No more than usual (2)

Rather more than usual (3)

Much more than usual (4)

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

<input type="checkbox"/>	Not at all (1)
<input type="checkbox"/>	No more than usual (2)
<input type="checkbox"/>	Rather more than usual (3)
<input type="checkbox"/>	Much more than usual (4)

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

<input type="checkbox"/>	More so than usual (1)
<input type="checkbox"/>	Same as usual (2)
<input type="checkbox"/>	Less so than usual (3)
<input type="checkbox"/>	Much less than usual (4)

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

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

136. 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"/>

137. 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	CW3_OPTMSM_1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future	CW3_OPTMSM_2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad	CW3_OPTMSM_3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

138. 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										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"/>	

139. 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.

Never	CW3_PATIENT										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"/>	

140. 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.

CW3_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"/>

141. 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.

CW3_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"/>

The next questions will ask about a number of events.

142. Please read each item carefully and then indicate whether or not each event has happened to you since the Coronavirus outbreak in March.

<i>Please tick one option for each row</i>	Yes, since COVID outbreak (2)	No (3)
Have you had a serious illness or been seriously injured?	CW3_LIFEEVENTS2_1_2	CW3_LIFEEVENTS2_1_3
Has one of your immediate family been seriously injured?	CW3_LIFEEVENTS2_2_2	CW3_LIFEEVENTS2_2_3
Have any of your close friends or other close relatives been seriously ill or injured?	CW3_LIFEEVENTS2_3_2	CW3_LIFEEVENTS2_3_3
Have you, or an immediate family member been subject to any abuse, attack or threat on the basis of your race?	CW3_LIFEEVENTS2_4_2	CW3_LIFEEVENTS2_4_3
Have you, or an immediate family member been subject to any abuse, attack or threat for another reason?	CW3_LIFEEVENTS2_5_2	CW3_LIFEEVENTS2_5_3

<i>Please tick one option for each row</i>	Yes, since COVID outbreak (2)	No (3)
Have any of your immediate family died?	CW3_LIFEEVENTS1_1_2	CW3_LIFEEVENTS1_1_3
Have any of your other close relatives or died?	CW3_LIFEEVENTS1_2_2	CW3_LIFEEVENTS1_2_3
Have you separated from your partner (not death)?	CW3_LIFEEVENTS1_3_2	CW3_LIFEEVENTS1_3_3
Have you or your partner been unemployed seeking work for more than one month?	CW3_LIFEEVENTS2_6_2	CW3_LIFEEVENTS2_6_3
Have you or your partner been sacked from or made redundant?	CW3_LIFEEVENTS1_4_2	CW3_LIFEEVENTS1_4_3
Have you had any major financial difficulties (debts, difficulty paying bills)?	CW3_LIFEEVENTS2_7_2	CW3_LIFEEVENTS2_7_3
Have you had any serious housing difficulties (being evicted)?	CW3_LIFEEVENTS1_6_2	CW3_LIFEEVENTS1_6_3
Have you or an immediate member of your family been a victim of crime?	CW3_LIFEEVENTS2_8_2	CW3_LIFEEVENTS2_8_3

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

CW3_MAJIMP Yes (1)
 No (2) → *go to question 145*

144. Please describe what has happened to you.

CW3_MAJIMPOTH
