

RecordNo

		Value
Standard Attributes	Label	RecordNo
	Type	Numeric

endtime

		Value
Standard Attributes	Label	When did you complete this qx (epoch seconds)?
	Type	String

qweek

		Value
Standard Attributes	Label	Week
	Type	Numeric
Valid Values	1	week 1
	2	week 2
	3	week 3
	4	week 4
	5	week 5
	6	week 6
	7	week 7
	8	week 8
	9	week 9
	10	week 10
	11	week 11
	12	week 12
	13	week 13
	14	week 14
	15	week 15
	16	week 16

Gender

		Value
Standard Attributes	Label	Are you...?
	Type	Numeric
Valid Values	1	Male
	2	Female

age

		Value
Standard Attributes	Label	What is your age?
	Type	Numeric

region

		Value
Standard Attributes	Label	Which area of the UK do you live in?
	Type	Numeric
Valid Values	1	North East
	2	North West
	3	Yorkshire and the Humber
	4	East Midlands
	5	West Midlands
	6	East of England
	7	London
	8	South East
	9	South West
	10	Wales
	11	Scotland
	12	Northern Ireland
	13	Non UK & Invalid

household_size

		Value
Standard Attributes	Label	Number of people in household
	Type	Numeric
Valid Values	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8 or more
	9	Don't know
	10	Prefer not to say

household_children

		Value
Standard Attributes	Label	Number of children in household
	Type	Numeric
Valid Values	1	0
	2	1
	3	2
	4	3
	5	4
	6	5 or more
	8	Don't know
	9	Prefer not to say

employment_status

		Value
Standard Attributes	Label	Employment status
	Type	Numeric
Valid Values	1	Full time employment
	2	Part time employment
	3	Full time student
	4	Retired
	5	Unemployed
	6	Not working
	7	Other

i1_health

		Value
Standard Attributes	Label	About how many people from your household have you come into physical contact with (within 2 meters / 6 feet)?
	Type	Numeric

i2_health

		Value
Standard Attributes	Label	Not including those people in your household, about how many people have you come into physical contact with (within 2 meters / 6 feet)?
	Type	Numeric

i7a_health

		Value
Standard Attributes	Label	How many times did you leave your home yesterday? If you are not staying at home, how many times did you leave where you are staying yesterday?
	Type	Numeric

i3_health

		Value
Standard Attributes	Label	In the last 7 days, have you personally been tested for coronavirus (COVID-19?)
	Type	Numeric
Valid Values	1	Yes, and I tested positive
	2	Yes, and I tested negative
	3	Yes, and I have not received my results from the test yet
	4	No, I have not

i4_health

		Value
Standard Attributes	Label	In the last 7 days, has someone in your household been tested for coronavirus (COVID-19)?
	Type	Numeric
Valid Values	1	Yes, and they tested positive
	2	Yes, and they tested negative
	3	Yes, and they have not received their results from the test yet
	4	No, they have not
	5	Not sure

\$i5_health

		Value
Standard Attributes	Label	Thinking about the last 7 days... which, if any of the following, have you experienced? Please do NOT include symptoms you experience on a regular basis due to a health condition you already know about. Please tick all that apply.
	Type	Multiple Dichotomy Set
Multiple Response Categories	i5_health_1	Dry cough
	i5_health_2	Fever
	i5_health_3	Loss of sense of smell
	i5_health_4	Loss of sense of taste
	i5_health_5	Shortness of breath or difficulty breathing
	i5_health_99	None of these

i5a_health

		Value
Standard Attributes	Label	Thinking about the 7 days before your symptoms started, had you been in physical contact (within 2 meters / 6 feet) with someone who has a confirmed diagnosis of coronavirus (Covid-19), or someone with the following symptoms: dry cough, fever, loss of sen
	Type	Numeric
Valid Values	1	Yes
	2	No
	99	Not sure

i6_health

		Value
Standard Attributes	Label	Since developing those symptoms, to what extent have you self-isolated yourself on each of the following 7 days?
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i7b_health

		Value
Standard Attributes	Label	And in the last 7 days, have you physically been to the premises of a doctor, nurse, pharmacy or hospital as a result of having those symptoms?
	Type	Numeric
Valid Values	1	Yes
	2	No

i8_health

		Value
Standard Attributes	Label	And thinking about the 7 days before your symptoms started, did you travel to a location where coronavirus has been reported?
	Type	Numeric
Valid Values	1	Yes
	2	No
	99	Not sure

i9_health

		Value
Standard Attributes	Label	Thinking about the next 7 days... would you isolate yourself after feeling unwell or having any of the following new symptoms: a dry cough, fever, loss of sense of smell, loss of sense of taste, shortness of breath or difficulty breathing?
	Type	Numeric
Valid Values	1	Yes
	2	No
	99	Not sure

i10_health

		Value
Standard Attributes	Label	If you were advised to do so by a healthcare professional or public health authority, how easy or difficult would it be for you be to self-isolate for 7 days?
	Type	Numeric
Valid Values	1	Very easy
	2	Somewhat easy
	3	Neither easy nor difficult
	4	Somewhat difficult
	5	Very difficult
	99	Not sure

i11_health

		Value
Standard Attributes	Label	If you were advised to do so by a healthcare professional or public health authority to what extent are you willing or not to self-isolate for 7 days?
	Type	Numeric
Valid Values	1	Very willing
	2	Somewhat willing
	3	Neither willing nor unwilling
	4	Somewhat unwilling
	5	Very unwilling
	99	Not sure

i12_health_1

		Value
Standard Attributes	Label	Worn a face mask outside your home (e. g. when on public transport, going to a supermarket, going to a main road)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_2

		Value
Standard Attributes	Label	Washed hands with soap and water
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_3

		Value
Standard Attributes	Label	Used hand sanitiser
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_4

		Value
Standard Attributes	Label	Covered your nose and mouth when sneezing or coughing
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_5

		Value
Standard Attributes	Label	Avoided contact with people who have symptoms or you think may have been exposed to the coronavirus
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_6

		Value
Standard Attributes	Label	Avoided going out in general
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_7

		Value
Standard Attributes	Label	Avoided going to hospital or other healthcare settings
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_8

		Value
Standard Attributes	Label	Avoided taking public transport
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_9

		Value
Standard Attributes	Label	Avoided working outside your home
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_10

		Value
Standard Attributes	Label	Avoided letting your children go to school/ university
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_11

		Value
Standard Attributes	Label	Avoided having guests to your home
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_12

		Value
Standard Attributes	Label	Avoided small social gatherings (not more than 2 people)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_13

		Value
Standard Attributes	Label	Avoided medium-sized social gatherings (between 3 and 10 people)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_14

		Value
Standard Attributes	Label	Avoided large-sized social gatherings (more than 10 people)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_15

		Value
Standard Attributes	Label	Avoided crowded areas
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_16

		Value
Standard Attributes	Label	Avoided going to shops
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_17

		Value
Standard Attributes	Label	Slept in separate bedrooms at home, when normally you would share a bedroom
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_18

		Value
Standard Attributes	Label	Eaten separately at home, when normally you would eat a meal with others
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_19

		Value
Standard Attributes	Label	Cleaned frequently touched surfaces in the home (e. g. doorknobs, toilets, taps)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i12_health_20

		Value
Standard Attributes	Label	Avoided touching objects in public (e.g. elevator buttons or doors)
	Type	Numeric
Valid Values	1	Always
	2	Frequently
	3	Sometimes
	4	Rarely
	5	Not at all

i13_health

		Value
Standard Attributes	Label	Thinking about yesterday... about how many times, would you say you washed your hands with soap or used hand sanitiser?
	Type	Numeric

\$i14_health

		Value
Standard Attributes	Label	In the next 7 days, will you be working outside your home in any of the following roles? Please tick all the apply
	Type	Multiple Dichotomy Set
Multiple Response Categories	i14_health_1	Construction
	i14_health_2	Delivering to homes
	i14_health_3	Food retail
	i14_health_4	Healthcare
	i14_health_5	Logistics / other transportation
	i14_health_6	Manufacturing
	i14_health_7	Policing or prisons
	i14_health_8	Public transport
	i14_health_9	School
	i14_health_10	Social care
	i14_health_96	Other
	i14_health_98	Not sure
	i14_health_99	No, will not be working outside my home

\$d1_health

		Value
Standard Attributes	Label	Which, if any, of the following have you been diagnosed with? Please select all that apply.
	Type	
Multiple Response Categories	d1_health_1	Arthritis
	d1_health_2	Asthma
	d1_health_3	Cancer
	d1_health_4	Cystic fibrosis
	d1_health_5	Chronic obstructive pulmonary disease (COPD)
	d1_health_6	Diabetes
	d1_health_7	Epilepsy
	d1_health_8	Heart disease
	d1_health_9	High blood pressure
	d1_health_10	High cholesterol
	d1_health_11	HIV/ Aids
	d1_health_12	Mental health condition
	d1_health_13	Multiple Sclerosis
	d1_health_98	Prefer not to say
	d1_health_99	None of these

weight

		Value
Standard Attributes	Label	Weight
	Type	Numeric