Participant

Username _____

Access Code _____

Direct access token for participant to login to questionnaire _____

Test Record?

◯ Yes
◯ No

Your Antibody Test

If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 (coronavirus) please visit:Coronavirus explained: coronavirusexplained.ukri.org/en/Government guidelines: www.gov.uk/coronavirusNHS advice: www.nhs.uk/conditions/coronavirus-covid-19/Samaritans - Emotional support for everyone: www.samaritans.orgMind - Advice and support for anyone with a mental health problem www.mind.org.uk

We will first ask you about any symptoms you may have experienced before asking you to complete information relating to your Antibody Test. We may have asked you questions about any symptoms you may have experienced previously but it is important that we collect this information again at the same time as your test results.

SYMPTOMS

A1 We are interested in whether you have experienced any symptoms listed below since 1st March this year. Please select all that apply on each line, marking either "not at all" or all the months in which you had the symptom. Please complete for any symptoms and any months that symptoms were experienced, irrespective of whether or not you saw a doctor and irrespective of whether or not you were told you had flu, or COVID-19, or any other diagnosis. We understand it may be difficult to remember so please just give your best estimate or leave blank.

Please select all that apply.

	Not at all	March	April	May	June	July	Aug	Sep	Oct
Decrease in appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea and/or vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhoea	☐	☐	☐	☐	☐	☐	☐	☐	☐
Abdominal pain/tummy ache	☐	☐	☐	☐	☐	☐	☐	☐	☐
Runny nose	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sneezing	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blocked nose	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check your answer to 'Decrease in appetite' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Nausea and/or vomiting' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Diarrhoea' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Abdominal pain/tummy ache' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Runny nose' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Sneezing' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Blocked nose' above. You have selected 'not at all' in combination with a time when you had symptoms.

	Not at all	March	April	May	June	July	Aug	Sep	Oct
Sore eyes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Loss of sense of smell or taste	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hoarse voice	☐	☐	☐	☐	☐	☐	☐	☐	☐
Headache (if more often or worse than usual)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dizziness	☐	☐	☐	☐	☐	☐	☐	☐	☐
NEW persistent cough	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check your answer to 'Sore eyes' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Loss of sense of smell or taste' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Sore throat' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Hoarse voice' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Headache (if more often or worse than usual)' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Dizziness' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'NEW persistent cough' above. You have selected 'not at all' in combination with a time when you had symptoms.

	Not at all	March	April	May	June	July	Aug	Sep	Oct
Tightness in the chest	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chest pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fever (feeling too hot)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chills (feeling too cold)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Difficulty sleeping	☐	☐	☐	☐	☐	☐	☐	☐	☐
Felt more tired than normal	☐	☐	☐	☐	☐	☐	☐	☐	☐
Severe fatigue (e.g. inability to get out of bed)	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check your answer to 'Tightness in the chest' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Chest pain' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Fever (feeling too hot)' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Chills (feeling too cold)' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Difficulty sleeping' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Felt more tired than normal' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Severe fatigue (e.g. inability to get out of bed)' above. You have selected 'not at all' in combination with a time when you had symptoms.

	Not at all	March	April	May	June	July	Aug	Sep	Oct
Numbness or tingling somewhere in the body	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feeling of heaviness in arms or legs	☐	☐	☐	☐	☐	☐	☐	☐	☐
Achy muscles	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shortness of breath (that affects ordinary activity)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Raised, red, itchy areas on the skin	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sudden swelling of the face or lips	☐	☐	☐	☐	☐	☐	☐	☐	☐
Red/purple sores or blisters on your feet (including toes)	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check your answer to 'Numbness or tingling somewhere in the body' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Feeling of heaviness in arms or legs' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Achy muscles' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Shortness of breath (that affects ordinary activity)' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Raised, red, itchy areas on the skin' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Sudden swelling of the face or lips' above. You have selected 'not at all' in combination with a time when you had symptoms.

Please check your answer to 'Red/purple sores or blisters on your feet (including toes)' above. You have selected 'not at all' in combination with a time when you had symptoms.

Previous Testing

We want to know about other tests that you may have had before your Children of the 90s test. Please do not include the test we have sent you when answering the following questions.

Before you took this antibody test, did you think you have or have had COVID-19?

◯ Yes, confirmed by a positive test
◯ Yes, suspected by a doctor but not tested
◯ Yes, my own suspicions
◯ No

Have you ever had a test to see if you have or have had COVID-19?

(Select all that apply)

- ☐ No
- ☐ Yes, because I had symptoms
- ☐ Yes, because I have been in contact with someone who had COVID-19
- ☐ Yes, because of my job
- ☐ Yes, for another reason

Please check your answer - you answered "Yes, confirmed by a positive test" to the question about having had COVID-19 but have answered "No" to ever having had a test

What was the other reason you had a test? _____

What kind of test have you had?

(Select all that apply)

- ☐ A swab test (swab taken from your throat or nose) which tests for active infection
- ☐ An antibody test (this usually involves a drop of blood taken from your finger) which test for past infection
- ☐ Other
- ☐ Don't know

What other kind of test have you had? _____

Have you had a positive result from a swab test?

- ◯ No
- ◯ Yes
- ◯ Don't know

When was the sample taken for the test that came back positive? Give the latest date if you have had more than one _____

Have you had a positive result from an antibody test?

- ◯ No
- ◯ Yes
- ◯ Don't know

When was the sample taken for the test that came back positive? Give the latest date if you have had more than one _____

Have you had a positive result from the other test?

- ◯ No
- ◯ Yes
- ◯ Don't know

When was the sample taken for the other test that came back positive? Give the latest date if you have had more than one _____

Your Children of the 90s Test Results

Did you attempt the antibody test provided in the pack we sent you?

- ◯ Yes
- ◯ No

Why did you not attempt to complete the antibody test?

(Select all that apply)

- ☐ I did not understand the instructions
- ☐ I thought it would take too long
- ☐ I did not want to prick my finger
- ☐ I did not want to see my blood
- ☐ I thought I might infect someone else
- ☐ I damaged the test
- ☐ I lost the test
- ☐ I do not trust the test
- ☐ I do not want to know the result
- ☐ Don't know
- ☐ Other

What is the other reason why you didn't attempt to complete the antibody test?

_____

When did you attempt the antibody test?

_____

Did you successfully manage to complete the test?

- ◯ Yes
- ◯ No, I only partially completed it
- ◯ No, I did not complete any of it
- ◯ Don't know

Why did you not successfully complete the antibody test?

(Select all that apply)

- ☐ I did not understand the instructions
- ☐ It took too long
- ☐ I did not manage to use the lancet
- ☐ I did not manage to get a blood drop
- ☐ I did not manage to get enough blood on the test
- ☐ I did not manage to get the buffer on the test
- ☐ I damaged the test
- ☐ It was too fiddly for me to manage
- ☐ I did not have some of the equipment I needed
- ☐ I do not want to know the result
- ☐ I could not read the result
- ☐ Don't know
- ☐ Other

What is the other reason why you did not successfully complete the antibody test?

_____

Step 8 of the instruction booklet shows different test outcomes. Based only on the photo you took and what the test looked like after 10-15 minutes, which option corresponds to your test result?

Note: How light or dark the colour of the line is next to G and/or M will vary. Therefore, any shade of colour next to G and/or M should be reported if the line next to C is red.

- ◯ Negative - Red line next to C only. No lines next to G or M.
- ◯ IgM Positive - Red line next to C and red line (no matter how light or dark) next to M. No line next to G.
- ◯ IgG Positive - Red line next to C and red line (no matter how light or dark) next to G. No line next to M.
- ◯ IgG Positive - Red line next to C and red lines (no matter how light or dark) next to G and M.
- ◯ Invalid - Line next to C is completely or partially Blue. This means that the test is invalid even if there are red lines next to G or M.
- ◯ Can't tell what the result is
- ◯ Not sure - Didn't take a photo of the result and can't remember what it looked like

How confident are you that the number you have chosen above is the right one?

- ◯ Very confident
- ◯ Fairly confident
- ◯ Not very confident
- ◯ Not at all confident

Upload a Photo of Your Test

Did you take a photo of your test 10-15 minutes after you did the test?

◯ Yes
◯ No

If your photo is on a different device to the one that you are completing this questionnaire on, first email/share the photo to this device and then proceed to upload the image below by clicking 'Upload Image' button below.

Please upload the photo of your testing stick that you were instructed to take in Step 7 of the booklet.

Note: some cameras and smartphones include additional information (metadata) in the image file which can include the location where the photograph was taken amongst other things such as device used. If your uploaded image does contain such information, the information associated with the image will be deleted such that we only retain the image itself.

Completing the Questionnaire

You haven't completed all the other sections yet. Please only continue with this section if you don't want to answer any more sections, otherwise please use your "back" button to return to the list and complete the remaining sections.

If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 (coronavirus) please visit:Coronavirus explained: coronavirusexplained.ukri.org/en/Government guidelines: www.gov.uk/coronavirusNHS advice: www.nhs.uk/conditions/coronavirus-covid-19/Samaritans - Emotional support for everyone: www.samaritans.orgMind - Advice and support for anyone with a mental health problem www.mind.org.uk

What is your date of birth?

_____
(DD-MM-YYYY)

Being able to let you know Children of the 90s news and invite you to take part in clinics and questionnaires is really important to us. If you want to update the details that we have for you please visit: childrenofthe90s.ac.uk/update-your-details

If you'd like to add a comment, please do so in this box.

_____

If you'd like us to reply to your comment, please tick this box:

☐ Please reply

To be entered into the prize draw for one of 3 £100 shopping vouchers, we must have received your questionnaire by 5pm on Wednesday, 14th October 2020. If you win, we will contact you within 4 weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

☐ Don't enter me into the prize draw

If you don't wish to be entered into the prize draw, please check this box.

Thank you!Many thanks for completing your questionnaire, particularly in these extraordinary times. The information you provide is really important in better understanding COVID-19 and its impact on our lives and wellbeing.

FinishPlease now click on 'Submit' and then log out on the next page.