

UCL Centre for Longitudinal Studies COVID-19 Online Survey Questionnaire - Wave 1 - April 2020 (Version 1)

**CENTRE FOR
LONGITUDINAL
STUDIES**



**Economic
and Social
Research Council**

Studies covered:

- Millennium Cohort Study (born 2000-02)
- Next Steps (born 1989-90)
- 1970 British Cohort Study
- 1958 National Child Development Study
- MRC National Survey of Health and Development (1946 British birth cohort)
- SABRE cohort

Topics covered:

- Physical health (including COVID-19)
- Time-use
- Household composition, relationships and caring
- Pregnancy, children, school and childcare
- Housing and financial situation
- Finances and benefits
- Employment (pre- and post- outbreak)
- Education (pre- and post- outbreak)
- Health behaviours
- Social contact and social support
- Loneliness and mental health
- Trust
- COVID-19 experiences (open text question)
- Linkage to COVID-19 symptom tracker app

Notes:

- The questionnaire indicates cohort-specific questions using routing variable CohortID which is set as follows. 1. NCDS 2. BCS70 3. Next Steps 4. MCS 5. NSHD 6. SABRE. Further cohort specific questionnaire changes may be made for NSHD and SABRE before the survey is issued to those cohorts.
- In Millennium Cohort Study parents are included as well as cohort members

INTROTX

Thank you. The survey should take about 20 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 the contact details in the email that we sent to you.

Start of Block: Physical health

PHEALINT

The first few questions will ask about your health.

COVID19 Do you think that you have or have had Coronavirus?

- ☐ Yes, confirmed by a positive test (1)
- ☐ Yes, based on strong personal suspicion or medical advice (2)
- ☐ Unsure (3)
- ☐ No (4)

COVIDSYMPT Have you experienced any of the following symptoms in the past 2 weeks?

Please select all that apply.

- ☐ Fever (1)
- ☐ Cough - dry (2)
- ☐ Cough - mucus or phlegm (3)
- ☐ Sore throat (4)
- ☐ Chest tightness (5)

- ☐ Shortness of breath (6)
- ☐ Runny nose (7)
- ☐ Nasal congestion (8)
- ☐ Sneezing (18)
- ☐ Muscle or body aches (10)
- ☐ Fatigue (11)
- ☐ Unusual loose motions or diarrhoea (12)
- ☐ Vomiting (16)
- ☐ Loss of smell (13)
- ☐ Loss of taste (14)
- ☐ Skin rash (17)
- ☐ Headaches (19)
- ☐ Other (20)
- ☐ No - none of these (23)

Display This Question:

If Whether has had Coronavirus = Yes, confirmed by a positive test

Or Whether has had Coronavirus = Yes, based on strong personal suspicion or medical advice

Or Whether has had Coronavirus = Unsure

COVIDADV Have you sought medical advice in relation to any symptoms you have had, which you think may be caused by Coronavirus? Please select all that apply.

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

Display This Question:

If Whether has had Coronavirus = Yes, confirmed by a positive test

Or Whether has had Coronavirus = Yes, based on strong personal suspicion or medical advice

Or Whether has had Coronavirus = Unsure

COVID HOSPAD Have you been in hospital because of Coronavirus symptoms?

- ☐ Yes (1)
- ☐ No (2)

COVIDTEST Have you been tested for Coronavirus?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Whether been tested for Coronavirus = Yes

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

- ☐ Positive - it showed I had coronavirus (1)
- ☐ Negative - it showed I did not have coronavirus (2)
- ☐ Inconclusive (3)
- ☐ Waiting for results (4)

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

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

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

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

LLI Do you have any of the following?

Please select all that apply.

- ☐ Cancer (1)
- ☐ Cystic fibrosis (2)
- ☐ Asthma (3)
- ☐ Chronic Obstructive Pulmonary Disease (4)
- ☐ Wheezy bronchitis (5)
- ☐ Diabetes (6)
- ☐ Recurrent backache, prolapsed disc, sciatica or other back problem (7)
- ☐ Problems with hearing (8)
- ☐ High blood pressure (9)
- ☐ Heart disease, congenital or acquired (10)
- ☐ Depression or other emotional, nervous or psychiatric problems (11)
- ☐ Obesity (12)
- ☐ Chronic obstructive airways disease (13)
- ☐ Infection (14)
- ☐ HIV / Immunodeficiency (15)
- ☐ Condition affecting the brain and nerves (e.g. Parkinson's, Multiple Sclerosis) (16)
- ☐ None (17)

SURGCAN Have you had any surgery, medical procedures or any other medical appointments cancelled **since** the outbreak of the Coronavirus?

- ☐ Yes (1)
- ☐ No (2)

SHIELD Have you received 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?

- ☐ Yes (1)
- ☐ No (2)

End of Block: Physical health

Start of Block: Social distancing

COMPLIANC The next question is about the extent to which you are complying with the social distancing guidelines issued by the Government.

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 the guidelines?

- ☐ Not complying at all 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ Complying fully 10 (11)

End of Block: Social distancing

Start of Block: Time use



Timeuse1

We would like to know about how you have been spending your time **since** the Coronavirus outbreak.

How many hours have you been spending doing each of the following activities on a typical week day **since** the Coronavirus outbreak began?

Please round to the nearest hour.

	Number of hours (1)
Paid work (1)	
Volunteering / unpaid work (not for your household) (2)	
Home schooling your children (if you have any) (3)	
Other interactive activities with children (e.g. reading to them, playing games with them, painting/drawing with them, doing puzzles together). (16)	

Caring for someone other than a child (4)	
Housework (e.g. cleaning, laundry, cooking, DIY) (5)	
Formal learning as part of a course (6)	
Physical activity / exercise (7)	
Other leisure activities and hobbies (e.g. TV, gaming, reading, news, listening to music, gardening, online shopping, mealtime, relaxing) (8)	
Socialising with non-household members via telephone, video-calling or messaging (9)	
Socialising with non-household members in person (10)	
Travelling for work (11)	
Shopping or essential appointments (12)	

Personal care (e.g. taking a shower/bath, grooming, getting dressed etc.) (13)	
Ill in bed (14)	
Other (15)	



Timeuse2 How many hours in total have you been spending outside of your home on a typical week day **since** the Coronavirus outbreak began?

Please do not include time spent in your garden or any other outdoor space which is part of your home.

Please round to the nearest hour.

End of Block: Time use

Start of Block: Household Grid



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

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

Display This Question:

If the next questions are about who you are currently living with, how many people do you currently live with? Please include yourself. Text Response Is Greater Than 1

HHNUMWH Who do you currently live with?

Please select all that apply.

- ☐ Husband/Wife/Cohabiting Partner (1)
- ☐ Children (including step-children, adopted children, foster children or any other children you consider yourself parent to) (2)
- ☐ Parent or Parent-in-law (including step-parent or adoptive parent) (3)
- ☐ Grandparent (4)
- ☐ Grandchild (5)
- ☐ Sibling (6)
- ☐ Other relative (7)
- ☐ Friend / unrelated sharer (8)
- ☐ Other (9)

ANYCHNL Do you have any children who you do not live with? Please include any adopted children, step-children or foster children of whom you consider yourself a parent. Please include grown-up children.

- ☐ Yes (1)
- ☐ No (2)

COVCHAN Have there been any changes to the people you are living with **since** the Coronavirus outbreak?

☐ Yes (1)

☐ No (2)

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

And People living with change because of Covid-19 = Yes

COVPART Have you started living with your partner **since** the Coronavirus outbreak ?

☐ Yes (1)

☐ No (2)

Display This Question:

If Any children not living with = Yes

Or Who do you currently live with = Children (including step-children, adopted children, foster children or any other children you consider yourself parent to)

And If

People living with change because of Covid-19 = Yes

COVCHIL Have any of the following occurred **since** the Coronavirus outbreak?

☐ At least one of my children has moved into my home (1)

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

☐ I have moved into one of my children's homes (3)

☐ None of these (4)

Display This Question:

*If Who do you currently live with = Parent or Parent-in-law (including step-parent or adoptive parent)
And People living with change because of Covid-19 = Yes*

COVPER Have any of the following occurred **since** the Coronavirus outbreak?

- ☐ At least one of my parents (or in-laws) has moved in with me (1)
- ☐ I have moved in with at least one of my parents (or in-laws) (2)
- ☐ None of these (3)

Display This Question:

*If Who do you currently live with = Grandparent
Or Who do you currently live with = Grandchild
Or Who do you currently live with = Sibling
Or Who do you currently live with = Other relative
Or Who do you currently live with = Friend / unrelated sharer
Or Who do you currently live with = Other*

And If

People living with change because of Covid-19 = Yes

COVOTH Have any of the following occurred **since** the Coronavirus outbreak?

- ☐ Someone other than a parent or child has moved in to my home (1)
- ☐ I have moved in to someone other than a parent or child's home (2)
- ☐ None of these (3)

End of Block: Household Grid

Start of Block: Relationships

Display This Question:

If Who do you currently live with != Husband/Wife/Cohabiting Partner

OTHRELA Are you in a relationship with someone at the moment?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

Or Whether in a non-cohabiting relationship = Yes

RELSAT 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?

- ☐ Very unhappy 1 (1)
- ☐ 2 (2)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ Very happy 7 (8)

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

Or Whether in a non-cohabiting relationship = Yes

RELCONFL **Since** the Coronavirus outbreak began, has the amount you have argued with your partner changed?

- ☐ My partner and I have argued more often (1)
- ☐ No change - same as before (2)
- ☐ My partner and I have argued less often (3)

End of Block: Relationships

Start of Block: Pregnancy

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

Or Whether in a non-cohabiting relationship = Yes

And SEX = 1

Or If

SEX = 2

CURPREG Are you or your partner (if you have one) currently pregnant?

☐ Yes (1)

☐ No (2)

Display This Question:

If Whether currently pregnant = Yes



PREDUE How many weeks pregnant are you/is she?

End of Block: Pregnancy

Start of Block: Children and childcare

Display This Question:

If Who do you currently live with = Children (including step-children, adopted children, foster children or any other children you consider yourself parent to)



NUMCHIL How many of your children do you currently live with?

Display This Question:

If If Number of children live with Text Response Is Greater Than 0



CHILAGE Please give the age of each child you live with.

Years old (1)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 1

Child 1 (1)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 2

Child 2 (2)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 3

Child 3 (3)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 4

Child 4 (4)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 5

Child 5 (5)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 6

Child 6 (6)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 7

Child 7 (7)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 8

Child 8 (8)

If How many of your children do you currently live with? Text Response Is Greater Than or Equal to 9

Child 9 (9)

If The next questions are about who you are currently living with. Firstly, how many people, includi... Text Response Is Greater Than or Equal to 10

Child 10 (10)

Display This Question:

If If Age of each child Child 1 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 2 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 3 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 4 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 5 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 6 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 7 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 8 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 9 - Years old Is Less Than or Equal to 4

Or Or Age of each child Child 10 - Years old Is Less Than or Equal to 4

PREC19CA **Before** the Coronavirus outbreak, which of the following applied to your child(ren) aged 4 or under?

- ☐ My child(ren) aged 4 or under were home all the time (1)
- ☐ My child(ren) aged 4 or under did attend day care or school (2)
- ☐ Some of my children aged 4 or under were at home all the time and some attend day care or school (4)

Display This Question:

If Age of each child , My child(ren) aged 4 or under were home all the time Is Displayed

POSC19AC Which of the following **now** applies to your child(ren) aged 4 or under?

- ☐ My child(ren) aged 4 or under are at home all the time (1)
- ☐ My child(ren) aged 4 or under attend day care or school (2)
- ☐ Some of my children aged 4 and under are at home all the time and some attend day care or school (3)

Display This Question:

If Age of each child = My child(ren) aged 4 or under attend day care or school

Or Age of each child = Some of my children aged 4 and under are at home all the time and some attend day care or school

YCATSCW Why is your child(ren) still attending day care or school?

- ☐ I am a key worker (1)
- ☐ My partner is a key worker (2)
- ☐ My child has Special Education Needs (SEN) or Education and Healthcare plan (EHCP) (3)
- ☐ Other reason (4)

Display This Question:

If Age of each child Child 1 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 1 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 2 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 2 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 3 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 3 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 4 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 4 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 5 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 5 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 6 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 6 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 7 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 7 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 8 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 8 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 9 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 9 - Years old Is Less Than or Equal to 16

Or If

If Age of each child Child 10 - Years old Is Greater Than or Equal to 5

And And Age of each child Child 10 - Years old Is Less Than or Equal to 16

SCATSCH Are any of your child(ren) aged between 5 and 16 still physically attending school daily?

☐ Yes (23)

☐ No (24)

Display This Question:

If School age child still attending school = Yes

SCATSCHW Why is your child(ren) still physically attending school?

☐ I am a key worker (1)

☐ My partner is a key worker (2)

☐ My child has Special Education Needs (SEN) or Education and Healthcare plan (EHCP) (3)

☐ Other reason (4)

Start of Block: Caring

CARE **Before** the Coronavirus outbreak did you or a person you live with usually get help with regular personal tasks (washing, dressing), or domestic tasks (shopping, providing meals) that cannot be managed alone?

- ☐ No help received (1)
- ☐ Help received for myself (2)
- ☐ Help received for someone I live with (3)

Display This Question:

If care before COVID outbreak = Help received for myself

Or care before COVID outbreak = Help received for someone I live with

CAREWHO Who provided this help?

- ☐ Husband/wife/partner/self (1)
- ☐ Son or daughter or other family member (include even if not blood related) (2)
- ☐ Friend or neighbour (3)
- ☐ Voluntary helper (4)
- ☐ Paid/professional help (5)
- ☐ Other (6)

Display This Question:

If care before COVID outbreak = Help received for myself

Or care before COVID outbreak = Help received for someone I live with

HCARPRE

Altogether, how many hours help did you or someone you live with usually get in a week?

- ☐ Up to 4 hours (1)
- ☐ 5-9 hours (4)
- ☐ 10-19 hours (5)

- ☐ 20-34 hours (6)
- ☐ 35 hours or more (7)

CARECHAN

Since the Coronavirus outbreak, have you or someone you live with had a change in help needed and/or received?

- ☐ Yes, there has been a change to the care needed or received (1)
- ☐ No change (2)

Display This Question:

If Change in care because of covid = Yes, there has been a change to the care needed or received

CACHANWH Which of these statements best describes the change in help needed or received?

- ☐ Needs remain the same, but regular care reduced due to the Coronavirus outbreak (1)
- ☐ New or more care needed but not received (2)
- ☐ New or more care needed and received (3)

Display This Question:

If Change in care because of covid = Yes, there has been a change to the care needed or received

CARHRAF **Since** the Coronavirus outbreak, how many hours of help have you or someone you typically received each week?

- ☐ 0 hours (2)
- ☐ 1-4 hours (3)
- ☐ 5-9 hours (4)
- ☐ 10-19 hours (5)
- ☐ 20-34 hours (6)
- ☐ 35 hours or more (7)

Display This Question:

If Care amount since covid = 1-4 hours

Or Care amount since covid = 5-9 hours

Or Care amount since covid = 10-19 hours

Or Care amount since covid = 20-34 hours

Or Care amount since covid = 35 hours or more

PRNCARE Who provided this help?

- ☐ Husband/wife/partner/self (1)
- ☐ Son or daughter or other family member (include even if not blood related) (2)
- ☐ Friend or neighbour (3)
- ☐ Voluntary helper (4)
- ☐ Paid/professional help (5)
- ☐ Other (6)

End of Block: Caring

Start of Block: Housing



NUMROOMS

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

How many rooms are there in the home where you are currently living, not counting kitchens, bathrooms, toilets, halls and garages?

Please do not include conservatories unless they are used as a living room all year round.



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

Use capitalised letters and leave a space between the two parts of the postcode. For example WC1H 0AL.

OUTDOORS Do you have a garden, a patio or yard, a roof terrace or large balcony?

Please select all that apply

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

End of Block: Housing

Start of Block: Financial situation

FINANCIALMANB The following questions are about your financial situation, your job, or any other things that you were doing **before** and **since** the Coronavirus outbreak.

In the 3 months **before** the Coronavirus outbreak, how well would you say you personally were managing financially?

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

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

- ☐ I'm much worse off (1)
- ☐ 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)

FOODAFFORD Which of the following statements best describes the food eaten in your household **since** the Coronavirus outbreak began?

- ☐ You and other household members always have had enough of the kinds of foods you wanted to eat (1)
- ☐ You and other household members have had enough to eat, but not always the kinds of foods you wanted (2)
- ☐ Sometimes you and other household members did not have enough to eat (3)
- ☐ Often you and other household members did not have enough to eat (4)

FOODBANK How often has your household used a food bank, or similar service, **since** the Coronavirus outbreak began?

- ☐ Never (1)
- ☐ Less than four times (2)
- ☐ Four times or more (3)

End of Block: Financial situation

Start of Block: Benefits claimed

BENEFITB In the three months **before** the Coronavirus outbreak, have you (or your partner if you have one) received any of the following?

Please select all that apply.

- ☐ Free school meals (1)
- ☐ Universal credit (2)
- ☐ Pension credit (3)
- ☐ Income support or Job Seeker's Allowance (4)
- ☐ Working Tax Credit or Child Tax credit (5)
- ☐ Employment and Support Allowance (6)
- ☐ Statutory sick pay (8)
- ☐ Housing benefit (14)
- ☐ Council tax support or reduction (9)
- ☐ Pension credit (11)
- ☐ Carers allowance, Personal independence payments, or Disability Living Allowance (12)
- ☐ No - none of these (13)

BENEFITD Now thinking about the time **since** the Coronavirus outbreak, have you (or your partner if you have one) made any **new** claims for the following?

Please select all that apply.

- ☐ Free school meals (1)

- ☐ Universal credit (2)
- ☐ Employment and Support Allowance (4)
- ☐ Statutory sick pay (5)
- ☐ Council tax support or reduction (6)
- ☐ Carers allowance or Personal independence payments (9)
- ☐ New government financial support for self employed people (7)
- ☐ No - none of these (8)

BENEFITOTH **Since** the Coronavirus outbreak, have you used any of the following?

Please select all that apply.

- ☐ Mortgage or rent payment holidays (1)
- ☐ Council tax payment holiday (5)
- ☐ Other debt repayment or interest payment holidays (2)
- ☐ No - none of these (4)

End of Block: Benefits claimed

Start of Block: Employment circumstances - prior outbreak

ECONACTIVITYB Which of these best describes what you were doing just **before** the Coronavirus outbreak? If you were doing more than one activity, please choose the activity that you spent most time doing.

- ☐ Employed (1)
- ☐ Self-employed (2)

- ☐ In unpaid/ voluntary work (3)
- ☐ Apprenticeship (4)
- ☐ Unemployed (5)
- ☐ Permanently sick or disabled (6)
- ☐ Looking after home or family (7)
- ☐ In education at school/college/university (8)
- ☐ Retired (9)
- ☐ Doing something else (10)

Display This Question:

If Economic activity - prior outbreak = Apprenticeship

APPRENTYPE Was this apprenticeship part of..?

- ☐ A full time job (1)
- ☐ Or a part time job (2)
- ☐ Not part of any job (3)

Display This Question:

If Economic activity - prior outbreak = Employed

Or Economic activity - prior outbreak = Self-employed

Or Economic activity - prior outbreak = In unpaid/ voluntary work

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type != Not part of any job



WRKHOURSB How many hours per week did you usually work, not including meal breaks but including overtime?

Display This Question:

If Economic activity - prior outbreak = Employed

Or Economic activity - prior outbreak = Self-employed

Or Economic activity - prior outbreak = In unpaid/ voluntary work

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type != Not part of any job



JTITLEB What was your job title?

Display This Question:

If Economic activity - prior outbreak = Employed

Or Economic activity - prior outbreak = Self-employed

Or Economic activity - prior outbreak = In unpaid/ voluntary work

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type != Not part of any job

JDOB 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).

Display This Question:

If Economic activity - prior outbreak = Employed

Or Economic activity - prior outbreak = In unpaid/ voluntary work

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type != Not part of any job



JMAKEB What did the firm or organisation you worked for mainly make or do?

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

Display This Question:

If Economic activity - prior outbreak = Self-employed



JMAKESEB What did your firm or organisation mainly make or do?

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

Display This Question:

If Economic activity - prior outbreak = Employed

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

- ☐ Yes (1)
- ☐ No (2)

End of Block: Employment circumstances - prior outbreak

Start of Block: Education - prior outbreak

Display This Question:

If Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

FTCOURSEAPPRENT Was this apprenticeship a full time course at a college or training centre?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Whether apprenticeship a full time course = No

STUDYAPPRENT Did it involve periods of study at a college or training centre?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

STUDYORG Where were you studying or doing your apprenticeship?

- ☐ School (1)
- ☐ College (2)
- ☐ University (3)
- ☐ Other (4)

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

STUDYHRS Were you studying or doing your apprenticeship full or part time?

- ☐ Full-time (1)
- ☐ Part time (2)

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job



COURSENAME What is the name of the course you were studying?

Please write the name of the course in the box below.

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

STUDYORNAME In the boxes below please write the full name of the school, college, university or other organisation at which you were studying or doing your apprenticeship, and the town in which it is in:

☐ Name: (4) _____

☐ Town: (5) _____

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

COURSEBUR What is the duration of the course or apprenticeship?

☐ One year (1)

☐ Two years (2)

☐ Three years (3)

☐ Four years (4)

☐ Other (please specify) (5)

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

STUDYYEAR Which course year or year in the apprenticeship are you currently in?

☐ First year (1)

Course duration = Two years

Or Course duration = Three years

Or Course duration = Four years

Or Course duration = Other (please specify)

☐ Second year (2)

Course duration = Three years

Or Course duration = Four years

Or Course duration = Other (please specify)

☐ Third year (3)

Course duration = Four years

Or Course duration = Other (please specify)

☐ Fourth year (4)

Course duration = Other (please specify)

☐ Other (please specify) (5)

Display This Question:

If Economic activity - prior outbreak = In education at school/college/university

Or Economic activity - prior outbreak = Apprenticeship

And Apprenticeship type = Not part of any job

LEARNACTIVITYCHNG Has your learning activity changed in any of the following ways **since** the Coronavirus outbreak?

- ☐ No - there is no interruption to learning activities (1)
 - ☐ Yes - I am taking a formal break in learning activities (2)
 - ☐ Yes - I am studying at home with online resources provided by my learning establishment (3)
 - ☐ Yes - I am studying at home with no online resources provided by my learning establishment (4)
 - ☐ Yes - I dropped out from learning activities (5)
 - ☐ Other (Please specify) (6)
-

Display This Question:

If Change in learning activity - during outbreak = Yes - I am studying at home with online resources provided by my learning establishment

Or Change in learning activity - during outbreak = Yes - I am studying at home with no online resources provided by my learning establishment

LEARNSATISFACTION 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 each of the statements below.

	Completely disagree 0 (14)	1 (25)	2 (26)	3 (15)	4 (16)	5 (17)	6 (18)	7 (19)	8 (20)	9 (21)	Completely agree 10 (28)
I am satisfied with the learning resources provided by my learning establishment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been able to continue my studies effectively whilst being at home (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Education - prior outbreak

Start of Block: Economic activity - during outbreak - if in education or non-job apprenticeship

Display This Question:

If Change in learning activity - during outbreak = Yes - I am taking a formal break in learning activities

Or Change in learning activity - during outbreak = Yes - I dropped out from learning activities

ECONACTIVITYDEDU And which of these best describes what you are doing **now** - that is **since** the Coronavirus outbreak?

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

- ☐ Employed (1)
- ☐ Self-employed (2)
- ☐ In unpaid/ voluntary work (3)
- ☐ Apprenticeship (4)
- ☐ Unemployed (5)
- ☐ Permanently sick or disabled (6)
- ☐ Looking after home or family (7)
- ☐ In education at school/college/university (8)
- ☐ Retired (9)
- ☐ Doing something else (10)

Display This Question:

If Economic activity - during outbreak if learning interrupted = Employed

Or Economic activity - during outbreak if learning interrupted = Self-employed

Or Economic activity - during outbreak if learning interrupted = In unpaid/ voluntary work



WRKHOURSDEDU And how many hours per week do you usually work **now**, not including meal breaks but including overtime?

Display This Question:

If Economic activity - during outbreak if learning interrupted = Employed

Or Economic activity - during outbreak if learning interrupted = Self-employed

Or Economic activity - during outbreak if learning interrupted = In unpaid/ voluntary work

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

- ☐ Work from your own home (1)
- ☐ Work at employer's premises (2)
- ☐ Other (3)

Display This Question:

If Economic activity - during outbreak if learning interrupted = Employed

Or Economic activity - during outbreak if learning interrupted = Self-employed

Or Economic activity - during outbreak if learning interrupted = In unpaid/ voluntary work

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

- ☐ Yes (1)
- ☐ No (2)

End of Block: Economic activity - during outbreak - if in education or non-job apprenticeship

Start of Block: Employment circumstances - during outbreak

Display This Question:

*If Economic activity - prior outbreak != In education at school/college/university
And Apprenticeship type != Not part of any job*

ECONACTIVITYD And which of these would you say best describes your situation **now** - that is **since** the Coronavirus outbreak?

- ☐ Employed and currently working (1)
- ☐ Employed but on paid leave (including furlough) (2)
- ☐ Employed and on unpaid leave (3)
- ☐ Apprenticeship (4)
- ☐ In unpaid/voluntary work (5)
- ☐ Self-employed and currently working (6)
- ☐ Self-employed but not currently working (7)
- ☐ Unemployed (8)
- ☐ Permanently sick or disabled (9)
- ☐ Looking after home or family (10)
- ☐ In education at school/college/university (11)
- ☐ Retired (12)
- ☐ Doing something else (13)

Display This Question:

If Economic activity - during outbreak = Employed and currently working

Or Economic activity - during outbreak = Apprenticeship

Or Economic activity - during outbreak = In unpaid/voluntary work

Or Economic activity - during outbreak = Self-employed and currently working



WRKHOURSD And how many hours per week do you usually work **now**, not including meal breaks but including overtime?

Display This Question:

If Economic activity - during outbreak = Employed and currently working

Or Economic activity - during outbreak = Apprenticeship

Or Economic activity - during outbreak = In unpaid/voluntary work

Or Economic activity - during outbreak = Self-employed and currently working

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

- ☐ Work from your own home (1)
- ☐ Work at employer's premises (2)
- ☐ Other (3)

Display This Question:

If Economic activity - during outbreak = Employed and currently working

Or Economic activity - during outbreak = Apprenticeship

Or Economic activity - during outbreak = In unpaid/voluntary work

Or Economic activity - during outbreak = Self-employed and currently working

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

- ☐ Yes (1)
- ☐ No (2)

End of Block: Employment circumstances - during outbreak

Start of Block: Employment circumstances - prior outbreak - partner

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

PECONACTIVITYB Which of these best describes what **your partner** was doing just **before** the Coronavirus outbreak? If they were doing more than one activity, please choose the activity that they spent most time doing.

- ☐ Employed (1)
- ☐ Self-employed (2)
- ☐ In unpaid/ voluntary work (3)
- ☐ Apprenticeship (4)
- ☐ Unemployed (5)
- ☐ Permanently sick or disabled (6)
- ☐ Looking after home or family (7)
- ☐ In education at school/college/university (8)
- ☐ Retired (9)
- ☐ Doing something else (10)

Display This Question:

If Partner's economic activity - prior outbreak = Apprenticeship

PAPPRENTYPE Was this apprenticeship part of..?

- ☐ A full time job (1)
- ☐ Or a part time job (2)
- ☐ Not part of any job (3)

Display This Question:

If Partner's economic activity - prior outbreak = Employed
Or Partner's economic activity - prior outbreak = Self-employed
Or Partner's economic activity - prior outbreak = In unpaid/ voluntary work
Or Partner's economic activity - prior outbreak = Apprenticeship
And Apprenticeship type - partner != Not part of any job



PWRKHOURSB How many hours per week did **your partner** usually work, not including meal breaks but including overtime?

Display This Question:

If Partner's economic activity - prior outbreak = Employed
Or Partner's economic activity - prior outbreak = Self-employed
Or Partner's economic activity - prior outbreak = In unpaid/ voluntary work
Or Partner's economic activity - prior outbreak = Apprenticeship
And Apprenticeship type - partner != Not part of any job



PJTITLEB What was **your partner's** job title?

Display This Question:

If Partner's economic activity - prior outbreak = Employed
Or Partner's economic activity - prior outbreak = Self-employed
Or Partner's economic activity - prior outbreak = In unpaid/ voluntary work
Or Partner's economic activity - prior outbreak = Apprenticeship
And Apprenticeship type - partner != Not part of any job



PJDOB 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).

Display This Question:

If Partner's economic activity - prior outbreak = Employed

Or Partner's economic activity - prior outbreak = In unpaid/ voluntary work

Or Partner's economic activity - prior outbreak = Apprenticeship

And Apprenticeship type - partner != Not part of any job



PJMAKEB What did the firm or organisation **your partner** worked for mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

Display This Question:

If Partner's economic activity - prior outbreak = Self-employed



PJMAKESEB What did **your partner's** firm or organisation mainly make or do? Please describe in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail).

Display This Question:

If Partner's economic activity - prior outbreak = Employed

PZEROHB In this job, did **your partner** have a zero hours contract?

- ☐ Yes (1)
- ☐ No (2)

End of Block: Employment circumstances - prior outbreak - partner

Start of Block: Economic activity - partner - since outbreak

Display This Question:

If Who do you currently live with = Husband/Wife/Cohabiting Partner

PECONACTIVITYD And which of these would you say best describes **your partner's** situation **now** - that is **since** the Coronavirus outbreak?

- ☐ Employed and currently working (1)
- ☐ Employed but on paid leave (including furlough) (2)
- ☐ Employed and on unpaid leave (3)
- ☐ Apprenticeship (4)
- ☐ In unpaid/voluntary work (5)
- ☐ Self-employed and currently working (6)
- ☐ Self-employed but not currently working (7)
- ☐ Unemployed (8)
- ☐ Permanently sick or disabled (9)
- ☐ Looking after home or family (10)
- ☐ In education at school/college/university (11)
- ☐ Retired (12)
- ☐ Doing something else (13)

Display This Question:

If Partner's economic activity - during outbreak = Employed and currently working

Or Partner's economic activity - during outbreak = Apprenticeship

Or Partner's economic activity - during outbreak = In unpaid/voluntary work

Or Partner's economic activity - during outbreak = Self-employed and currently working



PWRKHOURSD And how many hours per week does **your partner** usually work **now**, not including meal breaks
but including overtime?

Display This Question:

If Partner's economic activity - during outbreak = Employed and currently working

Or Partner's economic activity - during outbreak = Apprenticeship

Or Partner's economic activity - during outbreak = In unpaid/voluntary work

Or Partner's economic activity - during outbreak = Self-employed and currently working

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

☐ Yes (1)

☐ No (2)

End of Block: Economic activity - partner - since outbreak

Start of Block: EDU&EMP MCS ONLY

Display This Question:

If GROUP = 4

EDUOFFER Have you, at any stage, formally accepted an offer for a place on a college or university course or an apprenticeship programme which will start later this year?

☐ Yes (1)

☐ No (2)

Display This Question:

If GROUP = 4

And Whether accepted a place at college or university = Yes

EDUORGNAME In the boxes below please write the full name of the college, university or other organisation at which you have been offered a place, and the town in which it is in:

☐ Name: (4) _____

☐ Town: (5) _____

Display This Question:

If GROUP = 4

And Whether accepted a place at college or university = Yes

EDUOFFERINTENT Do you still intend to take up this course or have your plans changed?

☐ No change to plans - I will take up the course or apprenticeship (1)

☐ Deferred entry to course or apprenticeship (2)

☐ Do not plan to do the course or apprenticeship anymore (3)

☐ Not sure / Still deciding (4)

End of Block: EDU&EMP MCS ONLY

Start of Block: Health Behaviours

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

Which of these statements applies to you?

☐ I've never smoked cigarettes (1)

☐ I used to smoke cigarettes but don't at all now (2)

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

☐ I smoke cigarettes every day (4)

Display This Question:

If Smoking behaviour = I now smoke cigarettes occasionally but not every day

Or Smoking behaviour = I smoke cigarettes every day



NUMCIGSPP In the month **before** the Coronavirus outbreak, how many cigarettes a day did you usually smoke?

Display This Question:

If Smoking behaviour = I now smoke cigarettes occasionally but not every day

Or Smoking behaviour = I smoke cigarettes every day



NUMCIGSSP **Since** the start of the Coronavirus outbreak, how many cigarettes a day have you typically smoked?

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

- ☐ I've never used an electronic cigarette or a vaping device (1)
- ☐ I used to use an electronic cigarette or a vaping device but don't at all now (2)
- ☐ 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)

Display This Question:

If Vaping behaviour = I now use an electronic cigarette or a vaping device occasionally but not every day

Or Vaping behaviour = I use electronic cigarettes or vaping devices every day

VAPESP **Since** the start of the Coronavirus outbreak, has the amount you have been using an electronic cigarette or vaping device changed?

- ☐ 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)

ALDRPP In the month **before** the Coronavirus outbreak, how often did you have a drink containing alcohol?

- ☐ 4 or more times a week (1)
- ☐ 2-3 times a week (2)
- ☐ 2-4 times per month (3)
- ☐ Monthly or less (4)
- ☐ Never (5)

Display This Question:

If How often drank alcohol pre Coronavirus outbreak = 4 or more times a week

Or How often drank alcohol pre Coronavirus outbreak = 2-3 times a week

Or How often drank alcohol pre Coronavirus outbreak = 2-4 times per month

Or How often drank alcohol pre Coronavirus outbreak = Monthly or less

AUNDPP In the month **before** the Coronavirus outbreak, how many standard alcoholic drinks have you had on a typical day when you were drinking?

- ☐ 1-2 (1)
- ☐ 3-4 (2)
- ☐ 5-6 (3)
- ☐ 7-9 (4)
- ☐ 10+ (5)

ALDRSP **Since** the start of the Coronavirus outbreak, how often have you had a drink containing alcohol?

- ☐ 4 or more times a week (1)
- ☐ 2-3 times a week (2)
- ☐ 2-4 times per month (3)
- ☐ Monthly or less (4)
- ☐ Never (5)

Display This Question:

If How often drinks alcohol since Coronavirus outbreak = 4 or more times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-3 times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-4 times per month

Or How often drinks alcohol since Coronavirus outbreak = Monthly or less

AUNDSP **Since** the start of the Coronavirus outbreak, how many standard alcoholic drinks do you have on a typical day when you were drinking?

- ☐ 1-2 (1)
- ☐ 3-4 (2)
- ☐ 5-6 (3)
- ☐ 7-9 (4)
- ☐ 10+ (5)

Display This Question:

If How often drinks alcohol since Coronavirus outbreak = 4 or more times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-3 times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-4 times per month

Or How often drinks alcohol since Coronavirus outbreak = Monthly or less

AUSDSP **Since** the start of the Coronavirus outbreak, how often have you found you were not able to stop drinking once you had started?

- ☐ Never (1)
- ☐ Less than monthly (2)

- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)

Display This Question:

If How often drinks alcohol since Coronavirus outbreak = 4 or more times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-3 times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-4 times per month

Or How often drinks alcohol since Coronavirus outbreak = Monthly or less

AUACSP **Since** the start of the Coronavirus outbreak, how often have you failed to do what was expected of you because of drinking?

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

Display This Question:

If How often drinks alcohol since Coronavirus outbreak = 4 or more times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-3 times a week

Or How often drinks alcohol since Coronavirus outbreak = 2-4 times per month

Or How often drinks alcohol since Coronavirus outbreak = Monthly or less

AUCDSP **Since** the start of the Coronavirus outbreak, has a relative, friend, doctor or health worker been concerned about your drinking or advised you to cut down?

- ☐ Yes (1)
- ☐ No (2)



EXCISEPP In the month **before** the start of the Coronavirus outbreak, 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?



EXCISEP **Since** the start of the Coronavirus outbreak, 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?



FRTVEGPP

In the month **before** the start of the Coronavirus outbreak, how many portions of fresh fruit and vegetables did you eat 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.



FRTVEGSP

Since the start of the Coronavirus outbreak, 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.



HSLEEPPP In the month **before** the start of the Coronavirus outbreak, how many hours did you sleep each night on average?

Please round to the nearest hour.



HSLEEPSP **Since** the start of the Coronavirus outbreak, how many hours have you slept each night on average?

Please round to the nearest hour.

Weight The next question is about your weight. Would you prefer to report your weight in kilograms or stones and pounds?

- ☐ Kilograms (1)
- ☐ Stones and Pounds (2)
- ☐ I do not wish to report my weight (3)

Display This Question:

*If The next question is about your weight. Would you prefer to report your weight in kilograms or st...
= Kilograms*



WGHTKG What is your weight in kilograms?

Display This Question:

*If The next question is about your weight. Would you prefer to report your weight in kilograms or st...
= Stones and Pounds*

WGHTSTP What is your weight in stones and pounds?

- ☐ Stone (4) _____
- ☐ Pounds (5) _____

End of Block: Health Behaviours

Start of Block: Contact

SCON1 The next few questions are about the contact you have had with people you do not live with in the last seven days.

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?

- ☐ Every day (1)
- ☐ 4-6 days (2)

- ☐ 2-3 days (3)
- ☐ 1 day (4)
- ☐ Never (5)

SCON2 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?

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

SCON3 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)

SCON4 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)

SCON5 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?

Please include doing shopping, collecting medicines, checking in on people and any other voluntary work for community groups or other organisations.

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

End of Block: Contact

Start of Block: Social provision

Display This Question:

If COHORTID = 3

Or COHORTID = 4

SOCPROV In answering the following questions, think about your current relationships with friends, family members, community members, and so on.

Please indicate to what extent each statement describes your current relationships with other people.

	Very true (9)	Partly true (10)	Not true at all (11)
I have family and friends who help me feel safe, secure and happy (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I trust whom I would turn to for advice if I were having problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I feel close to (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Not at all (1)
- ☐ A little (6)
- ☐ Somewhat (7)
- ☐ A great deal (8)

Display This Question:

If COHORTID = 1

Or COHORTID = 2

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

- ☐ Not at all (2)
- ☐ A little (6)
- ☐ Somewhat (7)
- ☐ A great deal (8)

End of Block: Social provision

Start of Block: Loneliness

LONELY

	Hardly ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel lonely? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Loneliness

Start of Block: Life sat

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

- ☐ Not at all satisfied 0 (100)
- ☐ 1 (101)
- ☐ 2 (102)
- ☐ 3 (103)
- ☐ 4 (104)
- ☐ 5 (105)
- ☐ 6 (106)
- ☐ 7 (107)
- ☐ 8 (108)
- ☐ 9 (109)
- ☐ Completely satisfied 10 (110)

End of Block: Life sat

Start of Block: MCS Mental health scale

Display This Question:

If COHORTID = 4

PHDE The next few questions are about how you have felt over the last 30 days.

During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)

- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:

If COHORTID = 4

PHHO During the last 30 days, about how often did you feel hopeless?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:

If COHORTID = 4

PHRF During the last 30 days, about how often did you feel restless or fidgety?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:

If COHORTID = 4

PHEE During the last 30 days, about how often did you feel that everything was an effort?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:

If COHORTID = 4

PHWO During the last 30 days, about how often did you feel worthless?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:

If COHORTID = 4

PHNE During the last 30 days, about how often did you feel nervous?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ A little of the time (4)
- ☐ None of the time (5)

Display This Question:
If COHORTID = 4

HARM **Since** the start of the Coronavirus outbreak have you hurt yourself on purpose in any way?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:
If COHORTID = 4

WEMWBS Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last two weeks.

	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 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: MCS Mental health scale

Start of Block: NCDS&BCS Mental health scale

Display This Question:

If COHORTID = 1

Or COHORTID = 2

MALAISE The next questions are concerned with how you are feeling generally.

	Yes (1)	No (2)
Do you feel tired most of the time? (3)	<input type="radio"/>	<input type="radio"/>
Do you often feel miserable or depressed? (4)	<input type="radio"/>	<input type="radio"/>
Do you often get worried about things? (5)	<input type="radio"/>	<input type="radio"/>
Do you often get in a violent rage? (6)	<input type="radio"/>	<input type="radio"/>
Do you often suddenly become scared for no good reason? (7)	<input type="radio"/>	<input type="radio"/>
Are you easily upset or irritated? (8)	<input type="radio"/>	<input type="radio"/>
Are you constantly keyed up and jittery? (9)	<input type="radio"/>	<input type="radio"/>
Does every little thing get on your nerves and wear you out? (10)	<input type="radio"/>	<input type="radio"/>
Does your heart often race like mad? (11)	<input type="radio"/>	<input type="radio"/>

End of Block: NCDS&BCS Mental health scale

Start of Block: NS Mental health scale

Display This Question:

If COHORTID = 3

GHQ121

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

- ☐ Better than usual (1)
- ☐ Same as usual (2)
- ☐ Less than usual (3)
- ☐ Much less than usual (4)

Display This Question:

If COHORTID = 3

GHQ122 Have you recently lost much sleep over worry?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ123 Have you recently felt that you are playing a useful part in things?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Less useful than usual (3)
- ☐ Much less useful (4)

Display This Question:

If COHORTID = 3

GHQ124 Have you recently felt capable of making decisions about things?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Less so than usual (3)
- ☐ Much less capable (4)

Display This Question:

If COHORTID = 3

GHQ125 Have you recently felt constantly under strain?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ126 Have you recently felt you couldn't overcome your difficulties?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ127 Have you recently been able to enjoy your normal day to day activities?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Less so than usual (3)
- ☐ Much less than usual (4)

Display This Question:

If COHORTID = 3

GHQ128 Have you recently been able to face up to your problems?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Less so than usual (3)
- ☐ Much less able (4)

Display This Question:

If COHORTID = 3

GHQ129 Have you recently been feeling unhappy or depressed?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ1210 Have you recently been losing confidence in yourself?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ1211 Have you recently been thinking of yourself as a worthless person?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 3

GHQ1212

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

- ☐ More so than usual (1)
- ☐ Same as usual (5)
- ☐ Less so than usual (6)
- ☐ Much less than usual (7)

End of Block: NS Mental health scale

Start of Block: NSHD Mental health scale

Display This Question:

If COHORTID = 5

GHQ0115 Please answer ALL the following questions about how you have been feeling over the past few weeks.

Remember that we want to know about your present and recent complaints, not those you had in the past.

HAVE YOU RECENTLY:

Been feeling perfectly well and in good health?

- ☐ Better than usual (1)
- ☐ Same as usual (2)
- ☐ Worse than usual (3)
- ☐ Much worse than usual (4)

Display This Question:

If COHORTID = 5

GHQ0215 Been feeling in need of a good tonic?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0315 Been feeling run down and out of sorts?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0415 Felt that you are ill?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0515 Been getting any pains in your head?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0615 Been getting a feeling of tightness or pressure in your head?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0715 Been having hot or cold spells?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0815 Lost much sleep over worry?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ0915 Had difficulty staying asleep once you are off?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ1015 Been managing to keep yourself busy and occupied?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Rather less so than usual (3)
- ☐ Much less than usual (4)

Display This Question:

If COHORTID = 5

GHQ1115 Been taking longer over the things you do?

- ☐ Quicker than usual (1)
- ☐ Same as usual (2)
- ☐ Longer than usual (3)
- ☐ Much longer than usual (4)

Display This Question:

If COHORTID = 5

GHQ1215 Felt on the whole you were doing things well?

- ☐ Better than usual (1)
- ☐ About the same as usual (2)
- ☐ Less well than usual (3)
- ☐ Much less well (4)

Display This Question:

If COHORTID = 5

GHQ1315 Been satisfied with the way you've carried out your task?

- ☐ More satisfied (1)
- ☐ About the same as usual (2)
- ☐ Less satisfied than usual (3)
- ☐ Much less satisfied (4)

Display This Question:

If COHORTID = 5

GHQ1415 Felt that you are playing a useful part in things?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Rather less so than usual (3)
- ☐ Much less useful (4)

Display This Question:

If COHORTID = 5

GHQ1515 Felt capable of making decisions about things?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Rather less so than usual (3)
- ☐ Much less capable (4)

Display This Question:

If COHORTID = 5

GHQ1615 Felt constantly under strain?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ1715 Been able to enjoy your normal day-to-day activities?

- ☐ More so than usual (1)
- ☐ Same as usual (2)
- ☐ Less so than usual (3)
- ☐ Much less than usual (4)

Display This Question:

If COHORTID = 5

GHQ1815 Been getting edgy and bad-tempered?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ1915 Been getting scared or panicky for no good reason?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2015 Found everything getting on top of you?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2115 Been thinking of yourself as a worthless person?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2215 Felt that life is entirely hopeless?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2315 Been feeling nervous and strung-up all the time?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2415 Felt that life isn't worth living?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:

If COHORTID = 5

GHQ2515 Thought of the possibility that you might make away with yourself?

- ☐ Definitely not (1)
- ☐ I don't think so (2)
- ☐ Has crossed my mind (3)
- ☐ Definitely have (4)

Display This Question:

If COHORTID = 5

GHQ2615 Found at times you couldn't do anything because your nerves were too bad?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:
If COHORTID = 5

GHQ2715 Found yourself wishing you were dead and away from it all?

- ☐ Not at all (1)
- ☐ No more than usual (2)
- ☐ Rather more than usual (3)
- ☐ Much more than usual (4)

Display This Question:
If COHORTID = 5

GHQ2815 Found that the idea of taking your life kept coming into your mind?

- ☐ Definitely not (1)
- ☐ I don't think so (2)
- ☐ Has crossed my mind (3)
- ☐ Definitely has (4)

End of Block: NSHD Mental health scale

Start of Block: Mental health scale

GAD2PHQ2 Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious or on edge (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Mental health scale

Start of Block: Risk & patience

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

- ☐ Never 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ Always 10 (11)

PATIENT On a scale from 0-10, where 0 is 'never' and 10 is 'always', how patient would you say you are?

- ☐ Never 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)

- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ Always 10 (11)

End of Block: Risk & patience

Start of Block: Trust

TRUST 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?

- ☐ Not at all trusting 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ Extremely trusting 10 (11)

End of Block: Trust

Start of Block: Trust in government

TRUSTPOLP 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?

- ☐ Not at all trusting 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ Extremely trusting 10 (11)

End of Block: Trust in government

Start of Block: COVID changes grid

CVDCHNG **Since** the Coronavirus outbreak please indicate how the following have changed.

	More than before (1)	Same - no change (2)	Less than before (3)
The amount of stress I've been feeling (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of trust I have in the Government (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of trust I have in people in my local area (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of conflict I have had with people around me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: COVID changes grid

Start of Block: Open ended

OPEN Please use the space below to express in your own words the main ways the Coronavirus outbreak has affected your life and/or your loved ones so far, and what you think the effects might be in the future.

You can write as much or little as you like, and cover any topic you choose.

End of Block: Open ended

Start of Block: Outro block

Display This Question:

If COHORTID = 3

NSIMP You have nearly completed the survey. We would just like to ask a couple more questions.

The next major survey is likely to be in the next year or two and may involve a home visit from an interviewer if social distancing rules are relaxed to allow this. We are interested to know whether the Coronavirus outbreak could affect your willingness to be visited at home by an interviewer. Which of the following statements applies to you?

- ☐ The Coronavirus outbreak is likely to make me less willing to be visited at home.
(1)
- ☐ The Coronavirus outbreak will have no impact on my willingness to be visited at home. (2)
- ☐ The Coronavirus outbreak is likely to make me more willing to be visited at home.
(3)

Display This Question:

If COHORTID = 1

NCDSMO Home visits for the 'Life in Your Early 60s' Survey began in January but have been paused because of the Coronavirus outbreak. As we do not know when social distancing rules will allow us to restart home visits we are considering whether to ask study members to take part in the Life in Your Early 60s Survey in other ways. Would you be willing to take part in any of the following ways?

Please select all that apply.

- ☐ Video call with an interviewer (e.g. using Skype, Zoom or similar) (1)
- ☐ Telephone interview (2)
- ☐ Online questionnaire (3)
- ☐ Paper questionnaire (4)
- ☐ None of the above (6)

Display This Question:

If COHORTID = 2

BCSMO Home visits for the BCS70 Age 50 Survey were due to start in June but this will not be possible because of the Coronavirus outbreak. As we do not know when social distancing rules will allow us to start home visits we are considering whether to ask study members to take part in the Age 50 Survey in other ways. Would you be willing to take part in any of the following ways?

Please select all that apply.

- ☐ Video call with an interviewer (e.g. using Skype, Zoom or similar) (1)
- ☐ Telephone interview (2)
- ☐ Online questionnaire (3)
- ☐ Paper questionnaire (4)
- ☐ None of the above (6)

Display This Question:

If COHORTID = 3

NSWIL We are considering whether to ask study members to take part in the next survey in other ways. How willing or unwilling would you be to take part by having a video call with an interviewer (e.g. using Skype, Zoom or similar)?

- ☐ Very willing (1)
- ☐ Fairly willing (2)
- ☐ Neither willing nor unwilling (3)
- ☐ Fairly unwilling (4)
- ☐ Very unwilling (5)

EMOK

The email address we currently hold for you is [\\${e://Field/RecipientEmail}](#).

Is this the best email address to use to contact you?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Current email okay = No



EMUPDAT Please enter below the best email address to use to contact you in the future.

Display This Question:

If COHORTID = 1

NCDSAPP Finally – we’d like to ask you to download a COVID-19 Symptoms Tracker app. Many people are recording symptoms of COVID-19 using specially designed symptom tracker apps. These are helping to slow the outbreak, by recording which symptoms are most common, and identifying high risk areas in the UK. As a member of NCDS you can play a special role. We have teamed up with the organisations running the COVID-19 symptom tracker, designed by Kings College London, to allow the results from the symptoms tracker app to be combined with the information held by NCDS. All you need to do is to download the app on your mobile device, and record your symptoms every day. If you have already been recording your symptoms using this app, the symptoms you have already recorded can also be linked. **Please click [HERE](#) to download the app.** You can download the symptoms tracker and start recording your symptoms at any time. You can also find the link to download the symptoms tracker app on our study [website](#). If you DO NOT wish your information held by NCDS to be linked to information collected by the COVID-19 symptom tracker app please tick the box below.

☐ I DO NOT wish my NCDS information to be linked with information collected by the COVID-19 tracker app (5)

Display This Question:

If COHORTID = 1

NCDSOPT For further information about how your symptoms tracker data will be securely linked, and how it will be used for research, please see our FAQs, [here](#). You can also opt out of linking your NCDS information to the symptoms tracker at any time by calling us for free on 0800 0355761 or email us at ncds@ucl.ac.uk.

Display This Question:

If COHORTID = 2

BCSAPP Finally – we’d like to ask you to download a COVID-19 Symptoms Tracker app. Many people are recording symptoms of COVID-19 using specially designed symptom tracker apps. These are helping to slow the outbreak, by recording which symptoms are most common, and identifying high risk areas in the UK. As a member of BCS70 you can play a special role. We have teamed up with the organisations running the COVID-19 symptom tracker, designed by Kings College London, to allow the results from the symptoms tracker app to be combined with the information held by BCS70. All you need to do is to download the app on your mobile device, and record your symptoms every day. If you have already been

recording your symptoms using this app, the symptoms you have already recorded can also be linked. Please click [HERE](#) to download the app. You can download the symptoms tracker and start recording your symptoms at any time. You can also find the link to download the symptoms tracker app on our study [website](#). If you DO NOT wish your information held by BCS70 to be linked to information collected by the COVID-19 symptom tracker app please tick the box below.

☐ I DO NOT wish my BCS70 information to be linked with information collected by the COVID-19 tracker app (5)

Display This Question:

If COHORTID = 2

BCSOPT For further information about how your symptoms tracker data will be securely linked, and how it will be used for research, please see our FAQs, [here](#).

You can also opt out of linking your BCS70 information to the symptoms tracker at any time by calling us for free on 0800 0355761 or email us at bcs70@ucl.ac.uk.

Display This Question:

If COHORTID = 3

NSAPP Finally – we'd like to ask you to download a COVID-19 Symptoms Tracker app. Many people are recording symptoms of COVID-19 using specially designed symptom tracker apps. These are helping to slow the outbreak, by recording which symptoms are most common, and identifying high risk areas in the UK. As a member of Next Steps you can play a special role. We have teamed up with the organisations running the COVID-19 symptom tracker, designed by Kings College London, to allow the results from the symptoms tracker app to be combined with the information held by Next Steps. All you need to do is to download the app on your mobile device, and record your symptoms every day. If you have already been recording your symptoms using this app, the symptoms you have already recorded can also be linked. Please click [HERE](#) to download the app. You can download the symptoms tracker and start recording your symptoms at any time. You can also find the link to download the symptoms tracker app on our study [website](#). If you DO NOT wish your information held by Next Steps to be linked to information collected by the COVID-19 symptom tracker app please tick the box below.

☐ I DO NOT wish my Next Steps information to be linked with information collected by the COVID-19 tracker app (5)

Display This Question:

If COHORTID = 3

NSOPT For further information about how your symptoms tracker data will be securely linked, and how it will be used for research, please see our FAQs, [here](#).

You can also opt out of linking your Next Steps information to the symptoms tracker at any time by calling us for free on 0800 977 4566 or email us at nextsteps@ucl.ac.uk.

Display This Question:

If COHORTID = 4

MCSAPP Finally – we'd like to ask you to download a COVID-19 Symptoms Tracker app. Many people are recording symptoms of COVID-19 using specially designed symptom tracker apps. These are helping to slow the outbreak, by recording which symptoms are most common, and identifying high risk areas in the UK. As a member of Child of the New Century you can play a special role. We have teamed up with the organisations running the COVID-19 symptom tracker, designed by Kings College London, to allow the results from the symptoms tracker app to be combined with the information held by Child of the New Century. All you need to do is to download the app on your mobile device, and record your symptoms every day. If you have already been recording your symptoms using this app, the symptoms you have already recorded can also be linked. Please click [HERE](#) to download the app. You can download the symptoms tracker and start recording your symptoms at any time. You can also find the link to download the symptoms tracker app on our study [website](#). If you DO NOT wish your information held by Child of the New Century to be linked to information collected by the COVID-19 symptom tracker app please tick the box below.

☐ I DO NOT wish my Child of the New Century information to be linked with information collected by the COVID-19 tracker app (5)

Display This Question:

If COHORTID = 4

MCSOPT For further information about how your symptoms tracker data will be securely linked, and how it will be used for research, please see our FAQs, [here](#).

You can also opt out of linking your Child of the New Century information to the symptoms tracker at any time by calling us for free on 0800 0921250 or email us at childnc@ucl.ac.uk.

End of Block: Outro block

Start of Block: COVID APP Block

SUBMIT You have come to the end of the questions. If you'd like to go back to check or change any of your answers you should do so now. Once you've clicked to go to the next screen you won't be able to go back. Thank you for your help!

End of Block: COVID APP Block
