



INTRODUCTION

The questionnaire is divided into several sections. Please ensure that you complete sections A to D before completing section E 'Completing the Questionnaire'. You don't have to do all the sections in one go - you can complete sections one at a time, log-out and come back later at any point. Once you have clicked 'Submit' you will not be able to return to that section or edit your answers. Your login session will expire after one hour of no activity i.e. saving, clicking previous/next page buttons.

In this questionnaire we are interested in understanding what Children of the 90s participants did before and during the COVID-19 (also termed coronavirus) pandemic. We would like to know how the pandemic has affected you in the short term. In addition, we would like to know about the places you visited in the last few months and whether you experienced any of the usual cold/flu symptoms we would expect around this time of year.

The information you provide in this questionnaire will be used by researchers to understand the development of COVID-19 symptoms in the population. It will also help us to understand the psychological, social and economic impacts of the pandemic and the restrictions that have been put in place to reduce its spread.

Please remember that your answers to all these questions are confidential and will be processed using a unique ID number. All your personal details will be removed by Children of the 90s staff and researchers will not be able to link your answers back to you. Your data will only be shared with approved researchers for research that has been approved by Children of the 90s.

There may be questions that seem a bit strange or don't apply to you while others may cause distress. We would be very grateful if you answered all the questions, but we understand if there are some that you either prefer not to answer or are unable to answer. Please just leave these questions blank. There are no right or wrong answers.

We will be following up with you in a few weeks and repeating some of these questions, and asking some new ones to see how you have been affected by these unprecedented times. In the meantime, please **Stay at Home and Save Lives**.

If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 please visit:

- Coronavirus explained: coronavirusexplained.ukri.org/en/
- Government guidelines: www.gov.uk/coronavirus
- NHS advice: www.nhs.uk/conditions/coronavirus-COVID-19/symptoms-and-what-to-do/
- Samaritans - Emotional support for everyone: www.samaritans.org
- Mind - Advice and support for anyone with a mental health problem www.mind.org.uk

To be entered into the prize draw, we must have received your questionnaire by 5pm on Monday 11th May 2020. If you win, we will contact you within four weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

If any of your details have changed or you have any questions for us about this research, please email info@childrenofthe90s.ac.uk.

You can also update your details online at childrenofthe90s.ac.uk/update-your-details.

Section A: General health, recent travel and seasonal symptoms

This section is asking about your current health and whether you have experienced any COVID-19, or other symptoms, so far. We would also like to know where you travelled before the pandemic started. This will help researchers work out possible transmission of the virus before we knew about it.

1. Are you or do you **currently** have any of the following: If yes, please tell us exactly what you have:

Yes No

- a. Organ transplant recipient
- b. Diabetes (Type I or II)
- c. Heart disease or heart problems
- d. Hypertension (high blood pressure)
- e. Overweight
- f. A recent stroke
- g. Kidney disease
- h. Liver disease
- i. Anaemia
- j. Asthma
- k. Other lung condition such as COPD, bronchitis or emphysema
- l. Cancer
- m. Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)
- n. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
- o. Depression
- p. Anxiety
- q. Psychiatric disorder

If yes, to a, b, c, k, l, m, q

Please tell us the type

If yes to n

Please tell us when your immune system is weakened

2. For each of the following questions please consider your **usual** situation and respond Yes or No
(PRISMA- 7 Q)

Yes No

- a. In general, do you have health problems that require you to limit your activities?
- b. Do you need someone to help you on a regular basis?
- c. In general, do you have any health problems that require you to stay at home?
- d. If you need help, can you count on someone close to you?
- e. Do you regularly use a stick, walker or wheelchair to move about?

3. a. Do you currently take any regular medication, *including all prescription and non-prescription medicines, vitamins, supplements, etc.??*

Yes; No If no, go to Q4

- m. Dizziness
- n. NEW Persistent cough
- o. Tightness in the chest
- p. Chest pain
- q. Fever (feeling too hot)
- r. Chills (feeling too cold)
- s. Difficulty sleeping
- t. Felt more tired than normal
- u. Severe fatigue (e.g. inability to get out of bed)
- v. Numbness or tingling somewhere in the body
- w. Feeling of heaviness in arms or legs
- x. Achy muscles

If b thru y are NOT ticked in **last week** column, skip to question 8

7. If you have had any of the symptoms above **in the last week**:

a. when did the **first** one start?

1 2 3 4 5 6 7 days ago *Can't remember*

b. when did the **last** one finish?

1 2 3 4 5 6 7 days ago *Can't remember* *still have symptoms*

c. Did you seek medical attention for the symptoms you had in the **last week**?

Yes No

If no, skip to question 7e

d. If yes, what kind of medical attention did you access? *[tick all that apply]*

Contacted NHS 111, by phone or online

Visited pharmacist

Consulted GP over the phone or online

Consulted GP face to face

Walk-in centre

Accident and Emergency

Other, please specify..... *[free text]*

e. Did you take any medication to treat your symptoms? *[tick all that apply]*

Paracetamol

Ibuprofen

Antibiotics

Other, please specify..... *[free text]*

8. a. In the **last week** have you had your temperature taken?

Yes; No If no, skip to Q9

b. Did a doctor/nurse or other health professional take your temperature?

Yes they did

No I took it myself

No someone else took it

c. Can you remember what your highest temperature was?

Please write it here: __. __ °C I can't remember ____

9. In the **last week** have you had shortness of breath (difficulty breathing)? (NYHA classification)

No

Yes, but did not affect my normal activities

Yes, did affect my normal activities (e.g. walking short distances)

Yes, even when I was sat or lying down

10. a. Do you think that 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 If No, go to Q12

b. If yes, when were you told/when did you think you first had COVID-19?

DD/MM/YYYY

11. Have you been in close contact with anyone with COVID-like symptoms in the last **two weeks**?

Yes, I was in contact with a confirmed/tested COVID-19 case

Yes, I was in contact with a person with COVID-19 symptoms, but not confirmed/tested

No, not to my knowledge

12. Have you had a flu jab in the last 12 months?

Yes

No

Section B: What have you been doing as a result of COVID-19?

In this section we are asking about self-isolation, social distancing and what you have been doing during lockdown. By self-isolation we mean not leaving home for any reason and possibly keeping away from other members of your household (if you or they are showing symptoms), by social distancing we mean minimising contact with other people outside the home and by lockdown we are referring to the announcement made by the government on **Monday, March 23rd** to stay at home, except for very limited purposes.

1. a. Have you self-isolated (staying at home, not even leaving for shopping)

Yes, I am now

Yes, I did but have stopped

No,

Prefer not to say

If no **or prefer not to say**, skip to question 2

- b. When did you start self-isolating?

DD/MM/YYYY

- c. How long did you/will you self-isolate for?

— **days**

- b. Why are you/did you self-isolate?

I was diagnosed with Covid-19

I showed symptoms, but have not been diagnosed with Covid-19

Someone in my household had symptoms

I am in a vulnerable group

I live with someone in a vulnerable group

I travelled somewhere and was told to on my return home

Other, please specify [free text]

2. a. Did you alter what you normally did on a day to day basis in any way **before** the government officially announced 'lockdown' on March 23rd? [If you live overseas please answer according to what has happened since lockdown in your own country]

Yes

No If no, skip to question 6

- b. What led you to change what you normally did? *[tick all that apply]*

I showed symptoms and felt unwell

I didn't want to infect others

I was following advice

I did not want to get infected by others

Other, please specify....[free text]

- c. **Before** the lockdown did you change your behaviour by doing any of the following? *[tick all that apply]*

I cancelled my usual social activities

I had to stop working

I moved to working at home

I didn't attend lectures (if a student)

I didn't go shopping

I didn't leave the house
I wore a mask
I tried to avoid physical contact with people
I followed handwashing recommendations
I used hand sanitizer more than usual
I used tissues more than usual

3. Looking back to the **week before** the lockdown (16th - 22nd March), how many events/occasions did you take part in that had more than 10 participants e.g. work meeting, sports event, meal, party?

No events
One event
Two events
Three or more events
Don't know
Prefer not to answer

4. Since the official lockdown was announced on March 23rd, have any of the following aspects of your life changed? *If you didn't do the activity before, and aren't doing it now, please select 'not applicable'.*

Decreased, Stayed the same, Increased, N/A

Amount you sleep
Amount of physical activity/exercise you do
Visiting green space (e.g. park, beach, woodland; not your garden)
Amount you smoke/vape
Amount of alcohol you drink
Number of hours you work outside your home
Number of hours you work at home
Time spent on computer, tablet or phone (playing games, accessing the internet etc)
Time spent watching TV
Time spent talking to family/friends **inside** your home (face to face or on the phone/online)
Time spent talking to family/friends **outside** your home (face to face or on the phone/online)
Time spent talking to work colleagues (face to face or on the phone/online)
Practising relaxation/mindfulness/meditation
Time spent listening to the news
Time spent learning new things
Time spent doing hobbies/things you enjoy
Amount you eat
Amount of money you've spent

5. How many people, **apart from those you live with**, did you speak to **yesterday** (for personal and for work reasons) from each of the following age groups: (Approximate ages are fine) *If none, please enter 0.*

- a. face to face
- b. over the phone (talking but no video image)
- c. via video media (e.g. skype, facetime; with video image of person you spoke to)
- d. With physical contact (e.g. handshake/hug/kiss etc)
 - 0-4 years
 - 5-17 years
 - 18-69 years
 - 70+ years

6. In the last seven days, how often did you:

Every day; 4-5 days; 2-3 days; 1 day; never

- a. stay connected with friends by phone, text or on video calls?
- b. stay connected with family you do not live with by phone, text or on video calls?
- c. stay connected with colleagues with whom you work, study or volunteer by phone, text or on video calls
- d. Work face to face with colleagues
- d. Take part in an organized community activity, e.g. volunteering, online community group

Section C: Impact of the pandemic

We want to understand the impact this pandemic may have on your mental health and wellbeing. Some of the questions in this section may seem familiar as we ask them often, this means we can see how things change over time.

1. On a scale of 1 to 5, how worried are you about each of the following? (If any of these statements don't apply to you e.g. you don't have a partner or children, please tick N/A) :

1. *Not at all worried*...2, 3, 4..... 5 *Very worried*

N/A

- a. Getting COVID-19
- b. Someone close to me getting COVID-19
- c. Passing on COVID-19 to others (even if I don't know I have it)
- d. Dying as a result of becoming infected with COVID-19
- e. Someone close to me dying as a result of becoming infected with COVID-19
- f. Me or my family being in serious financial trouble
- g. Losing my job
- h. Impact on my business if self-employed
- i. Paying the rent/mortgage
- j. Not seeing friends and family
- k. Getting the medications I need
- l. Getting the food I need
- m. My mental health
- n. My physical health
- o. My relationship with my spouse/partner
- p. My relationship with my children
- q. My relationship with the rest of my family
- r. The impact on my children
- s. The impact on my parents
- t. How long it will take for things to get back to normal
- u. I am worried for another reason, specifically [free text]

2. The following questions are about how you might have been feeling or acting recently.

For each statement please tell us how you have been feeling or acting in the past **two weeks** (MFQ)

Not true, sometimes true, true

- a. I felt miserable or unhappy
- b. I didn't enjoy anything at all
- c. I felt so tired I just sat around and did nothing
- d. I was very restless
- e. I felt I was no good anymore
- f. I cried a lot
- g. I found it hard to think properly or concentrate
- h. I hated myself
- i. I was a bad person
- j. I felt lonely
- k. I thought nobody really loved me
- l. I thought I could never be as good as others
- m. I did everything wrong

3. The following questions are about feelings you may have experienced **during the past two weeks**.
Over the last 2 weeks, how often have you been bothered by the following problems? **(GAD7)**

Not at all; several days; more than half the days; nearly every day

- a. Feeling nervous, anxious or on edge
- b. Not being able to stop or control worrying
- c. Worrying too much about different things
- d. Trouble relaxing
- e. Being so restless that it is hard to sit still
- f. Becoming easily annoyed or irritable
- g. Feeling afraid as if something awful might happen

4. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the **last 2 weeks**. **(WEWBS)**

None of the time; Rarely; Some of the time; Often; All of the time

- e. I've been feeling optimistic about the future
- f. I've been feeling useful
- g. I've been feeling relaxed
- h. I've been feeling interested in other people
- i. I've had energy to spare
- j. I've been dealing with problems well
- k. I've been thinking clearly
- l. I've been feeling good about myself
- m. I've been feeling close to other people
- n. I've been feeling confident
- o. I've been able to make up my own mind about things
- p. I've been feeling loved
- q. I've been interested in new things
- r. I've been feeling cheerful

5. Is there anything else you would like to tell us about how the pandemic has affected you?

[large free text box]

Section D: About you during the pandemic

In this section we would like to know some information about your current situation during the pandemic, such as your living arrangements and what your thoughts are on the guidance we have received.

1. Do you find the official guidance on COVID-19 easy to understand?

Extremely easy
Somewhat easy
Somewhat difficult
Extremely difficult

2. How would you rate your knowledge about COVID-19?

Extremely good
Somewhat good
Neither good nor bad
Somewhat bad
Extremely bad

3. Do you think that the official guidance on COVID-19 is:

An overreaction?
About right?
An under reaction?
I don't know

4. Do you think that lockdown in the UK:

Happened too early?
Was timed about right?
Happened too late?
I don't know

5. In the last **seven days**, how much of the day did you spend on average:

Up to 1 hour per day; 1-2 hours; 2-3 hours; 3-4 hours; 4-5 hours; >5 hours per day

- a. Talking with others about COVID-19?
b. Reading/hearing about COVID-19 on the news?
c. Reading about COVID-19 on social media?

6. Who do you live with? *(enter the number of people in each group). If none, please enter 0.*

Number of children aged 0-9 years ____
Number of children 10-17 years ____
Adults 18-59 years ____
Adults 60+ years ____

7. What type of accommodation do you live in?

Whole detached house (or bungalow)

Whole semi-detached house (or bungalow)

End of terrace house

Mid-terrace house

Flat/apartment/maisonette (self-contained)

Other [please describe]

8. Do you have access to a garden?

Yes, a private garden

Yes, a shared garden

No

9. How many rooms are in your home (not including the kitchen and bathroom)?

___ rooms

10. Is anyone in your household pregnant?

Yes, I am

Yes, my partner is

Yes, someone else is

No

Unsure

11. a. Are you a healthcare worker that has helped to manage patients with COVID-19?

Yes, currently

Yes, in the past but no longer

No

Don't know

Prefer not to answer

If No, go to Q11c

b. Approximately how many patients with COVID-19 disease have you cared for and interacted with in the **past two weeks**?

1 – 2 individuals

3 – 5 individuals

5 – 10 individuals

10+ individuals

Don't know

Prefer not to answer

c. Do you live with a healthcare worker?

Yes No If no, go to Q12

d. Have they cared for or interacted with any COVID-19 patients in the **past two weeks**?

Yes No Don't know

12. a. Are you a keyworker, as defined by the government?

Yes; No; *Don't know*

b. Do you live with a keyworker?

Yes No

We will ask more about your work during this time in the next questionnaire.

For G1 only....

13. Are you currently planning (i.e. actively trying) to have children?

Yes No *If no, end Q*

14. Have the current conditions in relation to COVID-19 altered your plans to try and have children?

Yes No

15. Do you have any concerns about becoming pregnant or having a child in the current conditions relating to COVID-19 ?

Yes No

Section E: Completing the Questionnaire

Usual 'back page' info on date of birth and free text comment box

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.