

# UK Covid-19 Questionnaire

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The process of developing this questionnaire was facilitated by Wellcome

# CORE QUESTIONNAIRE

**Date lockdown to be used throughout UK: 23<sup>rd</sup> March 2020, Scotland 23<sup>rd</sup> March, Wales 23<sup>rd</sup> March**

**Change date to put in correct date for Northern Ireland as appropriate**

**Note: Skipped questions and questionnaire notes need to be adapted to the final version of the questionnaire being administered**

"If you are affected by any of the issues raised in this questionnaire or are looking for information on COVID-19 (coronavirus) please visit: Coronavirus explained: [coronavirusexplained.ukri.org/en/](https://coronavirusexplained.ukri.org/en/).

Government guidelines: [www.gov.uk/coronavirusNHS](https://www.gov.uk/coronavirusNHS) advice: [www.nhs.uk/conditions/coronavirus-COVID-19/symptoms-and-what-to-do/Samaritans](https://www.nhs.uk/conditions/coronavirus-COVID-19/symptoms-and-what-to-do/Samaritans) - Emotional support for everyone:

[www.samaritans.orgMind](https://www.samaritans.orgMind) - Advice and support for anyone with a mental health problem

[www.mind.org.uk](https://www.mind.org.uk)

In this questionnaire we are ask 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. 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.

## Section 1 | Covid related health questions

### CORE QUESTIONS (Covid related health questions)

#### Covid-19 symptoms

- We are interested in whether you have experienced any symptoms listed below since November 2019. Please complete the table for *any* of the symptoms you have had and in what month(s) you had them.** Please complete for any symptoms and any months that symptoms were experienced irrespective of whether or not you saw a doctor and irrespective of whether or not you were told you had flu, or coronavirus disease 2019 (COVID-19) or any other diagnosis

*Source for questions 1-3: Cross cohort questionnaires and flusurvey.*

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020
No cold or flu symptoms						
Decrease in appetite						
Nausea and/or vomiting						
Diarrhoea						
Abdominal pain/tummy ache						
Runny nose						
Sneezing						
Blocked nose						
Sore eyes						
Loss of sense of smell						
Loss of sense of taste						
Sore throat						
Hoarse voice						
Headache (if more often or worse than usual)						
Dizziness						
Shortness of breath affecting normal activities						
New persistent cough						
Tightness in the chest						
Chest pain						
Fever (feeling too hot)						
Chills (feeling too cold)						
Difficulty sleeping						
Felt more tired than normal						
Severe fatigue (e.g. inability to get out of bed)						
Numbness or tingling somewhere in the body						
Feeling of heaviness in arms or legs						
Achy muscles						

*If none ticked in **last week** column, skip to question 3*

**2. 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*      *I still have it/them*

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

*Source: New York Heart Association scale*

*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*

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

Yes    No

*If no, skip to question 3*

**e. 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/practice nurse over the phone or online*

*Consulted GP/practice nurse face to face*

*Walk-in centre*

*Accident and Emergency*

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

**3.**

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

Yes; No

*If no, skip to question 4*

**b. Who took your temperature?**

*A doctor/nurse or other health professional*

*I did*

*It was taken by someone else*

**c. If you can remember, what was the highest temperature reading?**

\_\_\_.\_°C

**4. Have you been in close contact with anyone with COVID-19 in the last two weeks?**

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

*Yes, I was in contact with a suspected COVID-19 case*

*No, not to my knowledge*

**5.**

**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 question 6*

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

*DD/MM/YYYY*

Pre-existing health conditions

6.

a. Are you, or do you, currently have any of the following? (tick all that apply)

*Source – publications and NHS shielded categories 06/04/2020*

	Tick if yes
Organ transplant recipient	
Diabetes (Type I or II)	
Heart disease or heart problems	
Hypertension (high blood pressure)	
Overweight	
Stroke	
Kidney disease	
Liver disease	
Anaemia	
Asthma	
Other lung condition such as COPD, bronchitis or emphysema	
Cancer	
Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)	
A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)	
Depression	
Anxiety	
Psychiatric disorder	

b. If yes, please tell us exactly what you have:

*Free text box*

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c. Have you been contacted by letter or text message to say you are **at severe risk from COVID-19 due to an underlying health condition** and should be shielding?

Yes (1)

No (0)

7. For each of the following questions please respond Yes or No

*Source – PRISMA 7 – assuming age and gender is already known by this point*

	Yes	No
In general, do you have health problems that require you to limit your activities?		

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

**8. Do you currently take any regular medication?**

Yes; No

There is a Recommended question asking medication detail

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

Yes: No.

Mental health

ADULTS (18 years+) only

**10. Over the last two weeks, how often have you been bothered by any of the following problems?**

Source: PHQ-9

Ask the last question only if safe to use in the population being studied

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless?				
Trouble falling or staying asleep, or sleeping too much?				
Feeling tired or having little energy?				
Poor appetite or overeating?				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?				
Trouble concentrating on things, such as reading the newspaper or watching television?				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?				
Thoughts that you would be better off dead or of hurting yourself in some way				

**11. Over the last two weeks, how often have you been bothered by any of the following problems?**

Source: GAD-7

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge?				
Not being able to stop or control worrying?				
Worrying too much about different things?				
Trouble relaxing?				
Being so restless that it is hard to sit still?				
Becoming easily annoyed or irritable?				
Feeling afraid as if something awful might happen?				

-----FOR CHILDREN / YOUNG PEOPLE -----

*YOUNG PEOPLE (8 - 17 years) only*

**12. Please mark the word that shows how often each of these things happens to you. There are no right or wrong answers**

*Source: RCADS 25*

	Never	Sometimes	Often	Always
I feel sad or empty				
I worry when I think I have done poorly at something				
I would feel afraid of being on my own at home				
Nothing is much fun anymore				
I worry that something awful will happen to someone in my family				
I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)				
I worry what other people think of me				
I have trouble sleeping				
I feel scared if I have to sleep on my own				
I have problems with my appetite				
I suddenly become dizzy or faint when there is no reason for this				
I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)				
I have no energy for things				
I suddenly start to tremble or shake when there is no reason for this				
I cannot think clearly				
I feel worthless				
I have to think of special thoughts (like numbers or words) to stop bad things from happening				
I think about death				
I feel like I don't want to move				



I worry that I will suddenly get a scared feeling when there is nothing to be afraid of				
I am tired a lot				
I feel afraid that I will make a fool of myself in front of people				
I have to do some things in just the right way to stop bad things from happening				
I feel restless				
I worry that something bad will happen to me				

## Section 2 | Behaviour change and knowledge

### CORE QUESTIONS

Behaviour change due to the lockdown (adults)

*Source for questions 1-2: new questions (piloted in ALSPAC)*

- 1. Since COVID-19 emerged in January, but before the official lockdown started on March 23<sup>rd</sup> 2020, did you change your behaviour by doing any of the following? [tick all that apply]**

*I cancelled my usual social activities*  
*I didn't go to work*  
*I didn't attend lectures (if a student)*  
*I didn't go shopping for non-essential things*  
*I didn't go to a grocery store or pharmacy*  
*I didn't leave the house*  
*I wore a face mask outside my home*  
*I tried to avoid physical contact with people*  
*I followed handwashing recommendations*  
*I used hand sanitizer more than usual*  
*I followed coughing and sneezing recommendations*  
*I used tissues more than usual*  
*I wore gloves while going out of my home*  
*I avoided public transport*  
*I avoided going to restaurants/bars/pubs*  
*I avoided going for walks or exercise outside*  
*I avoided taking my children out of my home*

- 2. Since the official lockdown announced on March 23<sup>rd</sup> 2020, have any of the following aspects of your life changed?**

	Decreased a lot	Decreased a little	Stayed the same	Increased a little	Increased a lot	N/A
Amount you sleep						
Amount you smoke/vape						
Amount of alcohol you drink						
Number of hours you work in usual workplace						
Number of hours you work at home						
Time spent talking to family/friends inside my home						
Time spent talking to family/friends outside my home						

Time spent talking to work colleagues						
Practising relaxation/mindfulness/meditation						
Time spent listening to the news on radio or TV						
Time spent using other devices with a screen						
Time spent doing hobbies/things I enjoy						
Amount of fruit you eat						
Amount of vegetables you eat						
Amount of meat you eat						
Amount of fish you eat						
Amount of dairy products (e.g. milk, cheese, eggs)						
Number of savoury snacks you eat						
Number of sweet snacks and confectionary you eat						
Amount of other fast food you eat						
Amount of sugar sweetened drinks (including tea) you drink						
Amount of money you've spent						
Amount of physical activity/exercise you do						
Time spent travelling on public transport						
Time spent travelling in a car						
Time spent travelling on a bike						
Time spent outdoors in the open air (e.g. spending time in the garden, in a park, walking, jogging, other sport)						

*Source for question 3: simplified version of a new question (original piloted in ALSPAC)*

**3. How many people outside those in your household did you speak to in the last week from each of the following age groups: (enter the number of people in each box)**

	Remotely (e.g. over the phone, social media or via video media)	Face to face with social distancing	With physical contact (e.g. handshake/hug/kiss, as part of your work etc.)
<b>Children and young adults (&lt;18 years)</b>	<i>(Number of people)</i>	<i>(Number of people)</i>	<i>(Number of people)</i>
<b>Adults (18-69 years)</b>	<i>(Number of people)</i>	<i>(Number of people)</i>	<i>(Number of people)</i>
<b>Elderly (70+ years)</b>	<i>(Number of people)</i>	<i>(Number of people)</i>	<i>(Number of people)</i>

Behaviour change as a result of the lockdown on 23<sup>rd</sup> March 2020 (children defined as under 18, living in the same household)

-----FOR PARTICIPANTS WITH CHILDREN -----

**4. Since the official lockdown was announced on March 23<sup>rd</sup>, have any of the following aspects of your children’s life changed?**

*Source for questions 4-8 – new questions*

	Decreased a lot	Decreased a little	Stayed the same	Increased a little	Increased a lot	N/A
Amount they sleep						
Amount of physical activity/exercise they do						
Time they spend learning in the house (including home schooling)						
Time they spend playing inside the house						
Amount of time they spend outside the home						
Amount of time they spend in green spaces such as parks or gardens						
Time spent using devices with a screen						
Amount of fruits they eat						
Amount of vegetables they eat						
Amount of meat they eat						
Amount of fish they eat						
Amount of dairy product they eat (e.g. milk, cheese and eggs)						
Amounts of savoury snacks they eat						
Amount of sweets, pastry, ice-cream they eat						
Amount of other fast-foods they eat						
Amount of sugar sweetened beverage including tea they drink						
Time spent outdoors in in the open air (e.g. spending time in the garden, in a park, walking, jogging, other sport)						

5. Do you have one or more children in full time education? Include school or college courses and includes children who are schooled at home (Yes/No)

*If no, skip to next section.*

6. **Before** the official lockdown was announced on the 23<sup>rd</sup> March 2020, how was each child being educated? (pick the best answer)

	Was going to a school/college in person	Was enrolled on a distance learning course	Was schooled at home
My youngest child			
My second youngest child			
My third youngest child			
My fourth youngest child			
Any other children [opens free text box]			

7. **Since** the official lockdown was announced on 23<sup>rd</sup> March 2020, how has each child been educated? (pick the best answer)

	Still goes to a school/college in person	Still enrolled on a distance learning course	Now does work set by the school/college at home	Still schooled at home
My youngest child				
My second youngest child				
My third youngest child				
My fourth youngest child				
Any other children [opens free text box]				

8. **Since** the official lockdown was announced on the 23<sup>rd</sup> March has your child or children had any of these problems accessing education? (tick any that apply)

	Difficulty adapting to remote learning	Limited quality or quantity of remote lessons	Lack of device or internet connection for accessing remote learning	No suitable place in the home to learn
My youngest child				
My second youngest child				
My third youngest child				
My fourth youngest child				
Any other children [opens free text box]				

-----END OF SECTION FOR PARTICIPANTS WITH CHILDREN -----

Information on Covid-19

**9. Do you find the official UK Government guidance on COVID-19 easy to understand?**

*Extremely easy*

*Somewhat easy*

*Somewhat difficult*

*Extremely difficult*

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

*Extremely good*

*Somewhat good*

*Neither good nor bad*

*Somewhat bad*

*Extremely bad*

## Section 3 | Economic Impact

### CORE QUESTIONS (economic impact)

#### Subjective assessment of financial impact

- 1. Before the official lockdown was announced on the 23<sup>rd</sup> March 2020, how well would you say you personally were managing financially?**

*Living comfortably*

*Doing all right*

*Just about getting by*

*Finding it quite difficult*

*Finding it very difficult*

- 2. Overall, how do you feel your current financial situation compares to before the official lockdown was announced on the 23<sup>rd</sup> March 2020**

*I'm much worse off*

*I'm a little worse off*

*I'm about the same*

*I'm a little better off*

*I'm much better off*

- 3. I'm worried about my future financial situation**

*Strongly agree*

*Agree*

*Neither agree nor disagree*

*Disagree*

*Strongly disagree*

#### Food security

- 4. Which of the following statements best describes the food eaten in your household in the last week?**

*You all always had enough of the kinds of foods you wanted to eat.*

*You all had enough to eat, but not always the kinds of food you wanted.*

*You sometimes did not have enough to eat.*

*You often didn't have enough to eat.*

## Impact of pandemic on employment status and financial situation

### 5. I'm worried about my job security

*Strongly agree*

*Agree*

*Neither agree nor disagree*

*Disagree*

*Strongly disagree*

### 6. I'm worried about my partners' job security

*Strongly agree*

*Agree*

*Neither agree nor disagree*

*Disagree*

*Strongly disagree*

## Economic activity before and after lockdown – main respondent

The next question is about your job, or any other things that you were doing just **before the lockdown on the 23<sup>rd</sup> March 2020**

**7. "Which of these best describes what you were doing just before the lockdown on the 23<sup>rd</sup> March 2020?" If you were doing more than one activity, please choose the activity that you spent most time doing."**

- a. Employed
- b. Self-employed
- c. In unpaid/ voluntary work
- d. Apprenticeship
- e. Unemployed
- f. Permanently sick or disabled
- g. Looking after home or family
- h. In education at school/college/university, or in an apprenticeship
- i. Retired

The next questions are about your job, or any other things that you have been doing since the **lockdown on the 23<sup>rd</sup> March 2020**.

**8. Which of these would you say best describes YOUR current situation now?**



- a. Employed and working the same number of hours (pre-lockdown)
- b. Employed and working reduced number of hours
- c. Employed but on paid leave (including furlough)
- d. Employed and on unpaid leave
- e. Apprenticeship
- f. In unpaid/voluntary work.
- g. Self-employed and currently working
- h. Self-employed but not currently working
- i. Unemployed
- j. Permanently sick or disabled
- k. Looking after home or family
- l. In education at school/college/university
- m. Retired

**9. Are you currently fulfilling any of the government’s identified ‘essential worker’ roles?**

Yes, No

-----**FOR KEY WORKERS ONLY**-----

*If they are a key worker (yes to question 9)*

**10. What sector do you work in?**

*Health, social care or relevant related support worker (e.g. doctor, nurse, NHS volunteer)*

*Teaching or childcare worker*

*Key public services (justice, religious staff, journalist or mortuary)*

*Local and national government*

*Food and other necessary goods (production, sales, delivery)*

*Public safety or national security worker (police, armed forces)*

*Transport worker*

*Utility worker (energy, sewerage, postal service)*

*Utilities, communication and financial services*

*FAQ definitions for completing the questionnaire:*

*Definitions of key workers (taken from <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>)*

*Health, social care or relevant related support worker*

*This includes but is not limited to doctors, nurses, midwives, paramedics, social workers, care workers, and other frontline health and social care staff including volunteers)*

*Teaching or childcare worker*

This includes childcare, support and teaching staff, social workers and those specialist education professionals who must remain active during the COVID-19 response to deliver this approach.

*Key public services*

This includes those essential to the running of the justice system, religious staff, charities and workers delivering key frontline services, those responsible for the management of the deceased, and journalists and broadcasters who are providing public service broadcasting.

*Local and national government*

This only includes those administrative occupations essential to the effective delivery of the COVID-19 response, or delivering essential public services, such as the payment of benefits, including in government agencies and arm- length bodies.

*Food and other necessary goods*

This includes those involved in food production, processing, distribution, sale and delivery, as well as those essential to the provision of other key goods (for example hygienic and veterinary medicines).

*Public safety and national security*

This includes police and support staff, Ministry of Defence civilians, contractor and armed forces personnel (those critical to the delivery of key defence and national security outputs and essential to the response to the COVID-19 pandemic), fire and rescue service employees (including support staff), National Crime Agency staff, those maintaining border security, prison and probation staff and other national security roles, including those overseas.

*Transport*

This includes those who will keep the air, water, road and rail passenger and freight transport modes operating during the COVID-19 response, including those working on transport systems through which supply chains pass.

*Utilities, communication and financial services*

This includes staff needed for essential financial services provision (including but not limited to workers in banks, building societies and financial market infrastructure), the oil, gas, electricity and water sectors (including sewerage), information technology and data infrastructure sector and primary industry supplies to continue during the COVID-19 response, as well as key staff working in the civil nuclear, chemicals, telecommunications (including but not limited to network operations, field engineering, call centre staff, IT and data infrastructure, 999 and 111 critical services), postal services and delivery, payments providers and waste disposal sectors.

-----End of section for KEY WORKERS -----

**11. Does your work require you to be in close contact (i.e. within 2 m) with others, who you do not live with, including while travelling to work?**

- Yes, all of the time*
- Yes, most of the time*
- Some of the time*
- Rarely*
- Not at all*

**12. In your workplace, do you have access to necessary personal protective equipment (PPE)?**

- Yes, all of the time*
- Yes, most of the time*
- Some of the time*
- Rarely*
- Not at all*
- Not applicable*

**-----FOR PARTICIPANTS WITH PARTNERS -----**

Economic activity before and after lockdown – partner

The next question is about your PARTNER's job, or any other things that they have been doing just **before the lockdown on the 23<sup>rd</sup> March 2020**

**13. "If you have a partner, which of these best describes what your partner was doing just before the lockdown on the 23<sup>rd</sup> March 2020?" If they were doing more than one activity, please choose the activity that they spent most time doing."**

- a. Employed
- b. Self-employed
- c. In unpaid/ voluntary work
- d. Apprenticeship
- e. Unemployed
- f. Permanently sick or disabled
- g. Looking after home or family
- h. In education at school/college/university
- i. Retired
- j. I do not have a partner

The next question is about YOUR PARTNER's job, or any other things that they have been doing, since **the lockdown on the 23<sup>rd</sup> March 2020**

**14. If you have a partner, which of these would you say best describes your partner's current situation, now?**

- a. Employed and working the same number of hours (pre-lockdown)
- b. Employed and working reduced number of hours
- c. Employed but on paid leave (including furlough)

- d. Employed and on unpaid leave
- e. Apprenticeship
- f. In unpaid/voluntary work.
- g. Self-employed and currently working
- h. Self-employed but not currently working
- i. Unemployed
- j. Permanently sick or disabled
- k. Looking after home or family
- l. In education at school/college/university
- m. Retired
- n. I do not have a partner

## Section 4 | Social Impact

### CORE QUESTIONS (social impact)

#### Household composition

Habitual household composition not asked because it is assumed that cohorts already capture this information

#### 1. Has your living arrangement changed because of the COVID-19 pandemic?

Please tick all that apply

- I moved to my current address temporarily because of the COVID-19 pandemic
- Another adult (e.g. sibling, adult, child, parent) has moved into my address because of the COVID-19 pandemic
- Adults I live with have moved elsewhere because of the COVID-19 pandemic
- My living arrangement has not changed

- a. If you have moved your current address temporarily:  
What is your new postcode? Please enter in the format AB12 3CD (using capital letters and a space)
- 

#### Isolation

#### 2. How often do you feel like this **NOW**?

	Hardly Ever	Some of the time	Often
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How often did you feel like this BEFORE the lockdown on the 23<sup>rd</sup> March 2020?**

	<b>Hardly Ever</b>	<b>Some of the time</b>	<b>Often</b>
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family relations: abuse, domestic violence, child neglect

Source: *The Covid Personal Experience (CoPE) study, TwinsUK*

If participant lives with other people

Only present these questions if participant doesn't live alone. Continue to ask until all adults in house accounted for (so if three adults ask following Qs three times).

These questions are about each person living with you in the household. We will ask you about each person in turn. It is your choice as to which order you put them in, but it might help to order them in terms of their ages, oldest to youngest.

4. What best describes your relationship to this person? Please select from the list provided below.

*If you live with more than 8 people, use a separate sheet to write down your answers.*

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8
1.Spouse/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.Mother-in-law/Father-in-law/Your partner's parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.Twin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.Sibling (not including your twin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.Sister-in-law/Brother-in-law/Your partner's sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.Friend/Housemate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.Aunt/Uncle/Your parent's sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.Great-Aunt/Great-Uncle/Your grandparent's sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13.Cousin/Other familial relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.Other (Please specify_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How old is this person (to the nearest year)?**

<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>	<b>Person 6</b>	<b>Person 7</b>	<b>Person 8</b>
Age_____	Age_____	Age_____	Age_____	Age_____	Age_____	Age_____	Age_____



	6. In the past week, how would you describe the quality of your relationship with this person? (Tick one box)						7. How would you describe the quality of your relationship with this person before the lockdown (23 <sup>rd</sup> March 2020)? (Tick one box)			
	Prefer not to say	Excellent	Good	Average	Poor	Very poor	Prefer not to say	Better than now	Worse than now	About the same as now
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Twins UK

Source: adapted from above and TwinsUK Q on closeness

Source: CLS web survey

If in cohabiting relationship

8. Were you living with your partner before the 23 March 2020?

Yes / No

If not living with partner before outbreak

9. Can I check, did you start living with your partner as a result of the lockdown on the 23<sup>rd</sup> March?

Yes / No

## New connections as a result of COVID

Source for questions below: New

10.

a. Have you given help to someone who you haven't helped before during COVID-19?

- Yes, and I am being paid to do so
- Yes, and I am not being paid to do so
- No

If yes, what help did you give? (Tick all that apply)

*Shopping for groceries (including online shopping)*

*Getting in touch to check on wellbeing*

*Delivering medicines*

*Providing transport to appointments*

*Other (please specify) \_\_\_\_\_*

b. Have you received help that you wouldn't normally receive during the COVID-19 pandemic?

- Yes, paid help
- Yes, unpaid help
- No

If yes, what help did you receive? (Tick all that apply)

*Help with shopping for groceries (including online shopping)*

*People getting in touch to check on your wellbeing*

*Delivery of medicines*

*Help with transport to appointments*

*Other (please specify) \_\_\_\_\_*

## Section 5 | Environmental Impact

### CORE QUESTIONS (environmental impact)

#### Home environment

Please answer these questions for the accommodation that you have been living in after 23<sup>rd</sup> March 2020

**1. What type of accommodation do you live in?**

*House or bungalow*

*Flat or apartment*

*Hostel*

*Mobile home or caravan*

*Sheltered house*

*Homeless*

*Other, please specify*

**2. Do you have trouble with damp or mould in your home?**

Yes No

**3. Do you have trouble with vermin (e.g. mice, other rodents, cockroaches) in your home?**

Yes No

**4. Does your home have a safe outdoor space (e.g., a garden or yard) where you can exercise or play?**

Yes No

if No move to question 6

**5. Is your garden/yard private or shared?**

*Private*

*Shared*

**6. Do you feel that you can experience nature while at home (e.g. by looking out of a window or by accessing an outdoor space)?**

Yes No

**7. Do you receive sunlight in your home? (e.g. through windows or doors)**

Yes No

## Section 6 | Free text question

- 1. Finally, is there anything else about how the COVID-19 pandemic has affected you (positive and/or negative) that you would like to tell us?**

Free text box

Allow participants to highlight what they consider important that we haven't asked - could be used as a way of recording sensitive information such as domestic abuse

# RECOMMENDED QUESTIONS

## RECOMMENDED QUESTIONS (Covid-related health questions)

### Medication

a. for symptoms in the last week

(follows positive answer to symptoms in the last week)

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

*Paracetamol*

*Ibuprofen*

*Antibiotics*

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

b. medication taken regularly

**2. Please tell us which medications you currently take regularly. Include all prescription and non-prescription medicines, vitamins, supplements etc**

(To avoid 'time out' when completing the survey online, say in advance under FAQs what info participant will need to have to hand, e.g. medication)

Name of medication	Amount	How often
<i>e.g. Enalapril</i>	<i>10mg</i>	<i>Once a day</i>

### Self-rated health

**3. Leading up to the Covid-19 pandemic, would you say that your physical health was generally:**

*Excellent*

*Very good*

*Good*

*Fair*

*poor*

**4. Leading up to the Covid-19 pandemic, would you say that your mental health was generally:**

*Excellent*

*Very good*

*Good*

*Fair*

*Poor*

## Respiratory health

Source – UK Biobank question

5. Do you usually bring up phlegm/sputum/mucus from the lungs, or do you usually feel like you have mucus in your lungs that is difficult to bring up, when you don't have a cold?

Yes, always; Yes, Sometimes; No; Unsure

## Mental health in adults (18 years+)

Use the PHQ2 and GAD2 if using different mental health tool or collecting full PHQ9 or GAD7 is not practical.

### Depression

Source: PHQ2

6. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless?				

### Anxiety

Source: GAD2

7. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	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?				

## Cognitive functioning in adults (18 years+)

### 8. Compared with before the lockdown, I find thinking and remembering things:

	Much improved	A bit improved	No change	A bit worse	Much worse
Remembering things about family and friends (e.g., birthdays, addresses)					
Recalling recent events / conversations a few days later					
Ability to maintain focus / concentration					
Learning new things in general					
Making decisions on everyday matters					
Using your intelligence to understand what is going on and reason through things					

Source: adapted from Short Form of the Informant Questionnaire on Cognitive Decline in the Elderly (Short IQCODE) by A. F. Jorm, Centre for Mental Health Research, The Australian National University Canberra, Australia

## Mental health in young people

### -----FOR PARTICIPANTS WITH CHILDREN -----

Ideally, a short version of RCADS 25 could be used for people aged 8-17 years.

Currently only RCADS 25 exists (25 questions as opposed to 47 in the full scale). UNICEF are currently validating a 10-15 item questionnaire for use in population health surveys. This will be completed by end April and can be added then.



## RECOMMENDED QUESTIONS (behaviour change and knowledge)

### Sources of information on Covid-19 and trust in these sources

**1. I get information about Covid-19 (the coronavirus) from: (choose all that apply)**

	The origin of the virus	The spread of the virus in the UK and other countries	The rules which apply during lockdown	The best way to stay healthy during lockdown	How to get better if you catch the virus	How to prevent others from getting infected by the virus
<i>Friends, family, colleagues</i>						
<i>Workplace</i>						
<i>Television</i>						
<i>Printed media</i>						
<i>Printed health education posters</i>						
<i>Social media</i>						
<i>Official websites including the UK Government, NHS, WHO and CDC</i>						
<i>Other websites</i>						
<i>My doctor or other healthcare workers</i>						
<i>Articles in scientific journals</i>						

**2. I think the following sources are: (chose one)**

	Very reliable	Slightly reliable	Neither reliable nor unreliable	Slightly unreliable	Very unreliable
<i>Friends, family, colleagues</i>					
<i>Workplace</i>					
<i>Television</i>					
<i>Printed media</i>					
<i>Printed health education posters</i>					
<i>Social media</i>					
<i>Official websites including the UK</i>					

<i>Government, NHS, WHO and CDC</i>					
<i>Other websites</i>					
<i>My doctor or other healthcare workers</i>					
<i>Articles in scientific journals</i>					

## RECOMMENDED QUESTIONS (economic impact)

### Additional employment questions– main respondent

#### **Employment hours (pre-pandemic)**

ASK IF Q7 a-d, I.e. employee in paid work or self-employed, in unpaid/voluntary work, apprenticeship

**"How many hours per week did you usually work, not including meal breaks but including overtime before the lockdown on the 23<sup>rd</sup> March 2020? Please enter your answer in the box below."**

Range:1..168.0 (ALLOW DECIMAL PLACES)

#### **Employment hours (post-pandemic)**

ASK IF Q9 a-e, I.e. employee in paid work or self-employed, in unpaid/voluntary work, apprenticeship

**"And how many hours per week do you usually work now, not including meal breaks but including overtime? Please enter your answer in the box below."**

Range:1..168.0 (ALLOW DECIMAL PLACES)

**Which of the following best describes your work location since the lockdown on the 23<sup>rd</sup> March 2020?**

1. Work from your own home
2. Work at employer's premises
3. Work at client's or patient's premises
4. Work in a car or another vehicle
5. Work outside (e.g. construction site)
6. Public spaces

-----**FOR PARTICIPANTS WITH PARTNERS** -----

### Additional employment questions – partner

#### **Partner's Employment hours (pre-pandemic)**

ASK IF Q13 a-d, I.e. employee in paid work or self-employed, in unpaid/voluntary work, apprenticeship

"How many hours per week did your partner usually work, not including meal breaks but including overtime before the lockdown on the 23<sup>rd</sup> March 2020? Please enter your answer in the box below." Range:1..168.0 (ALLOW DECIMAL PLACES)

#### Partner's Employment hours (post-pandemic)

ASK IF Q14 a-e "And how many hours per week does your partner usually work now, not including meal breaks but including overtime? Please enter your answer in the box below." (Does not apply if does not have a partner)

Range:1..168.0 (ALLOW DECIMAL PLACES)

#### Change in benefits since the lockdown

The next few questions are about any benefits that you or your partner claimed before and after COVID-19 measures were introduced.

Source CovidLife

Each cohort to select or add benefits that are geographically relevant for the cohort:

1. Before the COVID-19 measures were introduced (i.e., January 2020) were you or anyone in your household **receiving any benefits?**  
Including Blue Badge, free school meals, National Entitlement Card
  10. Yes (1)
  11. No (0)
  12. Don't know (99)
  13. Prefer not to answer (98)



2. Are you or anyone else in your household **receiving any benefits now?** Including Blue Badge, free school meals, National Entitlement Card
  14. Yes (1)
  15. No (0)
  16. Don't know (99)
  17. Prefer not to answer (98)

---

Page Break

Display This Question:

If Benefits\_Before = Yes

**3. Which benefits were you or anyone in your household receiving before the COVID-19 measures were introduced (i.e., in January 2020)?**

Select all that apply, or select None of the above

- Attendance Allowance (1)
- Bereavement Allowance (2)
- Best Start Grant (3)
- Best Start Foods (4)
- Blue Badge (5)
- Carer's Allowance (6)
- Child Benefit (7)
- Child Tax Credit (8)
- Cold Weather Payment (9)
- Constant Attendance Allowance (10)
- Council Tax Benefit (11)
- Crisis Loans (12)
- Disability Living Allowance (13)
- Employment and Support Allowance (14)
- Free school meals (15)
- Guardian's Allowance (16)

- Housing Benefit (17)
- In Work Credit (18)
- Incapacity Benefit (19)
- Income Support (20)
- Industrial Injuries Disablement Benefit (21)
- Industrial Death Benefit (22)
- Jobseeker's Allowance (23)
- Maternity Allowance (24)
- Mobility Supplement (25)
- National Entitlement Card (26)
- Pension Credit (27)
- Personal Independence Payment (28)
- Severe Disablement Allowance (29)
- State Pension (30)
- Statutory Adoption Pay (31)
- Statutory Maternity Pay (32)
- Statutory Paternity Pay (33)
- Statutory Sick Pay (34)
- Sure Start Maternity Grant (35)

- Tax credits (36)
  - Universal Credit (37)
  - War Disablement Pension (38)
  - War Widow's/Widower's Pension (39)
  - Widowed Parent's Allowance (40)
  - Widow's Pension (41)
  - Winter Fuel Payment (42)
  - Working Tax Credit (43)
  - Don't know (99)
  - Prefer not to answer (98)
  - None of the above (96)
- 
-

Display This Question:

If Benefits\_Now = Yes

4. Which benefits are you or anyone in your household receiving **now**?  
Select all that apply, or select None of the above

- Attendance Allowance (1)
- Bereavement Allowance (2)
- Best Start Grant (3)
- Best Start Foods (4)
- Blue Badge (5)
- Carer's Allowance (6)
- Child Benefit (7)
- Child Tax Credit (8)
- Cold Weather Payment (9)
- Constant Attendance Allowance (10)
- Council Tax Benefit (11)
- Crisis Loans (12)
- Disability Living Allowance (13)
- Employment and Support Allowance (14)
- Free school meals (15)
- Guardian's Allowance (16)
- Housing Benefit (17)



- In Work Credit (18)
- Incapacity Benefit (19)
- Income Support (20)
- Industrial Injuries Disablement Benefit (21)
- Industrial Death Benefit (22)
- Jobseeker's Allowance (23)
- Maternity Allowance (24)
- Mobility Supplement (25)
- National Entitlement Card (26)
- Pension Credit (27)
- Personal Independence Payment (28)
- Severe Disablement Allowance (29)
- State Pension (30)
- Statutory Adoption Pay (31)
- Statutory Maternity Pay (32)
- Statutory Paternity Pay (33)
- Statutory Sick Pay (34)
- Sure Start Maternity Grant (35)
- Tax credits (36)

- Universal Credit (37)
- War Disablement Pension (38)
- War Widow's/Widower's Pension (39)
- Widowed Parent's Allowance (40)
- Widow's Pension (41)
- Winter Fuel Payment (42)
- Working Tax Credit (43)
- Don't know (99)
- Prefer not to answer (98)
- None of the above (96)

## RECOMMENDED QUESTIONS (social impact)

### Digital access

*Source: CovidLife*

*We would like to know about how you spend your time. This will include how much time you spend on different activities and how you keep in touch with your friends and family. We would like to understand how this has changed since COVID-19 measures were introduced.*

Please tell us which of the following you currently have access to

Select all that apply

- Landline telephone
- Basic mobile phone (for phone calls and texts only)
- Smartphone
- Desktop computer
- Laptop computer
- iPad or other tablet
- Kindle or other e-reader
- Gaming console
- Unlimited internet access
- None of the above

14. Thinking back to **just before COVID-19 measures were introduced** (i.e., January 2020), on an average **weekday**, how many **hours per day** did you:

	None	Less than 1	1-2	3-4	5-6	7-8	9+
Watch TV							
Watch TV on catch up services, e.g., BBC iPlayer							
Use streaming services, e.g., Netflix, Amazon Prime							
Watch YouTube videos							
Listen to the radio or podcasts							
Play video games on PC/laptop or games console							
Use a computer or laptop for work							
Use a computer or laptop (not for gaming or for work)							
Use your phone, or tablet							
Read books for pleasure (including e-books)							
Look at or use social media							

15. Thinking back to **just before COVID-19 measures were introduced** (i.e., January 2020), on an average **weekend day**, how many **hours per day** did you:

	None	Less than 1	1-2	3-4	5-6	7-8	9+

Watch TV							
Watch TV on catch up services, e.g., BBC iPlayer							
Use streaming services, e.g., Netflix, Amazon Prime							
Watch YouTube videos							
Listen to the radio or podcasts							
Play video games on PC/laptop or games console							
Use a computer or laptop for work							
Use a computer or laptop (not for gaming or for work)							
Use your phone, or tablet							
Read books for pleasure (including e-books)							
Look at or use social media							

Next, we would like to know how much time you spend on these activities **now**, that the COVID-19 measures are in place.

16. On an **average weekday** while COVID-19 measures are in place, how many **hours per day** do you:

	None	Less than 1	1-2	3-4	5-6	7-8	9+
Watch TV							
Watch TV on catch up services, e.g., BBC iPlayer							
Use streaming services, e.g., Netflix, Amazon Prime							
Watch YouTube videos							
Listen to the radio or podcasts							
Play video games on PC/laptop or games console							
Use a computer or laptop for work							
Use a computer or laptop (not for gaming or for work)							
Use your phone, or tablet							
Read books for pleasure (including e-books)							
Look at or use social media							

17. On an **average weekend day** while COVID-19 measures are in place, how many **hours per day** do you:

	None	Less than 1	1-2	3-4	5-6	7-8	9+
Watch TV							
Watch TV on catch up services, e.g., BBC iPlayer							

Use streaming services, e.g., Netflix, Amazon Prime							
Watch YouTube videos							
Listen to the radio or podcasts							
Play video games on PC/laptop or games console							
Use a computer or laptop for work							
Use a computer or laptop (not for gaming or for work)							
Use your phone, or tablet							
Read books for pleasure (including e-books)							
Look at or use social media							

## Volunteering and prosocial behaviour

*Source: Centre for Longitudinal Studies Web Survey*

**18. Over the past week how often have you taken part in a community activity, e.g. online community group, online chat group, street or neighbourhood WhatsApp group (Tick one response)**

No

Every day

Every 2-3 days

Every 4-5 days

## RECOMMENDED QUESTIONS (environmental impact)

### Accommodation type

Main residence –ask if the cohort does not have existing information on accommodation type

These questions refer to your accommodation **after the lockdown on the 23<sup>rd</sup> March 2020**.

1. How many rooms are in your home (not including the kitchen and bathroom)?  
\_\_ rooms
  
2. Which of the following is the main source of heating inside your home (indicate **only one**)?
  - Gas
  - Electricity
  - Coal
  - Wood
  - Oil
  - Do not have ability to heat home
  - Other ... (text)
  
3. Which of the following is the main source of energy for cooking in your home (indicate **one only**)?
  - Gas
  - Electricity
  - Microwave
  - Wood
  - Oil
  - Do not have ability to cook food in home
  - Other .... (text)
  
4. Does the room where you cook have a window or door that you can open when cooking? [Y/N]
  
5. Which of the following is the main way you keep the inside of your house cool in warm weather (indicate all that apply)? [choose just one response]
  - Natural ventilation or shade (e.g. open windows or doors, using heat absorbing shades)
  - Open outside doors
  - Electronic devices (e.g. fans or air conditioning)
  - Other, please specify

Optional questions to ask if they responded that they have “moved to my current address temporarily because of the Covid-19 epidemic”

5. **Before March 23<sup>rd</sup>** did the home in which you lived have trouble with damp or mould? [Yes No]
6. **Before March 23<sup>rd</sup>** did the home in which you lived have trouble with vermin (e.g. mice, other rodents, cockroaches) in your home? [Yes No]
7. **Before March 23<sup>rd</sup>** did the home in which you lived have a safe outdoor space (e.g., a garden or yard) where you can exercise or play? [Yes/ No] – if No move to question 19
8. Was your garden/yard private or shared?
9. **Before March 23<sup>rd</sup>** did you feel that you could experience nature while at home (e.g., by looking out a window or by accessing a designated outdoor space)?
10. **Before March 23<sup>rd</sup>** which of the following was the main source of heating inside your home (indicate **only one**)?
  - Gas
  - Electricity
  - Coal
  - Wood
  - Oil
  - Do not have ability to heat home
  - Other ... (text)
11. **Before March 23<sup>rd</sup>** which of the following was the main source of energy for cooking in your home (indicate **one only**)?
  - Gas
  - Electricity
  - Microwave
  - Wood
  - Oil
  - Do not have ability to cook food in home
  - Other .... (text)
12. **Before March 23<sup>rd</sup>** did the room where you cooked have a window or door that you could open when cooking? [Y/N]
13. **Before March 23<sup>rd</sup>** which of the following was the main way you keep the inside of your house cool in warm weather (indicate all that apply)? [choose just one response]
  - Natural ventilation or shade (e.g. open windows or doors, using heat absorbing shades)
  - Open outside doors
  - Electronic devices (e.g. fans or air conditioning)
  - Other, please specify

Away from home Environment

**14. Before 23<sup>rd</sup> March** how many days a would you leave the house/garden (e.g. to work, go to college/university, shop, exercise)?

- Every day
- 4-6 days
- 1-3 days
- Never

**15. Since 23<sup>rd</sup> March**, how many days a week do you leave the house (e.g. to work, shop or exercise)?

- Every day
- 4-6 days
- 1-3 days
- Never

**16. If you are still working, is your work? [indicate one]**

- Mostly inside
- Equally inside and outside
- Mostly outside

**If you are still going to work, are you exposed to any of the following?**

**17. Persistent loud noise that you cannot control**

- Yes, most of the time
- Yes, some of the time very little
- Not at all

**18. Fumes (strong-smelling gas, smoke, vapor)**

- Yes, most of the time
- Yes, some of the time very little
- Not at all

**19. Dust**

- Yes, most of the time
- Yes, some of the time very little
- Not at all

**Environmental attitudes, values, perceptions and change in these**

**20. My ideal vacation spot would be a remote, wilderness area.**

[1 to 5 scale from strongly agree to strongly disagree]

**21. I always think about how my actions affect the environment.**

[1 to 5 scale from strongly agree to strongly disagree]

**22. My connection to nature and the environment is a part of my spirituality.**

[1 to 5 scale from strongly agree to strongly disagree]

**23. I take notice of wildlife wherever I am.**

[1 to 5 scale from strongly agree to strongly disagree]



- 24.** My relationship to nature is an important part of who I am.  
[1 to 5 scale from strongly agree to strongly disagree]
- 25.** I feel very connected to all living things and the earth.  
[1 to 5 scale from strongly agree to strongly disagree]
- 26.** Has the COVID-19 pandemic changed your thinking on the importance of climate change?  
[select one]
- Less important
  - Hasn't changed
  - More important

As a result of your experiences since the Covid-19 pandemic and the methods used to contain it (i.e. social distancing, lockdown), will you change your behaviour going forward with respect to any of the following?

- 27.** use of car
- Do not own/use a car
  - Reduce a lot
  - Reduce a little
  - No change
  - Increase a little
  - Increase a lot
- 28.** Use of public transport
- Reduce a lot
  - Reduce a little
  - No change
  - Increase a little
  - Increase a lot
- 29.** Taking plane flights
- Have not flown at all in the last 5-years
  - Reduce a lot
  - Reduce a little
  - No change
  - Increase a little
  - Increase a lot
- 30.** Eating meat
- Am vegetarian/Vegan
  - Reduce a lot
  - Reduce a little
  - No change
  - Increase a little
  - Increase a lot
- 31.** Spending time outside
- Reduce a lot
  - Reduce a little
  - No change
  - Increase a little
  - Increase a lot

**32. Exercising outside**

Reduce a lot

Reduce a little

No change

Increase a little

Increase a lot