

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 23rd March 2020?

	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"/>

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)?

Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8
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 rd 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 23rd 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) _____