Contents

Please complete the questionnaire using a BLACK PEN

Section A: Hearing

Please cross through circles like this in BLACK PEN: ⊗

This section is about some rare medical conditions related to hearing. Please read these definitions before answering the questions.

Misophonia - When sounds (e.g. crunching) consistently cause extreme emotions like anger, disgust or anxiety.

Hyperacusis - Actual pain from everyday sounds (e.g. hair dryers) which often make your ears physically hurt, sometimes spreading to the jaw or cheeks.

Tinnitus - Ongoing or constant ringing or buzzing in the ears (even if you haven't recently been exposed to loud noises or music).

A1) Do you fit any of these definitions? *Please give one answer on each line.*

		Yes	No
a.	Misophonia	1 ○	0 ○
b.	Hyperacusis	1 ○	0 ○
c.	Tinnitus	1 ○	0 ○

If no to a. Misophonia, please go to question A2 on the next page

d. Which sounds do you hate? *Please cross all that apply.*

1 ☐ Eating noises
2 ☐ Breathing
3 ☐ Nasal noises
4 ☐ Rustling
5 ☐ Voices/accents
6 ☐ Speech sounds (e.g. vowels)
7 ☐ Throat clearing
8 ☐ Repetitive sounds (e.g. tapping)
9 ☐ Repetitive sights (e.g. leg fidgeting)
10 ☐ Background sounds (e.g. fridge humming)
11 ☐ Other (please describe)

e. How severely does misophonia disrupt your life?

Not at all 1 ○
Very mildly 2 ○
Moderately 3 ○
Severely 4 ○
Very severely 5 ○

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f. How <u>often</u> does misophonia disrupt your life?

Almost never 0 ○ Once a month 1 ○ Once a week 2 ○

Once a day 3 ○ Multiple times per day 4 ○

g. When did you first develop misophonia?

Early school (up to 11) 1 ○ Later school (11 to 18) 2 ○

Adulthood (18+ years) 3 ○

A2) Have you had professional help (e.g. doctor, audiologist, psychiatrist) for any of these problems? **If <u>yes</u>**, please tell us how many months of treatment you have had and the age at which you started this treatment. *Please answer no or yes on each line.*

		No	Yes	(i) Months of treatment	(ii) Age started	
a.	Misophonia	0 ○	1 ○ →	☐☐	☐☐	years old
b.	Hyperacusis	0 ○	1 ○ →	☐☐	☐☐	years old
c.	Tinnitus	0 ○	1 ○ →	☐☐	☐☐	years old

A3) Have you been diagnosed by a healthcare professional with an Autism Spectrum Condition (including Asperger's)?

Yes, I've been diagnosed 1 ○

No, I haven't been diagnosed, but I suspect I have an Autism Spectrum Condition 2 ○

No, I don't have an Autism Spectrum Condition 3 ○

Section B: Ethnicity

Please cross through circles like this in BLACK PEN: ⊠

We would like to ensure we have up-to-date information on your ethnic group. The following categories are used by the Office for National Statistics and are the standard categories used in the national census for example.

B1) What is your ethnic group? *Please choose one option that best describes your ethnic group or background.*

White

11 ○ English/Welsh/Scottish/Northern Irish/British
12 ○ Irish
13 ○ Gypsy or Irish Traveller
14 ○ Any other white background (please describe)

Mixed/multiple ethnic groups

21 ○ White and Black Caribbean
22 ○ White and Black African
23 ○ White and Asian
24 ○ Any other mixed/multiple ethnic background (please describe)

Asian/ Asian British

31 ○ Indian
32 ○ Pakistani
33 ○ Bangladeshi
34 ○ Chinese
35 ○ Any other Asian background (please describe)

Black/African/ Caribbean/ Black British

41 ○ African
42 ○ Caribbean
43 ○ Any other Black/African/ Caribbean background (please describe)

Other ethnic group

51 ○ Arab
52 ○ Any other ethnic group (please describe)

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Section C: Being a Parent

Please cross through circles like this in BLACK PEN: ⊗

C1) Are you a parent? *Include biological, step, foster and adopted children.*

Yes 1 ○ No 0 ○ → **If no, please go to question C4 on the next page**

C2) How many children do you have? *Please include all children you feel you have parental responsibility for, including biological, step, foster and adopted children.* ☐☐

C3) What is/are your child/childrens' date(s) of birth, sex, and your relationship to them?

We have provided space for up to 4 children. If you have had more than 4 children, please use the space on page 38 and clearly indicate you are answering question C3.

a. Your **first** child:

i) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

ii) Sex: Male 1 ○ Female 2 ○

iii) Relationship: Biological parent 1 ○ Step parent 2 ○ Foster parent 3 ○ Adoptive parent 4 ○

b. Your **second** child:

i) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

ii) Sex: Male 1 ○ Female 2 ○

iii) Relationship: Biological parent 1 ○ Step parent 2 ○ Foster parent 3 ○ Adoptive parent 4 ○

c. Your **third** child:

i) Date of birth: DD ☐☐ / MM ☐☐ / YYYY ☐☐☐☐

ii) Sex: Male 1 ○ Female 2 ○

iii) Relationship: Biological parent 1 ○ Step parent 2 ○ Foster parent 3 ○ Adoptive parent 4 ○

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d. Your **fourth** child:

i) Date of birth: DD / MM / YYYY

ii) Sex: Male 1 ○ Female 2 ○

iii) Relationship: Biological parent 1 ○ Step parent 2 ○ Foster parent 3 ○ Adoptive parent 4 ○

C4) Are you/your partner currently pregnant?

Yes, I am pregnant 1 ○ Yes, my partner is pregnant 2 ○

No 0 ○ → **If no, please go to question C7 below**

C5) What is the expected due date of your baby? DD / MM / YYYY

C6) Where do you expect your baby to be born?

Southmead Hospital 1 ○ St Michael's Hospital 2 ○

Weston General Hospital 3 ○ RUH Bath 4 ○

Other (please specify) 5 ○

C7) Are you or your partner trying for a baby at the moment?

No, not trying for a baby 0 ○

Yes, been trying for 0-6 months 1 ○

Yes, been trying for 6-12 months 2 ○

Yes, been trying for more than 12 months 3 ○

C8) **If you are a parent** or **are expecting a child**, would you be happy to receive further details about COCO90s (Children of the Children of the 90s)?

Yes 1 ○ Already in COCO90s 2 ○

No 0 ○ Not applicable 9 ○

If you would like to know more about COCO90s please go to:

www.childrenofthe90s.ac.uk/coco90s

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Section D: Monetary Choice

This section aims to understand how people make decisions, and how this links to other areas of their lives. We have asked these questions before, but we are interested to see whether your responses may have changed.

The value some people place on an amount of money depends on when they will receive it. Please answer the questions honestly, as though you were going to actually receive the money mentioned with each choice.

Please cross one answer on each line, next to your preferred choice, like this: ☒

Which would you rather have?

D1)	£54 today	1 ○	OR	£55 in **117 days**	2 ○
D2)	£75 in **61 days**	1 ○	OR	£55 today	2 ○
D3)	£19 today	1 ○	OR	£25 in **53 days**	2 ○
D4)	£31 today	1 ○	OR	£85 in **7 days**	2 ○
D5)	£25 in **19 days**	1 ○	OR	£14 today	2 ○
D6)	£50 in **160 days**	1 ○	OR	£47 today	2 ○
D7)	£15 today	1 ○	OR	£35 in **13 days**	2 ○
D8)	£55 today	1 ○	OR	£85 **today**	2 ○
D9)	£60 in **14 days**	1 ○	OR	£25 today	2 ○
D10)	£78 today	1 ○	OR	£80 in **162 days**	2 ○
D11)	£40 today	1 ○	OR	£55 in **62 days**	2 ○
D12)	£30 in **7 days**	1 ○	OR	£11 today	2 ○
D13)	£75 in **119 days**	1 ○	OR	£67 today	2 ○
D14)	£34 today	1 ○	OR	£35 in **186 days**	2 ○

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Please cross through circles like this in BLACK PEN: ⊠

Which would you rather have?

D15)	£50 in **21 days**	1 ○	OR	£27 today	2 ○
D16)	£69 today	1 ○	OR	£85 in **91 days**	2 ○
D17)	£60 today	1 ○	OR	£20 **today**	2 ○
D18)	£49 today	1 ○	OR	£60 in **89 days**	2 ○
D19)	£80 today	1 ○	OR	£85 in **157 days**	2 ○
D20)	£35 in **29 days**	1 ○	OR	£24 today	2 ○
D21)	£80 in **14 days**	1 ○	OR	£33 today	2 ○
D22)	£28 today	1 ○	OR	£30 in **179 days**	2 ○
D23)	£50 in **30 days**	1 ○	OR	£34 today	2 ○
D24)	£15 today	1 ○	OR	£35 **today**	2 ○
D25)	£25 today	1 ○	OR	£30 in **80 days**	2 ○
D26)	£41 today	1 ○	OR	£75 in **20 days**	2 ○
D27)	£54 today	1 ○	OR	£60 in **111 days**	2 ○
D28)	£80 in **30 days**	1 ○	OR	£54 today	2 ○
D29)	£25 in **136 days**	1 ○	OR	£22 today	2 ○
D30)	£55 in **7 days**	1 ○	OR	£20 today	2 ○

Section E: Behaviour

There are a number of statements below that describe ways in which people act and think. Please indicate how much you agree or disagree with each statement.

Please cross through circles like this in BLACK PEN: ⊗

		Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
E1)	I generally like to see things through to the end.	1 ○	2 ○	3 ○	4 ○
E2)	My thinking is usually careful and purposeful.	1 ○	2 ○	3 ○	4 ○
E3)	When I am in a great mood, I tend to get into situations that could cause me problems.	1 ○	2 ○	3 ○	4 ○
E4)	Unfinished tasks really bother me.	1 ○	2 ○	3 ○	4 ○
E5)	I like to stop and think things over before I do them.	1 ○	2 ○	3 ○	4 ○
E6)	When I feel bad, I will often do things I later regret in order to make myself feel better now.	1 ○	2 ○	3 ○	4 ○
E7)	Once I get going on something I hate to stop.	1 ○	2 ○	3 ○	4 ○
E8)	Sometimes when I feel bad, I can't seem to stop what I am doing even though it is making me feel worse.	1 ○	2 ○	3 ○	4 ○
E9)	I quite enjoy taking risks.	1 ○	2 ○	3 ○	4 ○
E10)	I tend to lose control when I am in a great mood.	1 ○	2 ○	3 ○	4 ○
E11)	I finish what I start.	1 ○	2 ○	3 ○	4 ○

continued on the next page

continued:

Please cross through circles like this in BLACK PEN: ⊗

Please indicate how much you agree or disagree with each statement.

		Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
E12)	I tend to value and follow a rational, 'sensible' approach to things.	1 ○	2 ○	3 ○	4 ○
E13)	When I am upset I often act without thinking.	1 ○	2 ○	3 ○	4 ○
E14)	I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.	1 ○	2 ○	3 ○	4 ○
E15)	When I feel rejected, I will often say things that I later regret.	1 ○	2 ○	3 ○	4 ○
E16)	I would like to learn to fly an aeroplane.	1 ○	2 ○	3 ○	4 ○
E17)	Others are shocked or worried about the things I do when I am feeling very excited.	1 ○	2 ○	3 ○	4 ○
E18)	I would enjoy the sensation of skiing very fast down a high mountain slope.	1 ○	2 ○	3 ○	4 ○
E19)	I usually think carefully before doing anything.	1 ○	2 ○	3 ○	4 ○
E20)	I tend to act without thinking when I am really excited.	1 ○	2 ○	3 ○	4 ○

Section F: Substance Use

Please cross through circles like this in BLACK PEN: ⊗

F1) Have you smoked any cigarettes in the **past month**?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question F2 on the next page**

a. Do you smoke **every week**?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question F2 on the next page**

b. How many cigarettes do you smoke **per week**, on average? ☐☐☐ cigarettes per week

c. Do you smoke **every day**?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question F2 on the next page**

d. How many cigarettes do you smoke **per day**, on average? ☐☐ cigarettes per day

e. How soon after you wake up do you smoke your **first** cigarette?

Within 5 minutes 1 ○ 6-30 minutes 2 ○

31-60 minutes 3 ○ More than an hour 4 ○

f. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. in public buildings, buses, trains, the library, cinema)?

Yes 1 ○ No 0 ○

g. Which cigarette would you **most** hate to give up?

The first one in the morning 1 ○ Any others 2 ○

h. Do you smoke more frequently during the first hours after waking than during the rest of the day?

Yes 1 ○ No 0 ○

i. Do you smoke even if you are so ill that you are in bed most of the day?

Yes 1 ○ No 0 ○

Please cross through circles like this in BLACK PEN: ⊗

F2) Have you **ever** used/smoked/vaped an electronic cigarette?

Yes 1 ○ No 2 ○ → **If <u>no</u>, please go to question F3 below**

a. Do you **currently** use/smoke/vape electronic cigarettes?

Yes 1 ○ No 2 ○ → **If <u>no</u>, please go to question F3 below**

b. How long have you used/vaped electronic cigarettes for?

Less than 1 month 1 ○ 1-3 months 2 ○ 4-6 months 3 ○
7 months-1 year 4 ○ 1-2 years 5 ○ More than 2 years 6 ○

c. How often do you use/vape electronic cigarettes?

At least once a day 1 ○ At least once a week 2 ○
At least once a month 3 ○ Less than once a month 4 ○

F3) In the **last 12 months** how often have you used cannabis?

Once or twice 1 ○ Less than monthly 2 ○
Monthly 3 ○ Weekly 4 ○
Daily or almost daily 5 ○ Not in the last 12 months 6 ○

Please see the drinkogram at the back of the questionnaire that translates common types of alcoholic drinks and their amounts into a standard number of drinks (units), based on strength and volume. For example, 1 can (440ml) of normal strength beer/ lager (4.5%) counts as 2 units. The next questions are about your use of alcoholic drinks **during the last 12 months**.

F4) How often do you have a drink containing alcohol?

Never 1 ○ → **If <u>never</u>, please go to Section G on page 15**
Monthly or less 2 ○ 2-4 times a month 3 ○
2-3 times a week 4 ○ 4 or more times a week 5 ○

a. How many units (standard drinks) containing alcohol do you have on a **typical day when you are drinking**?

1 or 2 1 ○ 3 or 4 2 ○ 5 or 6 3 ○
7 to 9 4 ○ 10 or more 5 ○

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b.	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
i. How often do you have six or more more units (standard drinks) on one occasion? (See drinkogram - *that is 4 alcopops, 3 pints of normal strength beer or cider, 2 pints of strong beer or cider, 6 small glasses or 3 large glasses of wine, or 6 single shots of spirits, or a combination of these.*)	1 ○	2 ○	3 ○	4 ○	5 ○
ii. How often during the **last 12 months** have you found that you were not able to stop drinking once you had started?	1 ○	2 ○	3 ○	4 ○	5 ○
iii. How often during the **last 12 months** have you failed to do what was normally expected of you because of drinking?	1 ○	2 ○	3 ○	4 ○	5 ○
iv. How often during the **last 12 months** have you needed a first drink in the morning to get yourself going after a heavy drinking session?	1 ○	2 ○	3 ○	4 ○	5 ○
v. How often during the **last 12 months** have you had a feeling of guilt or remorse after drinking?	1 ○	2 ○	3 ○	4 ○	5 ○
vi. How often during the **last 12 months** have you been unable to remember what happened the night before because you had been drinking?	1 ○	2 ○	3 ○	4 ○	5 ○

	No	Yes, but not in the past year	Yes, during the past year
vii. Have you or has someone else been injured as a result of your drinking?	1 ○	2 ○	3 ○
viii. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	1 ○	2 ○	3 ○

If you are affected by any of the issues raised in this section, please see the helplines page at the back of this questionnaire.

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Section G: Deliberate Self-Harm

This section is about thoughts of suicide and hurting yourself on purpose, which is also sometimes referred to as deliberate self-harm. We know this is a sensitive subject that we have asked you about before but it is important to ask about it again now as it is not uncommon. By finding out about self-harm we can try to find ways to help people. Please talk to your GP if you are concerned about any issues that may be raised by completing this section of the questionnaire.

G1) Have you **ever** hurt yourself on purpose in any way (e.g. by taking an overdose of pills or by cutting yourself)?

Yes 1 ○ No 0 ○ → **If no, please go to question G2 below**

a. **If yes**, how many times have you done this in the **last 12 months**? *Please cross one answer only.*

None 0 ○ Once 1 ○ 2-5 times 2 ○
6-10 times 3 ○ More than 10 times 4 ○

b. On any of the occasions you have hurt yourself on purpose, have you **ever** seriously wanted to kill yourself?

Yes 1 ○ No 0 ○ → **If no, please go to question G2 below**

c. **If yes**, when was the **last time** you hurt yourself on purpose and you seriously wanted to kill yourself? *Please cross one answer only.*

In the last week 1 ○
More than a week ago but in the last 12 months 2 ○
More than 12 months ago 3 ○

G2) Have you **ever** thought of killing yourself, even if you would not really do it?

Yes 1 ○ No 0 ○ → **If no, please go to question G3 on the next page**

a. **If yes**, when was the **last time** you felt like this? *Please cross one answer only.*

In the last week 1 ○
More than a week ago, but in the last 12 months 2 ○
More than 12 months ago 3 ○

We are interested to see whether the frequency of self-harm thoughts or behaviours may have changed **since March 2020**, when lockdown began in the UK.

If you were in another country where lockdown timings may be different please answer these questions according to your thoughts and behaviours at the time of lockdown in that country.

If you have never thought about or engaged in self-harm before and have not done so during lockdown, please select 'I have never done this'.

Please cross one answer on each line.

G3) Please tell us how the following have changed:	Decreased since lockdown began	Stayed the same	Increased since lockdown began	I have never done this
a. Number of times you have thought about hurting yourself on purpose without intending to kill yourself.	1 ○	2 ○	3 ○	0 ○
b. Number of times you have hurt yourself on purpose without intending to kill yourself.	1 ○	2 ○	3 ○	0 ○
c. Number of times you have thought about killing yourself, even if you would not really do it.	1 ○	2 ○	3 ○	0 ○
d. Number of times you have hurt yourself on purpose and you seriously wanted to kill yourself.	1 ○	2 ○	3 ○	0 ○
e. Number of times you have tried to get help from a health professional (e.g. GP, A&E) about hurting yourself on purpose or about wanting to kill yourself.	1 ○	2 ○	3 ○	0 ○
f. Number of times you have tried to get help from someone or somewhere else about hurting yourself on purpose or about wanting to kill yourself (e.g. family, friend, online).	1 ○	2 ○	3 ○	0 ○

If you are affected by any of the issues raised in this section you may wish to contact:

Samaritans
116 123
www.samaritans.org

Mind
0300 123 3393
www.mind.org.uk

Alternatively, there are a number of organisations listed at the back of the questionnaire.

Section H: Mental Health Treatments

Please cross through circles like this in BLACK PEN: ⊗

This section is about treatment you may have received for your mental health including prescription medications and therapies such as cognitive behavioural therapy (CBT), a talking therapy that can help you manage your problems by changing the way you think and behave.

H1) Have you taken any medication for depression or anxiety prescribed by a doctor **in the last 5 years**?

Yes 1 ○ No 0 ○ → **If no, please go to question H2 on the next page**

a. Please tell us the names of the medication(s) you have taken for depression or anxiety **in the last 5 years**, together with the date (month and year) you started and finished (if you are no longer taking them).
Please don't worry if you can't remember, tell us what you can.

	Medication Name	Month and year started	Still taking? OR	Month and year stopped
1		MM YYYY	Yes 1 ○	MM YYYY
2		MM YYYY	Yes 1 ○	MM YYYY
3		MM YYYY	Yes 1 ○	MM YYYY
4		MM YYYY	Yes 1 ○	MM YYYY
5		MM YYYY	Yes 1 ○	MM YYYY

Please use the space on page 38 to tell us the names of any other medications you have taken for depression or anxiety, when you started and stopped taking them, and, if you have stopped, the reason(s) why.

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continued on the next page...

H1a continued:

For each of the medications on the previous page that you have **stopped taking**, please tell us why. Look at the number next to the medication on the previous page and fill in the corresponding numbered column below by crossing all the reasons that you stopped taking that medication.
Please cross all that apply.

	Medication Number				
	1	**2**	**3**	**4**	**5**
I felt better	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐
The medication(s) caused side effects	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐
My doctor and I agreed to stop my medication(s)	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐
I was afraid of becoming addicted	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐
The medication(s) made me feel worse	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐
The medication(s) did not make me feel better	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐
I wanted to try other treatments	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐
I wanted to start a family	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐
Difficulty accessing healthcare services / worries about adding to NHS burden	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐
The medication(s) was unavailable	10 ☐	10 ☐	10 ☐	10 ☐	10 ☐
Other (please cross and describe below)	11 ☐	11 ☐	11 ☐	11 ☐	11 ☐

H2) Have you **ever** received cognitive behavioural therapy (CBT)?

Yes 1 ○ No 0 ○

H3) Have you **ever** received another form of psychological therapy with a therapist or counsellor, e.g. counselling, inter-personal therapy, mindfulness, art therapy?

Yes 1 ○ No 0 ○

H4) Have you **ever** accessed any self-help guidance for depression or anxiety from other resources?

Yes 1 ○ No 0 ○

COVID Section 1: Health

This section is asking about your current health and whether you have experienced any COVID-19, or other symptoms, and how they might have affected you.

1) We are interested in whether you have experienced **any** symptoms listed below **since October 2020**.

Please select all that apply on each line, marking either "not at all" or all the months in which you had the symptom.

Please also mark if you have had it in the last week.

*Please complete for **any symptoms** and **any months** that symptoms were experienced, irrespective of whether or not you saw a doctor and irrespective of whether or not you were told you had flu, or COVID-19, or any other diagnosis.*

We understand it may be difficult to remember so please just give your best estimate or leave blank. *Please select **all** that apply.*

			2020			2021		
	Example:	0 ☐	10 ☒	11 ☒	12 ☐	01 ☐	02 ☐	88 ☒
		Not at all	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Last week**
i.	Decrease in appetite	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
ii.	Nausea and/or vomiting	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
iii.	Diarrhoea	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
iv.	Abdominal pain/tummy ache	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
v.	Runny nose	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
vi.	Sneezing	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
vii.	Blocked nose	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
viii.	Sore eyes	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
ixa.	Loss of sense of smell	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
ixb.	Loss of sense of taste	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
x.	Sore throat	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xi.	Hoarse voice	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xii.	Headache (if more often or worse than usual)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xiii.	Dizziness	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xiv.	**NEW** Persistent cough	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xv.	Tightness in the chest	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐

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continued on the next page...

		Not at all	2020 Oct	Nov	Dec	2021 Jan	Feb	Last week
xvi.	Chest pain	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xvii.	Fever (feeling too hot)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xviii.	Chills (feeling too cold)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xix.	Difficulty sleeping	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xx.	Felt more tired than normal	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxi.	Severe fatigue (e.g. inability to get out of bed)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxii.	Numbness or tingling somewhere in the body	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxiii.	Feeling of heaviness in arms or legs	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxiv.	Achy muscles	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxv.	Shortness of breath (that affects ordinary activity)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxvi.	Raised, red, itchy areas on the skin	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxvii.	Sudden swelling of the face or lips	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxviii.	Red/purple sores or blisters on your feet (including toes)	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxix.	**NEW** hair loss	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxx.	Tender neck	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxxi.	Swollen/painful joints	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐
xxxii.	Blood in urine	0 ☐	10 ☐	11 ☐	12 ☐	01 ☐	02 ☐	88 ☐

2) Do you think that you currently have or have had COVID-19?

Yes, confirmed by a positive swab test (a swab test involves a swab taken from the nose or throat) 1 ○

Yes, suspected by a doctor but not tested 2 ○

Yes, my own suspicions 3 ○

No 0 ○ → **If <u>no</u>, please go to question 3 on page 22**

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Please cross through circles like this in BLACK PEN: ⊗

a. When were you told or when did you think you first had COVID-19?

DD / MM / YYYY 2 0

b. Have you now recovered?

Yes, I am back to normal 1 ○ No, I still have some symptoms 0 ○

c. Which of the following would best describe your experience of symptoms? *Please cross one only.*

My symptoms were worse at the beginning (first 1-2 weeks) and then got better 1 ○

My symptoms were worse at the beginning (first 1-2 weeks) and then mostly got better but some lingered 2 ○

After the first 1-2 weeks, my symptoms grew and worsened before getting better 3 ○

After the first 1-2 weeks, my symptoms got better but then the same symptoms kept/ keep coming back 4 ○

After the first 1-2 weeks, my symptoms got better but I then developed new symptoms 5 ○

Most of my symptoms have lasted consistently for some time 6 ○

d. Thinking of the **whole** of your COVID-19 illness, can you please tell us about the **total overall time** you experienced symptoms you suspect relate to COVID-19 (including mild symptoms and counting the time in between symptoms if these have been intermittent).

1 day - 2 weeks 1 ○ 2-4 weeks 2 ○

4-12 weeks 3 ○ 12+ weeks 4 ○

e. Thinking now about your **first (or only) bout** of illness, how long did that period last?

1 day - 2 weeks 1 ○ 2-4 weeks 2 ○

4-12 weeks 3 ○ 12+ weeks 4 ○

f. How many days were you so unwell that you stayed in bed or on the sofa?

None 0 ○ 1-3 days 1 ○ 4-6 days 2 ○

1-2 weeks 3 ○ 2-4 weeks 4 ○ 4-12 weeks 5 ○

12+ weeks 6 ○

g. Have you been told by a doctor that you may have a new condition, illness, or disability as a consequence of infection with coronavirus/COVID-19?

Yes 1 ○ No 0 ○ → **If <u>no</u>, please go to question 3 below**

h. **If <u>yes</u>**, please describe:

3) Over the **past two months**, how many times have you had to restrict your work or normal physical activity due to how you feel?

Never	0 ○	Less than once a month	1 ○
Between once a week and once a month	2 ○	More than once a week	3 ○
Nearly every day	4 ○		

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

No	0 ○
Yes, but did not affect my normal activities	1 ○
Yes, did affect my normal activities (e.g. walking short distances)	2 ○
Yes, even when I was sat or lying down	3 ○

5) For the following questions please tell how you feel **now** compared to **before the pandemic** (March 2020):

		Less than usual	No more than usual	More than usual	Much more than usual
a.	I have difficulty concentrating	1 ○	2 ○	3 ○	4 ○
b.	I make slips of the tongue when speaking	1 ○	2 ○	3 ○	4 ○
c.	I find it difficult to find the right words	1 ○	2 ○	3 ○	4 ○

COVID Section 2: Your Lifestyle

Please cross through circles like this in BLACK PEN: ⊗

In this section we are asking about what may have changed as a result of lockdown in March 2020.

1) Thinking about life now, compared to the early months of lockdown (April and May 2020), have any of the following aspects of your life changed?

Please cross one answer on each line.

If you didn't do the activity before, and aren't doing it now, please cross 'not applicable'.

		De-creased a lot	De-creased a little	Stayed the same	In-creased a little	In-creased a lot	Not applic-able
a.	Number of home-cooked meals you eat	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
b.	Number of meals you eat in a day	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
c.	Number of snacks you eat in a day	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
d.	Amount of physical activity/exercise you do	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
e.	Amount you sleep	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
f.	Amount of alcohol you drink	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
g1.	Amount you smoke	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○
g2.	Amount you vape	1 ○	2 ○	3 ○	4 ○	5 ○	9 ○

2) Thinking back to **before lockdown** (e.g. January and February 2020), how often did you usually eat the following on average?

a.	Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Once a day	2-3 times per day	4-5 times per day	6 or more times per day
a. Breakfast	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
b. Lunch	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
c. Dinner	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
d. A snack	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○

In the **last month**, how often have you usually eaten the following?

	Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Once a day	2-3 times per day	4-5 times per day	6 or more times per day
a. Breakfast	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
b. Lunch	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
c. Dinner	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○
d. A snack	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○

3) a. Thinking back to **January and February 2020**, how often on average did you purchase **LUNCH** that was prepared away from home in each of the following locations?

		Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Every day
i.	Sit-down restaurant/pub	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
ii.	Café or coffee shop (order from counter)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iii.	Fast food take-away shop/van (in person or delivery)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iv.	Work or school/university/college canteen (NOT including fast food chains)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
v.	Sandwich/ready-meal from a supermarket/ convenience store	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○

b. Thinking back to **January and February 2020**, how often on average did you purchase an **EVENING MEAL** that was prepared away from home in each of the following locations?

		Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Every day
i.	Sit-down restaurant/pub	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
ii.	Café or coffee shop (order from counter)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iii.	Fast food take-away shop/van (in person or delivery)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iv.	Work or school/university/college canteen (NOT including fast food chains)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
v.	Sandwich/ready-meal from a supermarket/ convenience store	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○

c. **In the last month**, how often on average did you purchase **LUNCH** that was prepared away from home in each of the following locations?

		Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Every day
i.	Sit-down restaurant/pub	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
ii.	Café or coffee shop (order from counter)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iii.	Fast food take-away shop/van (in person or delivery)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iv.	Work or school/university/college canteen (NOT including fast food chains)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
v.	Sandwich/ready-meal from a supermarket/ convenience store	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○

d. **In the last month**, how often on average did you purchase an **EVENING MEAL** that was prepared away from home in each of the following locations?

		Never /less than once per month	1-3 times per month	Once a week	2-4 times per week	5-6 times per week	Every day
i.	Sit-down restaurant/pub	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
ii.	Café or coffee shop (order from counter)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iii.	Fast food take-away shop/van (in person or delivery)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
iv.	Work or school/university/college canteen (NOT including fast food chains)	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○
v.	Sandwich/ready-meal from a supermarket/ convenience store	0 ○	1 ○	2 ○	3 ○	4 ○	5 ○

COVID Section 3: Impact on Your Feelings during the Pandemic

Please cross through circles like this in BLACK PEN: ⊗

We want to understand the impact this pandemic may have had 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. Some of the questions may be particularly difficult for you, please skip them if they may cause distress. Please see the helplines page at the back of this questionnaire for support.

1) 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**.

		Not true	Sometimes true	True
a.	I felt miserable or unhappy	0 ○	1 ○	2 ○
b.	I didn't enjoy anything at all	0 ○	1 ○	2 ○
c.	I felt so tired I just sat around and did nothing	0 ○	1 ○	2 ○
d.	I was very restless	0 ○	1 ○	2 ○
e.	I felt I was no good anymore	0 ○	1 ○	2 ○
f.	I cried a lot	0 ○	1 ○	2 ○
g.	I found it hard to think properly or concentrate	0 ○	1 ○	2 ○
h.	I hated myself	0 ○	1 ○	2 ○
i.	I was a bad person	0 ○	1 ○	2 ○
j.	I felt lonely	0 ○	1 ○	2 ○
k.	I thought nobody really loved me	0 ○	1 ○	2 ○
l.	I thought I could never be as good as others	0 ○	1 ○	2 ○
m.	I did everything wrong	0 ○	1 ○	2 ○

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Please cross through circles like this in BLACK PEN: ⊗

2) Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the **last 2 weeks**.

		None of the time	Rarely	Some of the time	Often	All of the time
a.	I've been feeling optimistic about the future	0 ○	1 ○	2 ○	3 ○	4 ○
b.	I've been feeling useful	0 ○	1 ○	2 ○	3 ○	4 ○
c.	I've been feeling relaxed	0 ○	1 ○	2 ○	3 ○	4 ○
d.	I've been feeling interested in other people	0 ○	1 ○	2 ○	3 ○	4 ○
e.	I've had energy to spare	0 ○	1 ○	2 ○	3 ○	4 ○
f.	I've been dealing with problems well	0 ○	1 ○	2 ○	3 ○	4 ○
g.	I've been thinking clearly	0 ○	1 ○	2 ○	3 ○	4 ○
h.	I've been feeling good about myself	0 ○	1 ○	2 ○	3 ○	4 ○
i.	I've been feeling close to other people	0 ○	1 ○	2 ○	3 ○	4 ○
j.	I've been feeling confident	0 ○	1 ○	2 ○	3 ○	4 ○
k.	I've been able to make up my own mind about things	0 ○	1 ○	2 ○	3 ○	4 ○
l.	I've been feeling loved	0 ○	1 ○	2 ○	3 ○	4 ○
m.	I've been interested in new things	0 ○	1 ○	2 ○	3 ○	4 ○
n.	I've been feeling cheerful	0 ○	1 ○	2 ○	3 ○	4 ○

The following questions are about feelings you may have experienced during the past two weeks.

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

		Not at all	Less than half the days	More than half the days	Nearly every day
a.	Feeling nervous, anxious or on edge	0 ○	1 ○	2 ○	3 ○
b.	Not being able to stop or control worrying	0 ○	1 ○	2 ○	3 ○
c.	Worrying too much about different things	0 ○	1 ○	2 ○	3 ○
d.	Trouble relaxing	0 ○	1 ○	2 ○	3 ○
e.	Being so restless that it is hard to sit still	0 ○	1 ○	2 ○	3 ○
f.	Being so restless that it is hard to sit still	0 ○	1 ○	2 ○	3 ○
g.	Becoming easily annoyed or irritable	0 ○	1 ○	2 ○	3 ○
h.	Feeling afraid as if something awful might happen	0 ○	1 ○	2 ○	3 ○

4) How much do you agree with the following statements?

		Strongly disagree	Some-what disagree	Neither agree nor disagree	Some-what agree	Strongly agree
a.	The coronavirus/COVID-19 will NOT affect very many people in the country I'm currently living in	0 ○	1 ○	2 ○	3 ○	4 ○
b.	I will probably get sick with the coronavirus/COVID-19	0 ○	1 ○	2 ○	3 ○	4 ○
c.	Getting sick with the corona-virus/COVID-19 can be serious	0 ○	1 ○	2 ○	3 ○	4 ○

5) Thinking back to **January or February 2020**, how do you feel you are able to cope with day to day life now compared to then?

Much worse 1 ○ A little worse 2 ○ About the same 3 ○

A little better 4 ○ Much better 5 ○

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6) The following statements refer to experiences that many people have in their everyday lives. Please tell us how much each of the experiences have distressed or bothered you during the **last month**.

		Not at all	A little	Mode-rately	A lot	Extre-mely
a.	I get upset if objects are not arranged properly	0 ○	1 ○	2 ○	3 ○	4 ○
b.	I feel I have to repeat certain numbers	0 ○	1 ○	2 ○	3 ○	4 ○
c.	I sometimes have to wash or clean myself simply because I feel contaminated	0 ○	1 ○	2 ○	3 ○	4 ○
d.	I am upset by unpleasant thoughts that come into my mind against my will	0 ○	1 ○	2 ○	3 ○	4 ○
e.	I repeatedly check gas and water taps and light switches after turning them off	0 ○	1 ○	2 ○	3 ○	4 ○

7) The following questions are about how you might react to stressful situations. For each question please tell us **in the last month** how often you have been feeling:

		Never	Almost never	Some-times	Fairly often	Very often
a.	Upset because of something that happened unexpectedly	0 ○	1 ○	2 ○	3 ○	4 ○
b.	That you were unable to control the important things in your life	0 ○	1 ○	2 ○	3 ○	4 ○
c.	Nervous and 'stressed'	0 ○	1 ○	2 ○	3 ○	4 ○
d.	Confident about your ability to handle your personal problems	0 ○	1 ○	2 ○	3 ○	4 ○
e.	That things were going your way	0 ○	1 ○	2 ○	3 ○	4 ○
f.	That you could not cope with all the things that you had to do	0 ○	1 ○	2 ○	3 ○	4 ○
g.	That you have been able to control irritations in your life	0 ○	1 ○	2 ○	3 ○	4 ○
h.	That you were on top of things	0 ○	1 ○	2 ○	3 ○	4 ○
i.	Angered because of things that were outside of your control	0 ○	1 ○	2 ○	3 ○	4 ○
j.	That difficulties were piling up so high that you could not overcome them	0 ○	1 ○	2 ○	3 ○	4 ○

8) Listed below are a number of events that may have changed your life in a major way, both positive and negative. Have any of these happened to you **since March 2020** and did they affect you?

		Yes, affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but didn't affect me at all	No, did not happen
a.	You or your partner became pregnant	4 ○	3 ○	2 ○	1 ○	0 ○
b.	You or your partner had a baby	4 ○	3 ○	2 ○	1 ○	0 ○
c.	You were divorced or separated from a long-term partner	4 ○	3 ○	2 ○	1 ○	0 ○
d.	You got engaged	4 ○	3 ○	2 ○	1 ○	0 ○
e.	You got married or entered a civil partnership	4 ○	3 ○	2 ○	1 ○	0 ○
f.	You lost your job	4 ○	3 ○	2 ○	1 ○	0 ○
g.	You experienced financial difficulties	4 ○	3 ○	2 ○	1 ○	0 ○
h.	Someone close to you died	4 ○	3 ○	2 ○	1 ○	0 ○
i.	Something you valued was lost or stolen	4 ○	3 ○	2 ○	1 ○	0 ○
j.	Someone close to you suffered a serious illness or injury	4 ○	3 ○	2 ○	1 ○	0 ○

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

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COVID Section 4: Healthcare Use

Please cross through circles like this in BLACK PEN: ⊗

In the following section we would like to know whether you have had medical treatments postponed or cancelled as a result of the pandemic, since March 2020.

1) Have you had any medical treatments or appointments cancelled or postponed **during the COVID-19 pandemic**? For example, hospital referral, non-emergency surgery, cancer treatment, etc.

Yes	1 ○	
No	0 ○ →	**If no, don't know, or prefer not to answer, please go to question 2 on the next page**
Don't know	9 ○ →	
Prefer not to answer	8 ○ →	

a. What types of medical treatments or appointments were cancelled or postponed? *Please cross all that apply.*

GP referral	1 ☐	Hospital referral	2 ☐
Routine clinic appointment	3 ☐	Surgery	4 ☐
Dialysis	5 ☐	Cancer treatment	6 ☐
Cancer testing	7 ☐	Cancer screening	8 ☐
Other (please describe)	9 ☐		

b. Who cancelled these treatments/appointments?

I did	1 ○
The NHS (or other service provider) did	2 ○
A mixture of myself and the NHS (or other service provider)	3 ○

c. Are you worried about your heath because of this cancelled or postponed treatment?

Not at all worried	1 ○	Slightly worried	2 ○
Moderately worried	3 ○	Very worried	4 ○
Extremely worried	5 ○		

2) **During the COVID-19 pandemic**, have you developed signs and symptoms that you would like to have looked at or investigated by your GP, or another healthcare professional?

Yes 1 ○
No 0 ○ →
Don't know 9 ○ →
Prefer not to answer 8 ○ →

If no, don't know, or prefer not to answer, please go to question 3 below

a. Have you contacted your GP or another healthcare professional about these signs and symptoms?

Yes 1 ○ Don't know 9 ○
No 0 ○ Prefer not to answer 8 ○

b. Are you worrying about these new signs or symptoms?

Not at all worried 1 ○ Slightly worried 2 ○
Moderately worried 3 ○ Very worried 4 ○
Extremely worried 5 ○

3) Which of the following **best** describes your thoughts about getting vaccinated against coronavirus (COVID-19), once a vaccine becomes available to you? *Please cross one answer only.*

I've not yet thought about getting vaccinated against COVID-19 1 ○ → **Please go to question 4 on the next page**

I'm not yet sure about getting vaccinated against COVID-19 2 ○ → **Please go to question 4 on the next page**

I've decided I **don't** want to get vaccinated against COVID-19 3 ○ → **Please go to question 3a on the next page**

I've decided I **do** want to get vaccinated against COVID-19 4 ○ → **Please go to question 3b on the next page**

3) **a**. What is the **main** reason you **don't** want to get vaccinated against COVID-19? *Please cross one answer only.*

I have had a positive test for COVID-19 and believe I am immune 1 ○

I have had symptoms but I have not been tested, however, I believe I have had COVID-19 and am now immune 2 ○

I do not believe a vaccine will be safe 3 ○

I do not believe COVID-19 is that dangerous 4 ○

Other (please cross and describe) 5 ○

3) **b**. What is the **main** reason you **do** want to get vaccinated against COVID-19? *Please cross one answer only.*

I believe everyone should have the vaccine, when one comes out, in order to stop the infection 1 ○

I believe the vaccine will be safe and effective 2 ○

Other (please cross and describe) 3 ○

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

Yes 1 ○ No 0 ○ → **If no, please go to Section 5 on the next page**

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

Yes 1 ○ No 0 ○

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

Yes 1 ○ No 0 ○

COVID Section 5:
Living, Working and Earning

In this section we would like to ask about your living arrangements and your current employment situation.

1) Do you live with anybody?

No I live on my own 0 ○ → **If no, please go to question 2 below**

Yes, I live with at least one other person 1 ○

a. Who do you live with currently? Please enter the number of people in each group. Please enter them only once in the first category they apply to, e.g. if one sibling is your only lodger, enter 1 for 'sibling' and 0 for 'lodger'. If none, please enter 0.

	Number of people	
i. Partner/Spouse	☐	
ii. Parent	☐	
iii. Sibling	☐☐	
iv. Child(ren)	☐☐	
v. Other family member (please describe)	☐☐	☐
vi. Friend	☐☐	
vii. Lodger/ housemate	☐☐	
viii. Other (please describe)	☐☐	☐

2) Have your living arrangements changed in any way **since July 2020**?

Yes 1 ○ No 0 ○ → **If no, please go to question 3 on the next page**

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2) a. Please tell us what has changed. *Please cross all that apply.*

I moved to my current address temporarily	1 ☐
Another adult (e.g. sibling, adult child, parent) has moved into my address	2 ☐
Adults I lived with have moved elsewhere	3 ☐
I moved to a new permanent address	4 ☐
I moved back to my permanent address	5 ☐
Other (please cross and describe)	9 ☐

3) Which of these would you say **best** describes your current situation **now**? *Please cross one answer only.*

Employed and working the **same** number of hours (as you were pre-lockdown in March 2020)	1 ○
Employed and working a **reduced** number of hours compared to March 2020	2 ○
Employed and working **more** hours than compared to March 2020	3 ○
Employed but on **paid** leave (including **furlough**)	4 ○
Employed and on **unpaid** leave	5 ○
Apprenticeship	6 ○
In unpaid/voluntary work	7 ○
Self-employed and currently working	8 ○
Self-employed but **not** currently working	9 ○
Unemployed	10 ○
Permanently sick or disabled	11 ○
Looking after home or family	12 ○
In education at school/college/university	13 ○

4) a. How many days **in the last week** have you spent working exclusively in your own home?

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**
○	○	○	○	○	○	○	○

b. **Prior to coronavirus**, how many days in a **typical week** did you spend working exclusively in your own home?

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**
○	○	○	○	○	○	○	○

5) How well would you say you have been managing financially **since July 2020**?

Living comfortably 1 ○ Doing all right 2 ○

Just about getting by 3 ○ Finding it quite difficult 4 ○

Finding it very difficult 5 ○

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

	0-4 years	**5-17 years**	**18-69 years**	**70+ years**
a. Face to face (in person)				
b. Over the phone (talking but no video image)				
c. Via video media (e.g. Skype, Facetime; with video images of person you spoke to)				
d. With physical contact (e.g. hand-shake/hug/kiss/personal care etc.)				

Completing the Questionnaire

N1) What is your **date of birth**? DD / MM / YYYY 1 9 9

N2) What is **today's date**? DD / MM / YYYY 2 0

Being able to let you know Children of the 90s news and invite you to take part in clinics and questionnaires is really important to us.

If you want to update the details that we have for you please visit:

childrenofthe90s.ac.uk/update-your-details

Extra space for answering questions

Please clearly indicate the question number(s) your answer applies to.

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Life @ 28+

STRICTLY CONFIDENTIAL (when completed)

Version 1 30/11/2020

Questionnaire Number

If you'd like to add a comment, please do so in the box below.
Please cross this box if you would like us to reply: ☐

When completed, please send this back in the freepost envelope provided, or post to this address. If you do not wish to complete this questionnaire, please leave it blank and return it to us. We will then know not to send you any more reminders.

Freepost (RRXX-UUZG-HTLK)
Children of the 90s
Oakfield House
15-23 Oakfield Grove
Bristol
BS8 2BN

If you **would like to receive** a thank you voucher for completing your questionnaire, please **cross this box**: ☐ Children of the 90s will send your digital code/ thank you voucher to the email/postal address we have listed on our records. Love 2 Shop digital codes/vouchers will be sent within 4 weeks of receiving your questionnaire using the details we hold for you. If you want to update the details that we have for you please visit: **childrenofthe90s.ac.uk/update-your-details**

To be entered into the prize draw we must have received your questionnaire by midnight on Sunday 7th February 2021. If you win, we will contact you within two weeks using the contact details on our database. You will receive your prize up to six weeks after the draw has been held.

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

No Prize Draw ☐

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