



Consent - block 1



How the COVID-19 lockdown is affecting you

We're inviting you take part in a survey about coronavirus (COVID-19). It's called **TeenCovidLife**. We want to know how COVID-19 is affecting you. If you want to take part, you'll be asked how it has changed things for you at home and at school. The survey will also ask about your health and well-being.

If you'd like to take part, please keep reading.

You can read more information about the project on the next page. You'll be asked 2 questions after you have read the information. This is not a test. It is to make sure we explain our study well. It also checks that you understand what you are agreeing to.

PRESS **NEXT** TO READ MORE ABOUT THE STUDY

Why are we doing this research?

Because of COVID-19, schools, shops and businesses had to close. We were told to

'stay at home', 'protect the NHS' and 'save lives'. We have all reacted differently to these new rules. Our survey wants to know how COVID-19 is affecting you. Once we know, we can think about how to address the concerns of young people, support young people where necessary, and prepare for the future. You can find out more about the survey [here](#).

What is involved?

We'll start by asking some general questions about you. We'll ask for your email address. You don't need to provide an email address if you don't want to. No other details that identify you will be asked for. We will also want to know your age and which year you are in at school. Most questions will ask you to pick your answer from a list of options. Some questions are specific to COVID-19. Other questions are more general. We'll ask about how your life has changed and how you are coping with these changes. We hope you'll be able to answer them all but you can skip any you don't want to answer.

This survey will take about 15 to 20 minutes to complete.

We'll email you about future surveys, if you provide an email address. This allows us to track the long term effects of COVID-19 rules. We'll do a final survey after they are lifted. It's up to you whether you do any other surveys.

The information you provide will be studied by the [Generation Scotland](#) team. They work at the [University of Edinburgh](#). Their researchers and [NHS](#) partners will also be able to work on this information.

Who can take part?

Taking part is open to **anyone in Scotland aged 12-17 years old**. You must have access to the internet to join.

What will happen to the details I give you?

All of your details will be safely and securely stored. If you provide your email address, it will be kept separate from your answers. Your email won't be given to anyone. We'll also ask for the first part of your home postcode and the name of your school. This

information will tell us about the area you live in. It can tell us about shops, transport and parks.

We'll remove any identifying information before researchers can look at it. Your school may also receive a summary report. This report will be for everyone at the school taking the survey. It won't identify you.

We'll report what we find in tables and graphs. These will be found on [our website](#) and social media. The local government may also receive a report. We'll also write a final report which you'll be able to read online.

How do I stop taking part?

You can email us to stop taking part at any time. You don't have to give a reason.

Ethics approval

In the UK, **ethics committees** must review health research studies before they start. They check that our research is well made and protects our volunteers. This study was approved by the [East of Scotland NHS Research Ethics Committee](#). They have said it is OK for us to do this research.

How long will my data be stored for?

Once the study has finished, your answers will be [securely stored](#). They will stay with the University of Edinburgh for at least ten years.

Concerns

If you're worried about how your data is looked after, you can email the University of Edinburgh at dpo@ed.ac.uk. You can also email dpo@ed.ac.uk if you'd like to talk to someone about your rights.

If you have any other worries about the study, you can get in touch with the Generation Scotland team at: genscot@ed.ac.uk

Questions for you

Once you've answered these questions correctly, you can complete the consent page. Don't worry if you get a question wrong. You can read the information again and come back to the questions. You can always get in touch to ask us for more information. If there's anything we need to explain more clearly, we'd be happy to help. If you agree to take part, you'll be taken directly to the survey. You can start answering questions straight away.

Question 1

After reading the information above, which statement do you understand to be **TRUE**?

Please select **one** option:

- All survey questions will be about COVID-19
- The survey will include questions about COVID-19 and some more general questions
- There will only be one survey
- The survey will take an hour to complete

Question 2

After reading the information above, which statement do you understand to be

FALSE?

Please select **one** option:

- In the future, I may be contacted to complete more surveys
- I do not have to take part in additional surveys or studies in the future
- I can withdraw consent at any time by contacting Generation Scotland
- If I am re-contacted by Generation Scotland, I must complete additional surveys

To take part you must complete the **consent form**. After this, we can take you to the study.

PRESS **NEXT** TO BE TAKEN TO THE CONSENT FORM

Consent form

Please read the following statements and tick the boxes to agree

- 1 - I understand that taking part in this project is voluntary.
- 2 - I live in Scotland.
- 3 - I am aged 12 – 17 years old.
- 4 - I understand that if I wish to be sent future surveys, I need to provide an email address.
- 5 - I understand that my results will not identify me. I know they will be included in research. I also understand it will not be possible to remove or change my answers once submitted.
- 6 - I understand I can stop taking part in future surveys at any point.
- 7 - I understand that the data gathered in this study will be stored securely. I know it will not be possible to identify me in any reports from this research.
- 8 - I agree to take part in this Generation Scotland survey. I understand that by checking this box I am giving my signature to this agreement.

Background Info - block 1

Introduction

Thank you for agreeing to complete this survey.

Please answer all questions as well as you can. Your answers will **not be used to identify you**. We will not share your answers with your parents or guardians.

Some questions are personal. We hope that you will answer them all. Some have a 'prefer not to answer' option, if you don't feel comfortable telling us this information. You can skip any question you don't want to answer.

This survey will take **about 15 to 20 minutes** to complete. Please complete the survey in one sitting.

It is not possible to go back and change your responses once you have pressed the Next button.

PRESS **NEXT** TO START THE SURVEY

Information about you

To start, we are going to ask you for some information about you.

Please enter your email address

Your email address will only be used to send you TeenCovidLife surveys and to keep you informed of our results. We **will not** pass this on to third parties.

Email address

Confirm email address

What are the first 5 digits of your postcode? (e.g., AB12 3**)

What was the sex you were assigned at birth?

- Male
- Female
- Prefer not to answer

Is this the same as your gender identity?

- Yes
- No

What is your gender identity?

- Male / Man
- Female / Woman
- Non-binary
- Other (please specify)
- Prefer not to answer

How old are you?

Are you a secondary school pupil?

Yes

No

Background info - block 2

Which year are you in at school?

Are you a full-time or part-time student at college or university?

Yes, full-time student

Yes, part-time student

No

Did you have a job **before** the COVID-19 lockdown?

Yes

No

Before the COVID-19 lockdown, how many hours **per week** did you work?

Do you have a job **now**?

- Yes
- No

Have you been assigned as a key worker?

- Yes
- No
- Don't know

Have any of the following happened to you **since** the COVID-19 lockdown started?

- Lost job
- Furloughed
- Pay cut
- None of the above

You and your family - block 1

You and your family.

We would like to know a little about the people that you live with.

Including yourself, how many people live in your household at the moment?

Who lives in your household with you?

Please select all that apply

- Parent(s)
- Stepparent(s)
- Parent's girlfriend or boyfriend
- Guardian(s) - for example, a foster carer
- Brother(s) and/or sister(s)
- Stepbrother(s) and/or stepsister(s)
- Grandparent(s)
- Other family member(s)
- Child/children
- Paid caregiver(s) - for example, a nanny
- Friend(s) or other non-family member(s)
- I live alone

Has **anyone** you live with been contacted by letter or text message to say that they are at **severe risk** from COVID-19 due to an underlying health condition and should be shielding?

- Yes
- No
- Don't know

Covid-19 and your life - block 1

COVID-19 and your life

Now we would like to ask you some questions about how you are feeling about COVID-19 and what effect it has had on your life.

Do you think that **you** have had, or currently have COVID-19?

- Yes, I was tested for COVID-19 and it was positive
- Yes, I think I had COVID-19 but was not tested
- No

Do you think **anyone else** that you live with has had, or currently has COVID-19?

- Yes, they were tested for COVID-19 and it was positive
- Yes, they think they had COVID-19 but were not tested
- No

How much has COVID-19 **changed** your daily routine?

- A lot
- Some
- A little
- Not at all

How often are you leaving your home?

- Multiple times per day
- Once per day
- A few times per week
- Once per week
- Less than once per week

When you leave your home, do you see any of the following people?
Select all that apply, or select None of the above

- Family members that you don't live with
- Friends
- Boyfriend or girlfriend
- Other people that you don't live with
- I don't leave my house
- Prefer not to answer
- None of the above

On a scale of 1 (no threat at all) to 10 (very serious public health threat), how serious a **public health threat** do you think COVID-19 is or might become?

Do you find the Government guidance on COVID-19 **easy** to understand?

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult
- I haven't seen or read any of the Government guidance

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

- Extremely good

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

How much time do you spend on average **each day** getting news or learning about COVID-19?

- None
- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 3-4 hours
- 5 or more hours

Your feelings - block 1

Your feelings

Now we are going to ask you some questions to understand how you have been feeling recently.

How often have you felt lonely **during the past week**?

- None of the time
- Some of the time
- Most of the time
- All of the time
- Don't know

Prefer not to answer

Before the COVID-19 lockdown, how often **did you** feel lonely?

- None of the time
- Some of the time
- Most of the time
- All of the time
- Don't know
- Prefer not to answer

Over the past week, how often have you felt nervous or stressed because of COVID-19?

- Never
- Some of the time
- Most of the time
- All of the time
- Prefer not to answer

Please indicate for each of the five statements, which is **closest** to how you have been feeling during the **last two weeks**.

I have felt cheerful and in good spirits

- At no time
- Some of the time
- Less than half of the time
- More than half of the time
- Most of the time

- All of the time
- Prefer not to say

I have felt calm and relaxed

- At no time
- Some of the time
- Less than half of the time
- More than half of the time
- Most of the time
- All of the time
- Prefer not to say

I have felt active and vigorous

- At no time
- Some of the time
- Less than half of the time
- More than half of the time
- Most of the time
- All of the time
- Prefer not to say

I woke up feeling fresh and rested

- At no time
- Some of the time
- Less than half of the time
- More than half of the time
- Most of the time

- All of the time
- Prefer not to say

My daily life has been filled with things that interest me

- At no time
- Some of the time
- Less than half of the time
- More than half of the time
- Most of the time
- All of the time
- Prefer not to say

Your feelings - block 2

Select one option to indicate how much you disagree or agree with each of the statements

I tend to bounce back quickly after hard times

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I have a hard time making it through stressful events

- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

It does not take me long to recover from stressful events

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

It is hard for me to snap back when something bad happens

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I usually come through difficult times with little trouble

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

I tend to take a long time to get over set-backs in life

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Your feelings - block 4

The questions in the next section ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way.

In the last month how often have you...

felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often

Very often

felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Sleep - block 1

Sleep

Now we are going to ask you some questions about your sleep.

Using the statements below, please indicate how often the following things have happened **during the past month**.

When it's time to go to bed, I want to stay up and do other things

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I am ready for bed at bedtime

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I try to "put off" or delay going to bed

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

When it's time to go to sleep, I have trouble settling down

- Never

- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In general, I need help getting to sleep (for example, I need to listen to music, watch TV or take medication)

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

Using the statements below, please indicate how often the following things have happened **during the past month**.

After waking up during the night, I have trouble going back to sleep

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

After waking up during the night, I have trouble getting comfortable

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

After waking up during the night, I need help to go back to sleep (for example, I need to watch TV or read)

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In the morning, I wake up and feel ready to get up for the day

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, but not always
- Always

In the morning, I wake up feeling rested and alert

- Never
- Once in a while

- Sometimes
- Quite often
- Frequently, but not always
- Always

Sleep - block 2

Now, we would like to know a little about how your sleep has **changed** since before the COVID-19 lockdown.

Compared to before the COVID-19 lockdown, are you sleeping:

- Much better **now**
- Somewhat better **now**
- About the same **now**
- Somewhat worse **now**
- Much worse **now**

Compared to before the COVID-19 lockdown, are you going to bed:

- Earlier **now**
- At the same time **now**
- Later **now**

How much earlier are you going to bed **now**?

- Less than 30 minutes earlier
- 30 minutes to 1 hour earlier
- 1 to 2 hours earlier

More than 2 hours earlier

How much later are you going to bed **now**?

Less than 30 minutes later

30 minutes to 1 hour later

1 to 2 hours later

More than 2 hours later

How you spend your time - block 1

How you spend your time

We would like to know about how you spend your time.

Please tell us which of the following you currently have access to:
Select all that apply, or select None of the above

- 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

This question is about how much time you spend **looking at and using** social media.

Compared to before the COVID-19 lockdown, do you spend:

- More time using social media **now**
- The same amount of time using social media **now**
- Less time using social media **now**
- Don't use social media
- Don't know

During the COVID-19 lockdown, how easy or difficult has it been for you to **keep in touch with...**

family members who do not live with you?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Doesn't apply to me

your **friends**?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Doesn't apply to me

Life Satisfaction - Block 1

How satisfied are you with your life

We would like to know how you feel about things in your life **now**.

These questions use a scale from 0 to 10. On this scale 0 means 'very unhappy', 5 means 'not happy or unhappy', and 10 means 'very happy'.

Select the answer that best fits how you feel about things in your life.

How happy are you with your life as a whole?

How happy are you with your relationships with your family?

How happy are you with the home that you live in?

How happy are you with your relationships with your friends?

How happy are you with what may happen to you later in your life (in the future)?

How happy are you with the school that you go to?

School - block 1

School

The next questions are about school.

What is the local authority (council) for your school?
This question is about **where your school is**.

What school do you attend within Aberdeen City?
Schools are listed in alphabetical order

What school do you attend within Aberdeenshire?
Schools are listed in alphabetical order

What school do you attend within Angus?

Schools are listed in alphabetical order

What school do you attend within Argyll & Bute?

Schools are listed in alphabetical order

What school do you attend within Clackmannanshire?

Schools are listed in alphabetical order

What school do you attend within Dumfries & Galloway?

Schools are listed in alphabetical order

What school do you attend within Dundee City?

Schools are listed in alphabetical order

What school do you attend within East Ayrshire?

Schools are listed in alphabetical order

What school do you attend within East Dunbartonshire?

Schools are listed in alphabetical order

What school do you attend within East Lothian?
Schools are listed in alphabetical order

What school do you attend within East Renfrewshire?
Schools are listed in alphabetical order

What school do you attend within Edinburgh City?
Schools are listed in alphabetical order

What school do you attend within Falkirk?
Schools are listed in alphabetical order

What school do you attend within Fife?
Schools are listed in alphabetical order

What school do you attend within Glasgow City?
Schools are listed in alphabetical order

What school do you attend within the Highlands?

Schools are listed in alphabetical order

What school do you attend within Inverclyde?

Schools are listed in alphabetical order

What school do you attend within Midlothian?

Schools are listed in alphabetical order

What school do you attend within Moray?

Schools are listed in alphabetical order

What school do you attend within Na h-Eileanan Siar?

Schools are listed in alphabetical order

What school do you attend within North Ayrshire?

Schools are listed in alphabetical order

What school do you attend within North Lanarkshire?

Schools are listed in alphabetical order

What school do you attend within Orkney Islands?

Schools are listed in alphabetical order

What school do you attend within Perth & Kinross?

Schools are listed in alphabetical order

What school do you attend within Renfrewshire?

Schools are listed in alphabetical order

What school do you attend within the Scottish Borders?

Schools are listed in alphabetical order

What school do you attend within the Shetland Islands?

Schools are listed in alphabetical order

What school do you attend within South Ayrshire?

Schools are listed in alphabetical order

What school do you attend within South Lanarkshire?

Schools are listed in alphabetical order

What school do you attend within Stirling?

Schools are listed in alphabetical order

What school do you attend within West Dunbartonshire?

Schools are listed in alphabetical order

What school do you attend within West Lothian?

Schools are listed in alphabetical order

Do you attend any of the following schools?

Schools are listed in alphabetical order

What is the name of your school?

Please tell us how many of each exam you were you expecting to sit this year.

	0	1	2	3	4	5	6	7	8+
National 4	<input type="radio"/>								
National 5	<input type="radio"/>								
Highers	<input type="radio"/>								
Advanced Highers	<input type="radio"/>								
A levels	<input type="radio"/>								
International Baccalaureate	<input type="radio"/>								

Where are you currently doing your schoolwork?

- Still going to school
- At home
- Elsewhere

Have you found it easy or difficult to change to doing your schoolwork at home?

- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult
- Don't know

Prefer not to answer

Do you have a computer or tablet available to you so that you can do your schoolwork at home?

Yes

No

Don't know

Prefer not to answer

Do you have a space at home that you can do your schoolwork, for example a desk or table?

Yes

No

Don't know

Prefer not to answer

How do you feel about school at present?

I like it a lot

I like it a bit

I don't like it very much

I don't like it at all

Prefer not to say

How pressured (stressed) do you feel by the schoolwork you have to do?

Not at all

A little

- Some
- A lot
- Prefer not to say

Social Emotional Health - block 1

Here are some statements about how you think, feel, and about your studies **now**.

Read each sentence and select the answers that best says how true the sentence is for you.

I can work out my problems

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

I can do most things if I try

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

There are many things that I do well

- Not at all true of me

- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

At my school, there is a teacher or some other adult who always wants me to do my best

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

At my school, there is a teacher or some other adult who listens to me when I have something to say

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

At my school, there is a teacher or some other adult who believes that I will be a success

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me

Prefer not to say

My family members really help and support one another

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

There is a feeling of togetherness in my family

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

My family really gets along well with each other

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

I have a friend my age who really cares about me

- Not at all true of me
- A little true of me

- Pretty much true of me
- Very much true of me
- Prefer not to say

I have a friend my age who talks with me about my problems

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

I have a friend my age who helps me when I'm having a hard time

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

Each day I look forward to having a lot of fun

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

I usually expect to have a good day

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

Overall, I expect more good things to happen to me than bad things

- Not at all true of me
- A little true of me
- Pretty much true of me
- Very much true of me
- Prefer not to say

Covid worry - block 1

Now, we are going to ask about whether you have been feeling worried about different things since the COVID-19 lockdown started.

Since the COVID-19 lockdown started, have you been worried about:

Your education

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried

- Extremely worried
- Doesn't apply to me

Your end of year exams?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Your work experience plans?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Your plans for the future?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Losing your job?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Since the COVID-19 lockdown started, have you been worried about:

Arguing with your parents or guardians?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Arguing with your brothers or sisters?
Including stepbrothers or stepsisters

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried

Doesn't apply to me

Your parents (and/or stepparents) arguing with each other?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Since the COVID-19 lockdown started, have you been worried about:

Not being able to see family members who don't live with you?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

Not being able to see friends?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried

- Extremely worried
- Doesn't apply to me

Not being able to take part in hobbies (such a sports)?

- Not at all worried
- Slightly worried
- Moderately worried
- Very worried
- Extremely worried
- Doesn't apply to me

More about you - block 1

More about you

Almost finished! We have a few more questions about you and your family.

The COVID-19 lockdown means that some families are spending more time at home together. **Compared to before** the COVID-19 lockdown, are you spending...

- A lot more time with family **now**
- A little more time with family **now**
- About the same amount of time with family **now**
- A little less time with family **now**
- A lot less time with family **now**

Are any of your parents or guardians currently going out to work?

- Yes
- No
- Don't know

Are any of your parents or guardians currently assigned as a key worker?

- Yes
- No
- Don't know

Are any of your parents or guardians currently working from home?

- Yes
- No
- Don't know

Are any of your parents or guardians currently not working?

- Yes
- No
- Don't know

More about you - block 2

What is your ethnic origin?
Please select one option

- White – Scottish
- White – English
- White – Welsh
- White – Northern Irish
- White – Irish
- White – Gypsy or Irish Traveller
- White – Polish
- Any other White background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Chinese
- Any other Asian background
- Black or Black British – African
- Black or Black British – Caribbean
- Any other Black/African/Caribbean background
- Arab or Arab British
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any other Mixed/Multiple ethnic background
- Any other ethnic group
- Prefer not to answer

In general, would you say your health is

- Excellent
- Very good
- Good
- Fair

Poor

Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy, or cerebral palsy) that has been diagnosed by a doctor?

Yes

No

Prefer not to answer

Do you have caring responsibilities for any of the following people who live with you?

Select all that apply, or select None of the above

Parent(s)

Stepparent(s)

Parent's girlfriend or boyfriend

Guardian(s) – for example a foster carer

Brother(s) and/or sister(s)

Stepbrother(s) and/or stepsister(s)

Grandparent(s)

Other family member(s)

Child/children

Friend(s) or other non-family member(s)

Prefer not to answer

None of the above

Have your caring responsibilities for these people changed **since** the COVID-19 lockdown started?

They have **increased**

- They have **stayed the same**
- They have **decreased**

What type of accommodation do you live in?

- House or bungalow
- Flat or apartment
- Hostel
- Mobile home or caravan
- Sheltered housing
- Homeless
- Other
- Don't know
- Prefer not to answer

How many rooms are there in your house?

Count living rooms, bedrooms, kitchens, utility rooms and studies.

Do you have a garden?

- Yes
- No

More about you - block 3

Do you have any pets?

- Yes
- No
- Prefer not to say

What kind of pet(s) do you have?

- Dog(s)
- Cat(s)
- Other pet(s)

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