



VIS/Consent

rural COVIDlife

How the Government COVID-19 measures are affecting you

We'd like to know how the measures introduced to prevent further spread of coronavirus (COVID-19) are affecting people living in rural Scottish communities. To do this, we're inviting you to join a research project, called **RuralCovidLife**. It's part of a series of questionnaires by the Generation Scotland team. You can find more details about the survey [here](#).

The questions were designed in partnership with people living in rural communities across Scotland. This is to make sure we are asking questions relevant to you.

RuralCovidLife is part of Generation Scotland. Generation Scotland is a broader research project looking at the health and wellbeing of volunteers and their families. We aim to better understand the role that genes and the environment play in health and disease. Environmental influences can include things like where you live, your occupation or lifestyle. Genetic factors are passed on through your family and are written into your DNA. **RuralCovidLife** will not ask for any genetic information, it is questionnaire based.

Once you complete the consent form the questionnaire will begin.

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

Why are we doing this research?

We want to understand the impact of COVID-19 measures on people living in rural communities in Scotland. Once we know, we can think about how to address any concerns and prepare for the future.

What is involved?

The questions start with some general information about you. Most of them will simply require you to select your answer from a list of options. Some questions are very specific to COVID-19 measures. Other questions are more general.

We'll be asking about how your life has changed and how you're coping. Therefore, some questions will be quite personal and sensitive. We hope you'll be able to answer them all, but you can skip any you don't want to answer. Your answers will be saved as you go.

This survey will take **about 30 minutes** to complete.

We will invite you to complete shorter follow-up surveys as part of the Generation Scotland wider study. This is so we can track the mid to longer-term effects of the COVID-19 measures on health and wellbeing of rural communities. You do not have to take part in these future research 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 aged 16 or over and living in rural Scotland**. You must have access to the internet to take part. Taking part in this survey is entirely voluntary.

Ethics approval

In the UK, independent **ethics committees** must review health research studies before they can start. They check that our research is well made and protects our volunteers. This study has received approval from the [East of Scotland Research Ethics Committee](#). They have said it is alright for us to do this research.

What will happen to the information I give you?

We will ask for your email address, so that we can contact you for future surveys. Your email address will not be passed on to any third parties. We'll also ask for your full postcode, but not your home address. This will let us know about the area you live in. It will tell us about the shops, transport, schools, play areas and green spaces available.

All the information we collect will be stored in a safe and secure manner. We will **anonymise** your information before health researchers can look at it. Nobody will be able to identify you.

We will report what we find in tables and graphs and post these on [our website](#). We'll alert you to new postings by email. Findings will be shared with researchers, health professionals and policymakers. Our results will be published in peer-reviewed [academic journals](#).

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 to

[withdraw](#).

How long will my data be stored for?

Once the study has finished, your anonymised data will be [stored securely](#). It 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

If you have any questions that are not answered here, please visit our [FAQs](#) for more information.

TO TAKE PART, YOU MUST COMPLETE THE [CONSENT FORM](#). ONLY THEN CAN WE DIRECT YOU TO THE SURVEY.

PRESS [NEXT](#) TO BE TAKEN TO THE CONSENT FORM

CONSENT

Please read the following statements and tick the boxes to agree.

- 1 I understand that my involvement in this study is voluntary
- 2 I confirm that I live in rural Scotland
- 3 I confirm that I am aged 16 or over
- 4 I understand that I will need to provide an email address, so that you can send me future surveys
- 5 I understand that my results will be anonymised, so it will not be possible to remove my answers after they have been submitted
- 6 I understand I can withdraw from recontact for future surveys at any point
- 7 I understand that the data gathered in this study will be stored securely and 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 and understand that by checking this box I am providing my signature to this agreement

Background 1

How the Government COVID-19 measures are affecting you

Thank you for agreeing to complete this **RuralCovidLife** survey.

Please answer all questions as accurately as you can. All answers will be kept **strictly confidential**.

Some questions are personal and sensitive. We hope that you will be able to answer them all. Some have a 'prefer not to answer' option if you don't feel comfortable telling us this information. Some sections have a 'skip' option to allow you to skip, if you feel you are unable to answer these sensitive topics.

This questionnaire will take **approximately 30 minutes** to complete. It is not possible to go back and change your responses once you have pressed the Next button.

PRESS **NEXT** TO START THE SURVEY

Background Information

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

Please enter your email address

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

Email address

Confirm email address

What is your name?

First name(s)

Last name

How old are you?

Please enter in years.

What is your postcode?

Please enter in the format AB12 3CD (using capital letters and a space)

What is your sex?

As assigned at birth

If you would like more information on why we are asking you this question, please see our [FAQs](#).

- Male
- Female
- Prefer not to answer

What gender do you identify with?

- Male
- Female
- Non binary
- Prefer not to answer

What is your current relationship status?

- Married/civil partnership
- In a relationship, living together
- In a relationship, not living together

- Single
- Separated
- Divorced
- Widowed
- Other
- Prefer not to answer

Household 1

Your Household

COVID-19 measures don't just affect people individually, they affect entire families. We would like to know a little about the people you live with.

Do you currently live alone?

- Yes
- No
- Prefer not to answer

Including yourself, how many people live in your household?

Who lives in your household with you?

Select all that apply

- Spouse/partner
- Child/children

- Grandchild/grandchildren
- Parent(s) or parent(s) in law
- Grandparent(s) or grandparent(s) in law
- Other family member(s)
- Paid caregiver(s)
- Friend(s) or other non family member(s)

How many children do you have aged 17 and under living in your household?

If you don't have any, select 0.

Please enter the age of each of your children.

Aged 17 and under.

Youngest child

Second youngest child

Third youngest child

Fourth youngest child

Fifth youngest child

Sixth youngest child

Seventh youngest child

Eighth youngest child

Ninth youngest child

Tenth youngest child

Eleventh youngest child

Twelfth youngest child

Thirteenth youngest child

Fourteenth youngest child

Fifteenth youngest child

COVID-19 Block 1

COVID-19

We would like to ask you some questions about whether you have had COVID-19 or think you have had COVID-19.

Were you contacted by letter or text message to say you were **at severe risk from COVID-19 due to an underlying health condition** and should be shielding?

- Yes
- No

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

- Yes
- No

Which of the following symptoms do you have, or did you have?
Select all that apply

- Dry cough
- Fever/high temperature

- Shortness of breath
- Headache
- Aches and pains
- Sore throat
- Fatigue/tiredness
- Runny nose
- Diarrhoea
- Stomach pains
- Nausea/feeling sick
- Lack of appetite
- Sudden loss of smell and/or taste
- Sore eyes
- Developed pneumonia
- Other symptoms (please specify)

COVID-19 Block 2

Have you ever had a test to see if you have or have had COVID-19?
Select all that apply.

- No
- Yes, because I had symptoms
- Yes, because I have been in contact with someone who had COVID 19
- Yes, because of my job
- Yes, for another reason. Please describe.....

What kind of test have you had?
Select all that apply.

- A swab test (swab taken from the your throat or nose) which tests for active infection
- An antibody test (this usually involves a drop of blood taken from your finger) which tests for past infection
- Other, Please describe
- Don't know

Have you had a positive result from a **swab test**?

- No
- Yes
- Don't know

Have you had a positive result from an **antibody test**?

- No
- Yes
- Don't know

COVID-19 Block 3

How confident are you that the **Scottish Government** can prevent further outbreaks of COVID-19?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident

Before COVID-19 measures were introduced (i.e., in January 2020), how regularly did you do these activities?

	Every day/almost every day	3 4 days a week	1 2 days a week	Less than once a week	Rarely	Never
Meet with family members face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet with friends face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with family members (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with friends (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How regularly do you do these activities **now**?

	Every day/almost every day	3 4 days a week	1 2 days a week	Less than once a week	Rarely	Never
Meet with family members face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet with friends face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Every day/almost every day	3 4 days a week	1 2 days a week	Less than once a week	Rarely	Never
Call family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with family members (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video call with friends (e.g., Skype, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text or instant message (e.g., WhatsApp, Facebook Messenger) with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Following Guidelines Block 1

Following COVID-19 Guidelines

Current COVID-19 guidelines in **Scotland** are that anyone who develops a new continuous cough, a fever/high temperature, or a loss of or change in sense of smell or taste, should **stay home for 14 days** and arrange to get tested for COVID-19.

If you are asked to self-isolate because you have been in **close contact** with someone who tested positive for COVID-19, will you follow the self-isolation instructions, **even if you feel well?**

Always

- Most of the time
- Some of the time
- Never

If you **developed COVID-19 symptoms** (continuous cough, high temperature or change in sense of smell or taste), **would you stay at home for 14 days?**

- Definitely
- Probably
- Probably not
- Definitely not

If you **developed COVID-19 symptoms** (continuous cough, high temperature or change in sense of smell or taste), **would you arrange to be tested for COVID-19?**

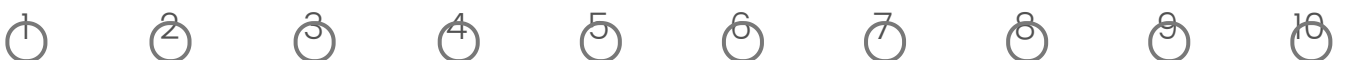
- Definitely
- Probably
- Probably not
- Definitely not

Following Guidelines Block 2

How strongly do you agree with the following statements:

My actions will influence whether or not I get COVID-19

1 (do not agree at all) to 10 (agree very strongly)



It is my responsibility to follow all Government guidance to prevent the spread of COVID-19 to others

1 (do not agree at all) to 10 (agree very strongly)



Have you installed the **Protect Scotland** app?

This is the NHS Scotland Test & Protect app.

- Yes
- No
- Don't know

Why have you **not** downloaded the **Protect Scotland** app?

This is the NHS Scotland Test & Protect app. Select all that apply.

- Haven't heard of it
- Don't have a mobile device / smartphone
- Don't use a mobile device / smartphone, but have one
- Don't have a smartphone capable of running the app
- Don't install apps onto my smartphone
- Don't know how to install it
- Don't feel my data is secure
- Don't trust the app
- I have a job where I can't use the app (e.g. health or social care workers in a clinical setting)
- Other

Feelings Block 1

How are you feeling?

We would like to understand **how you have been feeling recently**. Some questions might sound similar to each other. For us to get a detailed understanding of how you are feeling, it is important that you answer them all.

If you don't feel able to answer questions on how you have been feeling recently and would like to skip this section, please select the option below.

- Continue with this section
- I would prefer to skip this section

Feelings Block 2

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

- None, or almost none of the time
- Some of the time
- Most of the time
- All, or almost all of the time
- Don't know
- Prefer not to answer

On a scale of 0 (not at all) to 10 (a lot), indicate how much you feel isolated from others **now**



Is there someone who would give you help if you got COVID-19 (for example, your spouse or partner, a member of your family, or a friend)?

- Yes
- No
- Prefer not to answer

How close is your relationship with your spouse/partner?

- Very close
- Quite close
- Not very close
- Not at all close

Feelings Block 3

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

	Not at all	Several days	More than half the days	Nearly every day	Don't know	Prefer not to answer
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Several days	More than half the days	Nearly every day	Don't know	Prefer not to answer
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feelings Block 4

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

Little interest or pleasure in doing things

Not at all
 Several days
 More than half the days
 Nearly every day
 Don't know
 Prefer not to answer

Feeling down, depressed or hopeless

Not at all
 Several days
 More than half the days
 Nearly every day
 Don't know
 Prefer not to answer

Trouble falling or staying asleep, or sleeping too much

Not at all
 Several days
 More than half the days
 Nearly every day
 Don't know
 Prefer not to answer

Feeling tired or having little energy

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Poor appetite or over eating

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Feeling bad about yourself - or that you are a failure or have let
yourself or your family down

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Trouble concentrating on things, such as reading the newspaper or
watching television

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

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

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

Thoughts that you would be better off dead, or of hurting yourself in
some way

Not at all Several days More than Nearly every Don't know Prefer not to
 half the days day answer

On a scale of 0 (not at all) to 10 (extremely), how **satisfied** are you with your life **nowadays**?

0 1 2 3 4 5 6 7 8 9 10

Employment Block 1

Your Employment

There have been many changes in employment since the COVID-19 measures were introduced. We would like to understand how your situation has changed.

What is your **current** employment status?

If you are doing multiple jobs, please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Self employed employing others | <input type="checkbox"/> Looking after children |
| <input type="checkbox"/> Self employed not employing others | <input type="checkbox"/> Looking after other dependents |
| <input type="checkbox"/> Paid employee supervising others | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Paid employee not supervising others | <input type="checkbox"/> Still in school/studying full time |
| <input type="checkbox"/> Seasonal worker employing others | <input type="checkbox"/> Unemployed as sick or disabled |
| <input type="checkbox"/> Seasonal worker not employing others | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> In unpaid employment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Prefer not to answer |

Has your current employment status changed **since the COVID-19 measures were introduced** (i.e., in March 2020)?

- Yes
- No

What was your employment status **just before the COVID-19 measures were introduced** (i.e., January 2020)?

If you were doing multiple jobs, please select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Self employed employing others | <input type="checkbox"/> Looking after children |
| <input type="checkbox"/> Self employed not employing others | <input type="checkbox"/> Looking after other dependents |
| <input type="checkbox"/> Paid employee supervising others | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Paid employee not supervising others | <input type="checkbox"/> Still in school/studying full time |
| <input type="checkbox"/> Seasonal worker employing others | <input type="checkbox"/> Unemployed as sick or disabled |
| <input type="checkbox"/> Seasonal worker not employing others | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> In unpaid employment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Prefer not to answer |

Employment Block 2 - Skip

We now have some more questions about your work and how it has been affected by COVID-19.

If you don't feel able to answer these questions and you would like to skip this section, please select the option below.

- Continue with this section
- I would prefer to skip this section

Employment Block 3

In your current (or last) job, were you employed in the:
If you currently have multiple jobs, answer only for your **main** job.

- Private sector
- Public sector
- Voluntary (third) sector
- Not applicable

Which of the following best describes the **industry/industries** you currently work in or worked in last?
If you currently have more than one job, you can select more than one.

- Accommodation and Food Service Activities
- Administrative and Support Service Activities
- Aquaculture
- Arts, Entertainment and Recreation
- Charity
- Communications and Events
- Construction
- Crofting
- Education / youth work
- Electricity, Gas, Steam and Air Conditioning Supply
- Farming
- Financial and Insurance Activities

- Fishing
- Forestry
- Human Health and Social Work Activities
- Manufacturing
- Mining and Quarrying
- Other Service Activities
- Professional, Scientific and Technical Activities
- Public Administration, Defense, and Social Security
- Real Estate Activities
- Repair of Motor Vehicles and Motorcycles
- Tourism
- Transportation and Storage
- Water Supply, Sewerage, Waste Management and Remediation Activities
- Wholesale and Retail Trade
- Not applicable

Of the industries selected which is your **main source of income?**

Select **one** answer

- » Accommodation and Food Service Activities
- » Administrative and Support Service Activities
- » Aquaculture
- » Arts, Entertainment and Recreation
- » Charity
- » Communications and Events
- » Construction
- » Crofting
- » Education / youth work
- » Electricity, Gas, Steam and Air Conditioning Supply
- » Farming

- » Financial and Insurance Activities
- » Fishing
- » Forestry
- » Human Health and Social Work Activities
- » Manufacturing
- » Mining and Quarrying
- » Other Service Activities
- » Professional, Scientific and Technical Activities
- » Public Administration, Defense, and Social Security
- » Real Estate Activities
- » Repair of Motor Vehicles and Motorcycles
- » Tourism
- » Transportation and Storage
- » Water Supply, Sewerage, Waste Management and Remediation Activities
- » Wholesale and Retail Trade
- » Not applicable

Has this industry / have these industries been affected by the COVID-19 pandemic?

	Yes, a lot	Yes, a little	No	Not applicable
» Accommodation and Food Service Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Administrative and Support Service Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Aquaculture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, a lot	Yes, a little	No	Not applicable
» Arts, Entertainment and Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Charity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Communications and Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Crofting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Education / youth work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Electricity, Gas, Steam and Air Conditioning Supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Farming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Financial and Insurance Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Forestry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Human Health and Social Work Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Manufacturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Mining and Quarrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other Service Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, a lot	Yes, a little	No	Not applicable
» Professional, Scientific and Technical Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Public Administration, Defense, and Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Real Estate Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Repair of Motor Vehicles and Motorcycles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Tourism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Transportation and Storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Water Supply, Sewerage, Waste Management and Remediation Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Wholesale and Retail Trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employment Block 4

During **January and February** how often did you work from home?

- Always
- Often

- Sometimes
- Never
- Not applicable

During the **last four weeks** how often did you work from home?

- Always
- Often
- Sometimes
- Never
- Not applicable

Have you received a written letter or email from your employer to confirm that you have been **furloughed under the Coronavirus Job Retention Scheme**?

Select Yes if you have been furloughed any time since March, even if you are no longer furloughed.

- Yes
- No
- Don't know
- Not applicable

Are you still furloughed?

- Yes, still 100% furloughed
- Yes, on a phased return to work
- No
- Don't know
- Not applicable

How **worried** are you about the impact of COVID-19 on your business / livelihood?

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

How **confident** are you that your business will survive the COVID-19 pandemic?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident
- Not applicable

Since COVID-19 measures were introduced (i.e., in March 2020) have you **applied** for any of the following for your business/livelihood?

Select all that apply, or select None of the above

- B&B hardship fund
- Bounce back loan
- Culture Organisations and Venues Recovery Fund
- Coronavirus Business Interruption Loan Scheme
- Eat out to help out scheme (to be part of)
- Economic resilience fund

- Events sector recovery package
- Future Fund
- Hotel recovery programme
- Job Support Scheme
- Museums Resilience and Recovery Fund
- Retail, Hospitality, Leisure Support Grant
- Self Employment Income Support Scheme
- Small Business Support Grant
- Support scheme for self catering
- Other (please specify)
- None of the above

Was your application **successful?**

	Yes	No	Waiting to hear
» B&B hardship fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Bounce back loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Culture Organisations and Venues Recovery Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Coronavirus Business Interruption Loan Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Eat out to help out scheme (to be part of)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Economic resilience fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Events sector recovery package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Future Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hotel recovery programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Waiting to hear
» Job Support Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Museums Resilience and Recovery Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Retail, Hospitality, Leisure Support Grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Self Employment Income Support Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Small Business Support Grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Support scheme for self catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employment Block 5

When COVID-19 restrictions were put in place, were you designated as a **key worker**?

- Yes
- No

In your place of work, 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

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
- Not applicable

Please tell us how much you **agree or disagree** with the following statement.

I'm worried about my job security

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Finances Block 1

Finance

In this section we want to understand the impact that the COVID-19 pandemic has had on your finances, as this can impact on your health and wellbeing.

What is the total income of your entire household last year (before tax)?

Before the official lockdown was announced on the 23rd 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

Overall, how do you feel your **current** financial situation compares to before the official lockdown was announced on the 23rd 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

Please tell us how much you **agree or disagree** with the following statement.

I'm worried about my future financial situation

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Benefits Block 1

Benefits

We would like to ask you about whether you/your household were **receiving any benefits** before the COVID-19 measures were introduced (i.e., January 2020) and whether you are receiving any benefits now.

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

- Yes
- No
- Don't know
- Prefer not to answer

Which **benefits** were you or anyone in your household receiving **before the COVID-19 measures were introduced?**

Select all that apply

- Attendance Allowance
- Bereavement Allowance
- Best Start Grant
- Best Start Foods
- Blue Badge
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Cold Weather Payment
- Constant Attendance Allowance
- Council Tax Benefit
- Crisis Loans
- Disability Living Allowance
- Employment and Support Allowance
- Free School Meals
- Guardian's Allowance
- Housing Benefit
- In Work Credit
- Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Mobility Supplement
- National Entitlement Card

- Pension Credit
- Personal Independence Payment
- Severe Disablement Allowance
- State Pension
- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Sure Start Maternity Grant
- Tax credits
- Universal Credit
- War Disablement Pension
- War Widow's/Widower's Pension
- Widowed Parent's Allowance
- Widow's Pension
- Winter Fuel Payment
- Working Tax Credit
- Other (please specify)
- Don't know
- Prefer not to answer

Are you or anyone else in your household **receiving any benefits now?**

Including Blue Badge, Free School Meals, National Entitlement Card

- Yes
- No
- Don't know
- Prefer not to answer

Which **benefits** are you or anyone in your household receiving **now**?
Select all that apply

- Attendance Allowance
- Bereavement Allowance
- Best Start Grant
- Best Start Foods
- Blue Badge
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Cold Weather Payment
- Constant Attendance Allowance
- Council Tax Benefit
- Crisis Loans
- Disability Living Allowance
- Employment and Support Allowance
- Free School Meals
- Guardian's Allowance
- Housing Benefit
- In Work Credit
- Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Mobility Supplement
- National Entitlement Card

- Pension Credit
- Personal Independence Payment
- Severe Disablement Allowance
- State Pension
- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Sure Start Maternity Grant
- Tax credits
- Universal Credit
- War Disablement Pension
- War Widow's/Widower's Pension
- Widowed Parent's Allowance
- Widow's Pension
- Winter Fuel Payment
- Working Tax Credit
- Other (please specify)
- Don't know
- Prefer not to answer

Transport Block 1

Transport and Accessibility

In this section we would like to know a bit more about how the COVID-19 measures have impacted on transport in your area and your daily life.

Do you consider yourself to live in a geographically remote area?

- Yes
- No
- Don't know

Do you live on a Scottish Island?

- Yes
- No

Before the COVID-19 measures were introduced how often were you **using public transport**? Including local buses, community transport services, trains, and ferries

- Every day/almost every day
- 3 4 days a week
- 1 2 days a week
- Less than once a week
- Rarely
- Never

How often are you using public transport **now**? Including local buses, community transport services, trains, and ferries

- Every day/almost every day
- 3 4 days a week
- 1 2 days a week
- Less than once a week
- Rarely

Never

Transport Block 2

Before the COVID-19 measures were introduced, how often did you have **difficulty planning a route** using public transport?

- All of the time
- Most of the time
- Some of the time
- None of the time

How often do you have **difficulty planning a route** using public transport **now**?

- All of the time
- Most of the time
- Some of the time
- None of the time

Transport Block 3

Do you have your own vehicle?

- Yes
- No

Do you need to drive as part of your job?

- All of the time

- Most of the time
- Some of the time
- None of the time
- Not applicable

Do you need to drive to get work?

- All of the time
- Most of the time
- Some of the time
- None of the time
- Not applicable

Healthcare and services Block 1

Healthcare access

Since COVID-19 measures were introduced there have been some changes to how healthcare services are operating. Some healthcare appointments like doctors, therapists, physio, etc., now take place over video call or the telephone.

We want to understand how those changes might have impacted on you.

Since COVID-19 measures were introduced, have you had an appointment with a health professional (e.g., doctor, nurse) by video or telephone instead of an in-person appointment?

- Yes
- No

Have your healthcare appointment(s) been by telephone, by video, or both?

- Telephone
- Video
- Both

How did the video or telephone appointment(s) compare to in-person appointments?

- Better than an in person appointment
- Just as good as an in person appointment
- Worse than an in person appointment
- Don't know

Did you feel your video or telephone appointment(s) with health professionals (e.g., doctor, or nurse) **offered more confidentiality** than a face-to-face appointment?

- More confidentiality than an in person appointment
- Just the same level of confidentiality as an in person appointment
- Less confidentiality than an in person appointment
- Don't know

How useful has it been to have video or telephone appointments **since the COVID-19 measures were introduced?**

- Very useful
- Somewhat useful
- Not very useful
- Don't know

How useful do you think it will be to have video or telephone healthcare appointments **after COVID-19 measures have lifted in the future?**

- Very useful
- Somewhat useful
- Not very useful
- Don't know

When arranging an appointment to see a health professional in the future (i.e., **when the COVID-19 pandemic has ended**), would you like the option of booking a video or telephone appointment?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

Community Block 1

Community

In this section the questions are all about the importance of your local community to you.

Thinking about the local area you live in, how would you rate it as a place to live?

- Very good

- Fairly good
- Fairly poor
- Very poor

How strongly do you feel you belong to your immediate local community?

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly

Just before COVID-19 measures were introduced (i.e., January 2020) which of these community groups or organisations did you regularly engage with?

Select all that apply, or select None of the above

- Community centre
- Library
- Volunteer in the local community
- Sports club
- Arts and music group
- Social group
- Community shop
- Community council
- Community interest group
- Mental Health or Wellbeing Support group
- Facebook group
- Whatsapp group
- Community websites

- Newsletter
- Local school
- Local resilience group
- Church / religious group
- Other (please specify)
- None of the above

Which of these community groups or organisations do you regularly engage with **now**?

Select all that apply, or select None of the above

- Community centre
- Library
- Volunteer in the local community
- Sports club
- Arts and music group
- Social group
- Community shop
- Community council
- Community interest group
- Mental Health or Wellbeing Support group
- Facebook group
- Whatsapp group
- Community websites
- Newsletter
- Local school
- Local resilience group
- Church / religious group

Other (please specify)

None of the above

Community Block 2

Do you feel you can have an impact on decisions that affect you and your community?

- Not at all
- Not so much
- Yes, somewhat
- Yes, a lot

If you were to get COVID-19 how worried would you feel about your community knowing?

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

How have these aspects of life been affected by the COVID-19 measures?

Things are even better	Things are about the same	Things are not as good	Don't know
------------------------	---------------------------	------------------------	------------

	Things are even better	Things are about the same	Things are not as good	Don't know
Strong sense of community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community organisations, businesses, the NHS and others all working together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding being available for communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government and local authorities listening to communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roads being quieter and safer for active travel (walking, cycling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to access green space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When the COVID-19 lockdown restrictions started to ease, how **worried** did you feel about Scotland opening back up and visitors returning to your community?

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

How **worried** do you **now** feel about visitors returning to your community?

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

When do you think would have been / is the right time for your community to welcome:

	Summer 2020	Autumn 2020	Winter 2020/2021	Spring 2021	Summer 2021 or later	Don't know
Tourists from Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tourists from the rest of the UK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tourists from Europe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International Tourists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Block 3

Do you run a business that relies on visitors returning to Scotland?

- Yes

No

How **worried were** you about your community's response to your business opening up to visitors?

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

Would your business need to close or stop if you had to self-isolate?

- Yes
- No
- Don't know

Connectivity Block 1

Connectivity.

The measures used to prevent further spread of COVID-19 have meant that many people are spending more time online, working from home, staying in touch with friends, etc. This section is all about your access to the internet and how easily you can access it.

Have you received support from a friend or family member to fill in this survey?

Yes

No

How does your household connect to the internet?
Select all that apply.

- Superfast fibre broadband (e.g. Virgin Media, BT Infinity)
- Cable modem or DSL Broadband (e.g BT, Plusnet, Sky)
- Broadband via satellite
- Public WiFi
- Mobile broadband via mobile phone network (3G or 4G) via a mobile phone, smartphone, or tablet
- Dial up access
- Other (please specify)
- My household does not have access to the internet
- Don't know

How would you describe your current broadband connection?

- Very poor
- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't know
- Not applicable

Since September 2020 have you **applied** for the Scottish Broadband Voucher Scheme (SBVS)?

- Yes
- No
- Don't know

Have you **received** vouchers from the Scottish Broadband Voucher Scheme (SBVS)?

- Yes
- No
- Waiting to hear

How much do you disagree or agree with the following statement.
The quality of the internet service in my area is value for money?

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Don't know
- Not applicable

Connectivity Block 2

Please tell us how important each of the following is to you / your household **now**.

How important is reliable high speed broadband...

to be able to work from home

- Very important
- Quite important
- Not very important
- Not at all important
- Not applicable

to be able to run your business

- Very important
- Quite important
- Not very important
- Not at all important
- Not applicable

to keep in touch with friends and family

- Very important
- Quite important
- Not very important
- Not at all important
- Not applicable

to access health and support services

- Very important
- Quite important
- Not very important
- Not at all important

Not applicable

How important was reliable high speed broadband for your children to do their school work from home?

- Very important
- Quite important
- Not very important
- Not at all important
- Not applicable

Do you have a space at home that you can access the internet privately, for example a separate room or desk?

- Yes
- No
- Don't know
- Prefer not to answer

Finish Block 1

Almost finished!

In this last section, we would like to ask you a few more questions about your **current circumstances**. We will use your answers to these questions to understand how different groups of people are affected by the COVID-19 pandemic.

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

What type of accommodation do you live in?

- House or bungalow
- Flat or apartment
- Hostel

- Mobile home or caravan
- Sheltered housing
- Homeless
- Other
- Prefer not to answer

What is the status of the accommodation in which you and your household live?

- Own outright
- Own with mortgage
- Rent from local authority/housing association
- Rent from private landlord or agency
- Pay part rent and part mortgage
- Live rent free
- Other
- Don't know
- 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

- Children
- Adults with a physical or learning disability
- Elderly relatives
- Other elderly persons
- Other adults
- Prefer not to answer
- None of the above

Do you have caring responsibilities for any of the following people who **do not live with you**?

Select all that apply, or select None of the above

- Children
- Adults with a physical or learning disability
- Elderly relatives
- Other elderly persons
- Other adults
- Prefer not to answer
- None of the above

Do **you** have any of the following conditions?

Select all that apply, or select None of the above

- Blind
- Partial sight loss
- Deaf
- Partial hearing loss
- A learning disability (e.g., Down's Syndrome)
- A learning difficulty (e.g., dyslexia)
- A developmental disorder (e.g., autistic spectrum disorder)
- A physical disability
- A cognitive impairment (e.g., dementia)
- A mental health condition
- A long term illness, disease, or condition
- Prefer not to answer
- None of the above

What is the highest educational qualification you have obtained?

- Postgraduate degree
- Undergraduate degree
- Other professional or technical qualification
- NVQ or HND or HNC or equivalent
- Higher grade, A levels, AS levels or equivalent
- Standard grade, National 4 or 5, O levels, GCSEs or equivalent
- CSEs or equivalent
- School leavers certificate
- Other (please specify)
- No qualifications
- Prefer not to answer

Finish Block 2

Public involvement

When we are developing our research projects, we like to involve our volunteers.

We would like to know whether you would be interested in hearing about future Public Involvement Groups, or opportunities to share your volunteer experience with us.

If you answer yes to the questions below, we may invite you to take part Public Involvement Groups in the future. If an invitation is received, you can choose whether or not to take part.

Would you like to be invited to help shape the future of our research?

Yes

No

Would you like to be invited to share your experience of being a volunteer?

Yes

No

How did you hear about this survey?

Through the Rural Mental Health Forum

Through the Scottish Rural Network

Through Scottish Rural Action

Through the National Farmers Union

Through a relative or friend

Employer or organisation

Social media

Radio

TV

Newspaper

Through SHARE (Scottish Health Research Register)

Other (please specify)

Final Block 3

One final thing!

Thinking about the impact of the COVID-19 pandemic on your health and wellbeing, are there any topics you wished we'd asked about but didn't? Please describe this **using two sentences**.

We understand the impacts that COVID-19 can have on wellbeing. To help you, we have provided some links [here](#) that we found useful.

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