Survey 2: COVID-19 and your life

Thank you for agreeing to complete the second CovidLife survey.

Like the first survey, we're interested in understanding how COVID-19 measures are affecting you and how this is changing over time.

Some questions in this survey will be the same as those we asked in the first survey. We ask them again because we want to know if your answers have stayed the same or have changed as the restrictions continue to ease. We also have some new questions.

If you would like to review the information and consent form you completed last time, please click here.

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.

The main section of the survey will take approximately 15 minutes to complete.
There is also an optional section near the end of the survey. In the first survey, we asked you whether there were any questions you wished we had asked but didn't. Based on this feedback, we have added some new questions asking about topics which our volunteers told us were important to them. This section will take approximately 5-10 minutes.

You don't have to answer all the questions at once. The survey will be open for you to complete for the next 7 days. You can leave and return to the survey any time in the next 7 days, without losing the answers you have already given. To return to the survey, click on the survey link emailed to you.

If you have any queries, you can email us at: genscot@ed.ac.uk. Or you call us on 0131 651 8718.

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

PRESS NEXT TO START THE SURVEY

Identity Confirmation – Block 1

Your Information
To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: Male

Year of Birth: \( e://Field/S1_YoB \)

If you have any problems, please contact us at: genscot@ed.ac.uk

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Your Information

To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: Female

Year of Birth: \( e://Field/S1_YoB \)

If you have any problems, please contact us at: genscot@ed.ac.uk

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Your Information

To start, please check the details we have below are correct.

Last time, you told us the following information.

Sex: Prefer not to answer
Year of Birth: ${e://Field/S1_YoB}

If you have any problems, please contact us at: genscot@ed.ac.uk

COVID – block 1

COVID-19

We would like to ask you some questions about whether you and others you live with have had COVID-19.

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

- Yes, confirmed by a positive test
- Yes, suspected COVID-19 but was not tested
- 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
Did you use or contact any of the following services about COVID-19?
Select all that apply, or select None of the above

☐ GP surgery
☐ NHS 111
☐ Accident and emergency
☐ The NHS website
☐ None of the above

Did you use or contact any of the following services about COVID-19?
Select all that apply, or select None of the above

☐ 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)

Were you hospitalised because of COVID-19?

☐ Yes
☐ No

Were you in intensive care?

☐ Yes
☐ No
Did you need to use a ventilator to help you breathe?

- Yes
- No
- Don’t know

Do you think anyone else in your household has had or currently has COVID-19?

- Yes, confirmed by a positive test
- Yes, suspected COVID-19 but was not tested
- No

Do you know anyone who has died from COVID-19?

- Yes, family member(s)
- Yes, friend(s)
- Yes, someone else
- No
- Prefer not answer

When leaving your home, how likely are you to come into close contact with someone not living in your household?

By close contact, we mean coming within 2 Metres of someone

- I don’t leave my home
- Not at all likely
- Not that likely
- Somewhat likely
Please tell us, on a scale of 1 (do not agree at all) to 10 (agree very strongly), how strongly 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)

Has your living arrangement changed because of the COVID-19 pandemic?
Select all that apply, or select My living arrangement has not changed

- [ ] I moved somewhere else temporarily because of the COVID-19 pandemic
- [ ] I started living with my partner because of the COVID-19 pandemic
- [ ] An adult other than my partner (e.g., sibling, child, parent) moved into my address because of the COVID-19 pandemic
- [ ] Adults I live with have moved elsewhere because of the COVID-19 pandemic
- [ ] One or more young persons moved into my address because of the COVID-19 pandemic
- [ ] My living arrangement has not changed
Partner – block 1

Do you have a partner that you live with? This could be someone you are married to/in a civil relationship with, or a person with whom you are co-habiting

- Yes, I live with a partner
- No, I do not live with a partner
- Prefer not to say

Is your spouse/partner:

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

Mood – skip option

How are you feeling?

We would like to understand how you have been feeling recently. We will compare the answers you provide today to the answers you provided in the first survey.

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

**Mood – block 1**

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 (extremely), indicate how much you feel isolated from others now

Over the last two weeks, how often have you been bothered by the following problems?
<table>
<thead>
<tr>
<th>Feeling nervous, anxious or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
<th>Don't know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being able to stop or control worrying</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
<td>Don't know</td>
<td>Prefer not to answer</td>
</tr>
</tbody>
</table>

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

**Little interest or pleasure in doing things**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
<th>Don't know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
</table>

**Feeling down, depressed or hopeless**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
<th>Don't know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
</table>
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 half the days  Nearly every day  Don’t know  Prefer not to answer

Poor appetite or over eating

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

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

Not at all  Several days  More than half the days  Nearly every day  Don’t know  Prefer not to 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  Don’t know
Thoughts that you would be better off dead or of hurting yourself in some way

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
<th>Don’t know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

**Mood – block 2**

In the **last two weeks**, how often have you felt nervous or stressed because of COVID-19?

<table>
<thead>
<tr>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Mood – block 3**

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

<table>
<thead>
<tr>
<th>I’ve been feeling optimistic about the future</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I’ve been feeling useful</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>
On a scale of 0 (not at all) to 10 (extremely), how **satisfied** are you with your life **nowadays**?

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Impact on life – block 1**

**The impact of COVID-19 on your life**

In this section we want to understand **how much COVID-19 has affected your life**.

**In the past month**, have you been worried about:

- your relationship with your spouse/partner
  - [ ] Not at all worried
  - [ ] Slightly worried
  - [ ] Moderately worried
  - [ ] Very worried
- Extremely worried
- Not applicable

arguing with your spouse/partner

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

having life plans put on hold

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

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
- Not applicable
not being able to see friends

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

**Coping - block 1**

**How are you coping?**

We'd like to understand how stressed you have been feeling recently, and how well you are coping.

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

**Coping – 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
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

**Covid-19 Info – block 1**

**COVID-19 Information**

Now we would like to ask you about *finding, understanding and following* information about COVID-19.

Have you been following the government guidance on:

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>following</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the guidance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Covid-19 Info - block 2

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

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult

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

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult
How would you rate your knowledge about COVID-19?

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

Do you think that the Scottish Government guidance and actions on COVID-19 are:

- An under-reaction
- About right
- An over-reaction

Do you think that the UK Government guidance and actions on COVID-19 are:

- An under-reaction
- About right
- An over-reaction

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
On a scale of 1 (not at all difficult) to 10 (extremely difficult), how difficult has it been for you to find accurate, understandable information about COVID-19?

Covid-19 Info - block 3

How confident are you that the UK Government can prevent further outbreak of COVID-19?

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

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

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

How confident are you that the Test, Track and Trace system will prevent further outbreaks of COVID-19 in England?

- Not confident at all
- Not very confident
How confident are you that the Test and Protect system will prevent further outbreaks of COVID-19 in Scotland?

- Not confident at all
- Not very confident
- Somewhat confident
- Very confident
- Don’t know

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

On average, how many hours per day do you look at or use social media nowadays?

Including Facebook, Instagram, TikTok, Twitter, WhatsApp, etc.

- None
- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 3-4 hours
**Changes in behaviour**

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

**use of a car**

- Do not own/use a car
- Reduce a lot
- Reduce a little
- No change
- Increase a little
- Increase a lot

**Use of public transport**

- Reduce a lot
- Reduce a little
- No change
- Increase a little
- Increase a lot

5-6 hours

7 or more hours
How much do you agree or disagree with the following statement.

I would feel comfortable using public transport at the moment

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

How much do you agree or disagree with the following statement.

People should wear a face covering when entering enclosed spaces where physical distancing is more difficult. Such as on public transport or in shops.

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

**Keeping in touch – block 1**

**Keeping in touch**

We would like to know how you are keeping in touch with your friends and family.

How regularly do you do these activities now?
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 more than one activity, please choose the activity that you spend most time doing.

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- In unpaid employment
- Homemaker
- Looking after children
- Looking after other dependents
- Retired
- Still in school/studying full-time
- Unemployed as sick or disabled
- Unemployed
- Other
- Prefer not to answer

Has your current employment status changed since the COVID-19 measures were introduced?

- Yes
- No

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

If you were doing more than one activity, please choose the activity that you spent most time doing.

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- In unpaid employment
- Looking after other dependents
- Retired
- Still in school/studying full-time
- Unemployed as sick or disabled
- Unemployed
- Other
- Prefer not to answer
Employment – skip option

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 1

Are you **currently** on maternity or paternity leave?

- Yes
- No

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

- Always
- Often
- Sometimes
- Never
- Not applicable

During the **last four weeks** how often did you work at home?
Employment - block 2

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
- No
- Don’t know
- Not applicable

Are you currently working **full-time or part-time**?

- Full-time
- Part-time
How have your weekly working hours changed since before COVID-19 measures were introduced?

- Working more hours now
- Working the same number of hours now
- Working fewer hours now

Compared to before the introduction of the COVID-19 measures, do you think you are more or less productive at work now?

- Much more productive now
- A little more productive now
- About the same now
- A little less productive now
- Much less productive now
- Not applicable

**Employment – block 3**

Have you applied to the Self-Employment Income Support Scheme?

- Yes
- No
- Don’t know
- Not applicable
Have you **received** financial support from the Self-Employment Income Support Scheme?

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

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

- 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

**Employment – block 4**
When COVID-19 restrictions were put in place, were you designated as a **key worker**?

- Yes
- No

What **sector** do you work in?

- Health, social care or relevant related support worker (e.g., doctor, nurse, NHS volunteer)
- Teaching or childcare worker
- Key public services (justice, religious staff, journalist or mortuary)
- Local and national government
- Food and other necessary goods (production, sales, delivery)
- Public safety or national security worker (police, armed forces)
- Transport worker
- Utility worker (e.g., energy, sewerage, postal services)
- Utilities, communication and financial services
- None of the above

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
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

**Partner Employment status – block 1**

**Partner’s employment**

The next questions are about your spouse/partner’s job, or any other things that they have been doing recently. We are asking about your spouse/partner’s employment to get a better understanding of your household circumstances.

What was your **spouse/partner’s** employment status **just before COVID-19 measures were introduced** (i.e., January 2020)?

If they were doing more than one activity, please choose the activity that they spent most time doing.

- Self-employed employing others
- Self-employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- Retired
- Still in school/studying full-time
- Unemployed as sick or disabled
- Unemployed
What is your spouse/partner’s employment status now?
If they are doing more than one activity, please choose the activity that they spend most time doing.

○ In unpaid employment
○ Homemaker
○ Looking after children
○ Looking after other dependents

○ Other
○ Prefer not to answer
○ Not applicable

Partner employment – skip option

We now have some more questions about your spouse/partner’s 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
Partners Employment - block 1

During the last four weeks how often did you spouse/partner work at home?

- Always
- Often
- Sometimes
- Never
- Not applicable

Partners Employment - block 2

Has your spouse/partner received a written letter or email from their employer to confirm that they have been furloughed under the Coronavirus Job Retention Scheme?
Select Yes if your spouse/partner has been furloughed any time since March, even if they are no longer furloughed.

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

Is your spouse/partner still furloughed?

- Yes
- No
- Don’t know
- Not applicable
Is your spouse/partner currently working full-time or part-time?

○ Full-time
○ Part-time
○ Not applicable

How has your spouse/partner’s weekly working hours changed since before COVID-19 measures were introduced?

○ Working more hours now
○ Working the same number of hours now
○ Working fewer hours now

Compared to before the introduction of the COVID-19 measures, do you think your spouse/partner is more or less productive at work now?

○ Much more productive now
○ A little more productive now
○ About the same now
○ A little less productive now
○ Much less productive now
○ Not applicable

Partners Employment – block 3

Has your spouse/partner applied to the Self-Employment Income Support Scheme?

○ Yes
Has your spouse/partner **received** financial support from the Self-Employment Income Support Scheme?

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

**Benefits - block 1**

**Benefits**

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
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 statements.

I’m worried about my future financial situation

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

I’m worried about my job security

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

I’m worried about my partners’ job security
New questions - skip

In the first survey, we asked you whether there was anything you wished we had asked you about, but didn’t.

Based on the feedback from our volunteers, we have added some new questions to find out about these topics that volunteers told us were important to them.

If you would prefer to skip this section, please select the option below.

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

Healthcare Covid-19 - block 1

Healthcare and COVID-19

We would like to know whether you have had medical treatments postponed or cancelled in the last few months.
Have you had any medical treatments or appointments that have had to be cancelled or postponed **during the COVID-19 pandemic**?
For example, hospital referral, non-emergency surgery, cancer treatment, etc.

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Prefer not to answer

What types of medical treatments or appointments were cancelled or postponed?

- [ ] GP referral
- [ ] Hospital referral
- [ ] Routine clinic appointment
- [ ] Dental treatment
- [ ] Surgery
- [ ] Dialysis
- [ ] Cancer treatment
- [ ] Cancer testing
- [ ] Cancer screening
- [ ] Other (please specify)

Are you worried about your health because of this cancelled or postponed treatment?

- [ ] Not at all worried
- [ ] Slightly worried
Healthcare Covid-19 – block 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
- [ ] No
- [ ] Don’t know
- [ ] Prefer not to answer

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

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Prefer not to answer

Are you worrying about these new signs or symptoms?

- [ ] Not at all worried
- [ ] Slightly worried
- [ ] Moderately worried
- [ ] Very worried
- [ ] Extremely worried
Events - block 1

Events

Have you had to cancel or postpone any major life events because of the COVID-19 pandemic? For example a wedding, moving house, etc.

- Yes
- No

Have you had to cancel or postpone a holiday because of the COVID-19 pandemic?

- Yes
- No

Shopping

Shopping

Do you feel anxious when going food shopping during the COVID-19 pandemic?

- Not at all anxious
- Slightly anxious
- Moderately anxious
- Very anxious
- Extremely anxious
- I don’t go food shopping
- Not applicable
Relationships – block 1

Relationships

Some people and families will be really struggling during the COVID-19 pandemic, while others will be coping quite well.

Compared to **before the COVID-19 pandemic**, do you think that your relationship with your spouse/partner has:

- [ ] Improved a lot
- [ ] Improved a little
- [ ] Stayed the same
- [ ] Worsened a little
- [ ] Worsened a lot

On the whole, what impact has the COVID-19 pandemic had on your life?

- [ ] Very negative impact
- [ ] Quite negative impact
- [ ] Neither negative nor positive impact
- [ ] Quite positive impact
- [ ] Very positive impact

Compared to other people, how do you feel about your current situation during the COVID-19 pandemic?

- [ ] Very fortunate
Number of children - block 1

Children and COVID-19

To try to prevent further spread of COVID-19 most schools, nurseries, and childcare settings closed on 20th March.

The next sections will be used to understand what impact these closures have had on you and your family.

How many children do you have aged 17 and under living in your household?
If you don’t have any, select 0.

Parent information - block 1

Please enter the age of each of your children.

Youngest child
Second youngest child
Third youngest child
Fourth youngest child
**Child in FTE - block 1**

Do you have one or more children in full-time education? Include school or college courses and include children who are normally schooled at home.

- [ ] Yes
- [ ] No

**Child Education - block 1**

**Before the official lockdown** was announced on the 23rd March 2020, how was each child being educated? Select the best answer for each child.
Since the official lockdown was announced on 23rd March 2020, how has each child been educated?

<table>
<thead>
<tr>
<th></th>
<th>Was going to a school/college in person</th>
<th>Was enrolled on a distance learning course</th>
<th>Was schooled at home</th>
<th>Not applicable / None of these</th>
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</table>
Select the best answer for each child.
If you are completing this survey during the school holidays, please answer how each child was being educated **before the end of term**.

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<thead>
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<th></th>
<th>Still goes to a school/college in person</th>
<th>Still enrolled on a distance learning course</th>
<th>Still schooled at home</th>
<th>Now does work set by the school/college at home</th>
<th>Not applicable / None of these</th>
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</tbody>
</table>
Since the official lockdown was announced on the 23rd March 2020, have your children had any of these problems accessing education during term time? Select the best answer for each child.

<table>
<thead>
<tr>
<th>Fourteenth youngest child</th>
<th>Fifteenth youngest child</th>
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<tbody>
<tr>
<td>Still goes to a school/college in person</td>
<td>Still enrolled on a distance learning course</td>
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</table>

**Since the official lockdown** was announced on the 23rd March 2020, have your children had any of these problems accessing education during term time? Select the best answer for each child.

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<thead>
<tr>
<th>Youngest child</th>
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<th>Third youngest child</th>
<th>Fourth youngest child</th>
<th>Fifth youngest child</th>
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<tr>
<td>Difficulty adapting to remote learning</td>
<td>Limited quality or quantity of remote lessons</td>
<td>Lack of device or internet connection for accessing remote learning</td>
<td>No suitable place in the home to learn</td>
<td>Not applicable / None of these</td>
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**Child Education – block 2**

When the school/college set work for your child/children to do at home, how much of this work did your child/children do? Select the best answer for each child.
When the school/college set work for your child/children to do at home, did you help your child/children to do their work?

- Yes
- No
Do you feel confident in your ability to help your child/children with their school/college work?

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

**Childcare - block 1**

The closure of most education and childcare settings (e.g., schools/colleges, nurseries, after school clubs, childminders, etc.) from Friday 20th March has affected childcare arrangements for many families.

The next few questions are about childcare arrangements before and during the COVID-19 pandemic.

Now, thinking about childcare arrangements while education and childcare settings were still open (that is, during term times before the 20th March 2020) for your children aged 17 and under.

Who took care of your children when they were not in an education or childcare setting?
If your children don’t need much childcare, for example older children, please only think about the childcare that they do need, even if it isn’t very much.
Did any of your children aged 17 and under go to any of the following childcare settings (either full or part-time) when education and childcare settings were **still open** (that is, **during term times before the 20th March 2020**)?

<table>
<thead>
<tr>
<th>Nursery / day-care</th>
<th>Childminder</th>
<th>Other registered childcare settings</th>
<th>Did not go to any of these</th>
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</thead>
<tbody>
<tr>
<td>Youngest child</td>
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Myself

My partner

Other people
E.g., au pair, parents with shared custody, other relatives

<table>
<thead>
<tr>
<th>All or almost all of the time</th>
<th>Most of the time</th>
<th>About half of the time</th>
<th>Less than half of the time</th>
<th>None or almost none of the time</th>
<th>Don't know</th>
<th>Not applicable/my children don't need childcare</th>
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</table>
Now, thinking about the period of time **when most education and childcare settings closed because of the COVID-19 restrictions**.

Did any of your children aged 17 and under **still go** to any of the following childcare settings (either full or part-time) **when most education and childcare settings closed on 20th March**?

<table>
<thead>
<tr>
<th>Nursery / day-care</th>
<th>Childminder</th>
<th>Other registered childcare settings</th>
<th>Did not go to any of these</th>
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Youngest child

Nursery / day-care | Childminder | Other registered childcare settings | Did not go to any of these
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<tbody>
<tr>
<td>Youngest child</td>
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<tr>
<td>Child Age</td>
<td>Nursery / day-care</td>
<td>Childminder</td>
<td>Other registered childcare settings</td>
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When most education and childcare settings were closed due to COVID-19 restrictions, how many extra hours, if any, were you/your partner personally having to look after your children on each day during a typical week? Please give your answer to the nearest hour and if unsure, please give your best estimate.

How many extra hours were you personally having to look after your children on each day during a typical week? If not spending any extra time, please put ‘0’.

- Monday: [ ]
- Tuesday: [ ]
- Wednesday: [ ]
- Thursday: [ ]
- Friday: [ ]
- Saturday: [ ]
- Sunday: [ ]

How many extra hours was your partner personally having to look after your children on each day during a typical week? If not spending any extra time, please put ‘0’.

- Monday: [ ]
- Tuesday: [ ]
- Wednesday: [ ]
- Thursday: [ ]
- Friday: [ ]
Children and Job – block 1

When most schools and nurseries were closed, did you have to change the number of hours you worked per week to look after your children?

- Worked more hours
- Worked the same number of hours as before
- Worked fewer hours
- Wasn’t able to work at all because of childcare responsibilities
- Not applicable

When most schools and nurseries were closed, did your partner have to change the number of hours they worked per week to look after the children?

- Worked more hours
- Worked the same number of hours as before
- Worked fewer hours
- Wasn’t able to work at all because of childcare responsibilities
- Not applicable

Worry about children – block 1
We would like to know whether you have been worrying about the effect that school and nursery closures might have on your child/children.

Have you been worried about the impact of school closures on your children’s education?

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

Have you been worried about the impact of school and nursery closures on your children’s social skills?

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

Are you worried about your child/children returning to school after the summer holidays?

- Not at all worried
- Slightly worried
- Moderately worried
Please tell us how much you agree or disagree with the following statement:

It is safe for children to return to school full-time after the summer holidays

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

In the last month, have you been worried about your relationship with your child/children?

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

Compared to before the COVID-19 pandemic, do you think that your relationship with your children has:

- Improved a lot
- Improved a little
Public Involvement - block 1

Public involvement

Almost finished!

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
Final question

One final thing!

This study is interested in understanding the psychological, social and economic impact of COVID-19. Is there anything else that you would like to tell us about **how COVID-19 has affected you**? Is there anything you **had wished we had asked**, but didn’t? (optional)

We understand the impacts that COVID-19 can have on wellbeing. To help you, we have provided some links [here](https://edinburgh.eu.qualtrics.com) that we found useful.