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
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.
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
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
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
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
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.

☐ 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)
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?

<table>
<thead>
<tr>
<th></th>
<th>Every day/almost every day</th>
<th>3 4 days a week</th>
<th>1 2 days a week</th>
<th>Less than once a week</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with <strong>family</strong> members face to face</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Meet with <strong>friends</strong> face to face</td>
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<tr>
<td>Call <strong>family</strong> members</td>
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<td>Call <strong>friends</strong></td>
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<td>Video call with <strong>family</strong> members (e.g., Skype, FaceTime)</td>
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<td>Text or instant message (e.g., WhatsApp, Facebook Messenger) with <strong>family</strong> members</td>
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</table>

How regularly do you do these activities now?

<table>
<thead>
<tr>
<th></th>
<th>Every day/almost every day</th>
<th>3 4 days a week</th>
<th>1 2 days a week</th>
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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
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?

- 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 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

0 1 2 3 4 5 6 7 8 9 10
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?

<table>
<thead>
<tr>
<th></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>
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</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
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<td>Not being able to stop or control worrying</td>
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<td>Worrying too much about different things</td>
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<tr>
<td>Trouble relaxing</td>
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</table>
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**

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<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>
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**Feeling down, depressed or hopeless**

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<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>
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**Trouble falling or staying asleep, or sleeping too much**

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<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>
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</table>
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  More than half the days  Nearly every day  Don’t know  Prefer not to answer

Thoughts that you would be better off dead, or of hurting yourself in some way
On a scale of 0 (not at all) to 10 (extremely), how **satisfied** are you with your life **nowadays**?

![Scale from 0 to 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

- [ ] Self employed employing others
- [ ] Self employed not employing others
- [ ] Paid employee supervising others
- [ ] Paid employee not supervising others
- [ ] Seasonal worker employing others
- [ ] Seasonal worker not employing 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 (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.

- Self employed employing others
- Self employed not employing others
- Paid employee supervising others
- Paid employee not supervising others
- Seasonal worker employing others
- Seasonal worker not employing 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

**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.
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
Of the industries selected which is your main source of income? Select one answer

☐ 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

https://edinburgh.eu.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_bfkqbWdtZpidM1&ContextLibrary...
Has this industry / have these industries been affected by the COVID-19 pandemic?

- 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

Yes, a lot  Yes, a little  No  Not applicable

- Accommodation and Food Service Activities
- Administrative and Support Service Activities
- Aquaculture
<table>
<thead>
<tr>
<th>Category</th>
<th>Yes, a lot</th>
<th>Yes, a little</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts, Entertainment and Recreation</td>
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<td>Electricity, Gas, Steam and Air Conditioning Supply</td>
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<tr>
<td>Farming</td>
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<tr>
<td>Financial and Insurance Activities</td>
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<tr>
<td>Mining and Quarrying</td>
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<tr>
<td>Other Service Activities</td>
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**Employment Block 4**

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

- Always
- Often
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
Was your application **successful?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Waiting to hear</th>
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<tbody>
<tr>
<td>B&amp;B hardship fund</td>
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<tr>
<td>Bounce back loan</td>
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<tr>
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<td>Coronavirus Business Interruption Loan Scheme</td>
<td>☐</td>
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<tr>
<td>Eat out to help out scheme (to be part of)</td>
<td>☐</td>
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<tr>
<td>Economic resilience fund</td>
<td>☐</td>
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</tr>
<tr>
<td>Events sector recovery package</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Future Fund</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Hotel recovery programme</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>
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
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**
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)?

[Dropdown]

**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**?

- 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
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
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 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
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
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
Which of these community groups or organisations do you regularly engage with now?
Select all that apply, or select None of the above

- Newsletter
- Local school
- Local resilience group
- Church / religious group
- Other (please specify)
- 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
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?

<table>
<thead>
<tr>
<th>Things are even better</th>
<th>Things are about the same</th>
<th>Things are not as good</th>
<th>Don't know</th>
</tr>
</thead>
</table>

https://edinburgh.eu.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_bfkqbiWdtZpidM1&ContextLibrary...
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:

<table>
<thead>
<tr>
<th></th>
<th>Summer 2020</th>
<th>Autumn 2020</th>
<th>Winter 2020/2021</th>
<th>Spring 2021</th>
<th>Summer 2021 or later</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tourists from Scotland</td>
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<tr>
<td>Tourists from the rest of the UK</td>
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<tr>
<td>Tourists from Europe</td>
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<tr>
<td>International Tourists</td>
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</tr>
</tbody>
</table>

**Community Block 3**

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

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

- Yes
- No
- Don’t know

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

- Not applicable
- 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
What type of accommodation do you live in?

- House or bungalow
- Flat or apartment
- Hostel
What is the status of the accommodation in which you and your household live?

- Mobile home or caravan
- Sheltered housing
- Homeless
- Other
- 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?
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.