Survey 3: COVID-19 and your life

Thank you for agreeing to complete this CovidLife survey.

Like the other surveys, 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 before. We ask them again because we want to know if your answers have stayed the same or have changed as the pandemic progresses. 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.

You don’t have to answer all the questions at once. You can leave and return to the survey at 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 can call us on 0131 651 8718.

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

The survey will take approximately **20 minutes to complete**.

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

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

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
**Your Information**

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

Last time, you told us the following information.

Sex: **Not provided**

Year of Birth: $\{e://Field/S1_YoB\}$

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

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**General Health – block 1**

**Your health**

Before we ask questions about the effect of COVID–19 on you, it would be helpful to know a bit more about your health in general.

In general, would you say your health is

- Excellent
- Very Good
- Good
- Fair
In general, would you say your emotional or mental health is

- Excellent
- Very Good
- Good
- Fair
- Poor

The next questions are about your weight.

What are your **preferred units** for entering your **weight**?

- Stones and Pounds
- Kilograms

What is your **weight in kilograms**?
If you are unsure, please put your best estimate

What is your **weight**?
If you are unsure, please put your best estimate

- Stones (st)
- Pounds (lbs)
How do you think your current weight compares to your weight at the start of the first lockdown (March 2020)?

- I have gained weight
- My weight has stayed the same
- I have lost weight
- Prefer not to answer

Are you currently pregnant?

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

**COVID - 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.

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

- Yes
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
- [ ] I had no symptoms (asymptomatic)
- [ ] Other symptoms (please specify):
  
Were you hospitalised because of COVID-19?

- [ ] Yes
- [ ] No
Were you in intensive care?

- Yes
- No
- Don’t know

Did you need to use a ventilator to help you breathe?

- Yes
- No
- Don’t know

Have you now recovered from COVID-19?

- Yes, I am back to normal
- No, I still have some symptoms

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

- 1 day - 2 weeks
- 2 - 4 weeks
- 4 - 12 weeks
- 12+ weeks

Thinking now about your first (or only) bout of illness, how long did that period last?
**COVID - 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 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?
Did you wait **less than 2 hours** to get the results of the swab test? I.e., was it a rapid test such as a lateral flow test?

- No
- Yes

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

- No
- Yes
- Don’t know

Have you had a positive result from the **Other** test?

- No
- Yes
- Don’t know

You told us you had a positive result from a **swab test**.

When was the sample taken for the test that came back positive? Give the latest date if you have had more than one positive swab test.

Day
You told us you had a positive result from an **antibody test**.

When was the sample taken for the test that came back positive? Give the latest date if you have had more than one.

Day

Month

Year

You told us you had a positive result from another type of COVID-19 test.
When was the sample taken for the test that came back positive? Give the latest date if you have had more than one.

Day

Month

Year

**Vaccine Uptake - block 1**

Have you had at least one dose of a COVID-19 vaccine through the national roll-out?

- Yes
- No

How many doses of the COVID-19 vaccine have you had?

- One
- Two
- Don't know
When was your first injection?

Day

Month

Year

When was your second injection?

Day

Month

Year
Which COVID-19 vaccine did you have?

- Pfizer-BioNTech
- Oxford-AstraZeneca
- Moderna
- Other
- Don’t know

**COVID - block 3**

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

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

Are there other people, **outside those in your household**, that you are **seeing regularly** or **having close contact with**?
This question refers to **face-to-face, physical contact** with others outside your household.

- Yes
- No

Who are you **seeing regularly**?
Select all that apply
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
- Very likely

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

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)

Managing my health has become more difficult during the COVID-19 pandemic
1 (do not agree at all) to 10 (agree very strongly)

Partner - block 1

Do you currently live alone?

- Yes
- No
- Prefer not to answer

What is your current relationship status?

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

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

How close is your relationship with your spouse/partner?

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

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

<table>
<thead>
<tr>
<th>Problem</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>
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<tbody>
<tr>
<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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<td>Trouble relaxing</td>
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<td>Being so restless that it is hard to sit still</td>
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<td>Becoming easily annoyed or irritable</td>
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<td>Feeling afraid as if something awful might happen</td>
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Little interest or pleasure in doing things

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<tr>
<th>Problem</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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<tr>
<td>Feeling down, depressed or hopeless</td>
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Feeling down, depressed or hopeless

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<td>Feeling down, depressed or hopeless</td>
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</table>
Trouble falling or staying asleep, or sleeping too much

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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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Feeling tired or having little energy

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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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Poor appetite or over eating

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

<table>
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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 concentrating on things, such as reading the newspaper or watching television

<table>
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<th>Nearly every day</th>
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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
Thoughts that you would be better off dead or of hurting yourself in some way

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

Mood - block 2

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

Never  
Some of the time  
Most of the time  
All of the time

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.

I’ve been feeling optimistic about the future  

None of the time  
Rarely  
Some of the time  
Often  
All of the time
On a scale of 0 (not at all) to 10 (extremely), how satisfied are you with your life nowadays?

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 physical health
Not at all worried
Slightly worried
Moderately worried
Very worried
Extremely worried
Not applicable

your mental well-being

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

household finances

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

access to GP and NHS services

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

access to social care or other support services

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

access to medication

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

access to food

- Not at all worried
- Slightly worried
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

- **your relationship with your child/children**
  - Not at all worried
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

having life plans put on hold

- Not at all worried
- Slightly worried
Coping - block 1

How are you coping?

We'd like to understand how stressed you have been feeling recently.

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
Habits & Behaviours – block 1

Habits and behaviours

The COVID-19 measures affect many things, so we are now going to ask you a bit about your habits and behaviours.
**Vigorous** physical activity is activity that takes **hard physical effort** and makes you **breathe much harder than normal**, e.g., running, or fast cycling.

How many days did you do **vigorous physical activity** for **at least 10 minutes** at a time:

In the **last 7 days**

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**Moderate** physical activity is activity that makes you **breathe somewhat harder than normal**, e.g., brisk walking, or cycling at a regular pace.

How many days did you do **moderate physical activity** for **at least 10 minutes** at a time:

In the **last 7 days**

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Compared to **the first lockdown** (which began on **March 2020**), is your **diet**:

- [ ] Much healthier **now**
- [ ] Slightly healthier **now**
- [ ] About the same **now**
- [ ] Slightly less healthy **now**
What was the average number of **hours you slept per day** in the last 7 days?

- [ ]

Compared to the first lockdown (which began on **March 2020**), is the **quality of your sleep**:

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

**Trust in Science – block 1**

**Trust in Science and Medicine**

We have been given a lot of new health information and advice to follow. We now have some questions about how much you trust medical and health advice from different people.

In general, how much do you trust medical and health advice from the **UK Government**?

- A lot
In general, how much do you trust medical and health advice from the **Scottish Government**?

- A lot
- Some
- Not much
- Not at all
- Don’t know

In general, how much do you trust medical and health advice from **medical workers**, such as doctors and nurses, in this country?

- A lot
- Some
- Not much
- Not at all
- Don’t know

**Trust in Science – block 2**

A vaccine is given to people to strengthen their body’s ability to fight certain diseases.

Sometimes people are given a vaccine as an injection, but vaccines
can also be given by mouth or some other way.

Do you agree, disagree, or neither agree nor disagree with the following statements?

**Vaccines are important for children to have.** Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don’t know

**Vaccines are safe.** Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don’t know

**Vaccines are effective.** Do you:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
If a vaccine against COVID-19 was offered to you, how likely or unlikely would you be to take the vaccine?

- Somewhat disagree
- Strongly disagree
- Don’t know

What is the main reason you would not take the vaccine? Select one option.

- The chances of me catching COVID-19 are low
- The chances of me becoming seriously unwell from COVID-19 are low
- The impact of COVID-19 is being greatly exaggerated
- Vaccines are limited and other people need it more than me
- Herd immunity will protect me even if I don’t have the vaccine
- I don’t think I would be offered the vaccine for free and I wouldn’t pay for it
- I don’t think it would be effective at stopping me catching COVID-19
- I am worried about side effects
- I am worried about unknown future effects of the vaccine
- I don’t trust vaccines
- I have a condition that would make it unsafe for me
What would be your main reason for taking the vaccine. Select one option.

- To stop me catching COVID-19 or getting very ill from it
- To allow me to go out of my home safely again
- To allow me to get the help or care I need at home
- Because I am a key worker working with high risk groups
- To allow me to return to my workplace
- To allow my social and family life to get back to normal
- To reduce disruption to my children's education
- Because the vaccine won't work unless most people in the UK take it
- To protect other people from catching COVID-19
- Because I take the vaccines offered or recommended to me
- Other

You told us you have had the COVID-19 vaccine.

What is your main reason for taking the COVID-19 vaccine? Select one option.

- To stop me catching COVID-19 or getting very ill from it
- To allow me to go out of my home safely again
- To allow me to get the help or care I need at home
- Because I am a key worker working with high risk groups
- To allow me to return to my workplace
- To allow my social and family life to get back to normal
- To reduce disruption to my children's education

Covid-19 Info – block 1

COVID-19 Information

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

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
How would you rate your knowledge about COVID-19?

- Extremely difficult
- 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

Which of the following sources of information have you used to keep **informed** about COVID-19?
Select all that apply, or select None of the above

- [ ] BBC News television bulletins
Which of the following sources of information have you found the most helpful for keeping informed about COVID-19?

Select one answer

- [ ] Other television news bulletins (e.g., ITV, Channel 4)
- [ ] BBC News website
- [ ] Other news websites (e.g., ITV, Channel 4)
- [ ] NHS websites
- [ ] GP practice website
- [ ] Public Health websites (e.g., Public Health Scotland, Public Health England)
- [ ] Government websites
- [ ] Office for National Statistics websites
- [ ] World Health Organisation (WHO) website
- [ ] Broadsheet newspapers (print or website)
- [ ] Tabloid newspapers (print or website)
- [ ] Radio or podcasts
- [ ] Social media websites and news feeds (e.g., Instagram, Facebook, Twitter)
- [ ] Your workplace
- [ ] Family and friends
- [ ] WhatsApp or other messaging services
- [ ] Other health websites and resources
- [ ] None of the above

Which of the following sources of information have you found the most helpful for keeping informed about COVID-19?
How much time do you spend on average each day getting news or learning about COVID-19?

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

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
- 5-6 hours
- 7 or more 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?

1 2 3 4 5 6 7 8 9 10

Covid-19 Info – block 2

How confident are you that the **UK Government** can prevent further outbreaks 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 outbreaks of COVID-19?
How confident are you that the **NHS** can cope with the COVID-19 pandemic?

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

### Covid-19 Info - block 3

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>Social distancing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sometimes also called 'physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distancing')</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staying at home as much as possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing face coverings on public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>transport and in shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Current COVID-19 guidelines 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** and arrange to get tested for COVID-19.

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

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

Have you been contacted and told you need to self-isolate because you have been in close contact with someone who tested positive for COVID-19?

Answer yes if you were contacted by **contact tracers**, or if you were alerted through a **contact tracing app** (e.g., the Protect Scotland app or the NHS COVID-19 app).
Did you follow the self-isolation instructions?

- Always
- Most of the time
- Some of the time
- None of the time
- Prefer not to answer

**Behaviour changes – block 1**

Have you installed the **Protect Scotland** app?
This is the NHS Scotland Test & Protect app.

- Yes
- No
- Don’t know

Have you installed the **NHS COVID-19** app?
This is the official NHS COVID-19 contact tracing app for England and Wales.

- Yes
- No
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

Why have you **not** downloaded the **NHS COVID-19** app?  
This is the official NHS COVID-19 contact tracing app for England and Wales. 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

**Behaviour changes – block 2**

**Compared to the first lockdown (which began in March 2020),** have you changed how closely you follow government guidance, laws and regulations on COVID-19 during the current lockdown (which began in December 2020)?

☐ I follow the guidance, laws and regulations more closely **now**
☐ **No change** in how I follow the guidance, laws and regulations
☐ I follow the guidance, laws and regulations less closely **now**
☐ Don’t know
☐ Prefer not to answer

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**?

<table>
<thead>
<tr>
<th>Activity</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>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Meet with <strong>friends</strong> face-to-face</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Call <strong>family</strong> members</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Call <strong>friends</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Video call with <strong>family</strong> members (e.g., Skype, FaceTime)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Video call with <strong>friends</strong> (e.g., Skype, FaceTime)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Text or instant message (e.g., WhatsApp, Facebook Messenger) with <strong>family</strong> members</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Employment - block 1

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 more than one activity, please choose the activity that you spend the 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

Employment - block 1

Are you currently on maternity or paternity leave?

- Yes
- No
During the **last four weeks** how often did you work at home?

- Always
- Often
- Sometimes
- Never
- Not applicable

**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, I am still 100% furloughed
- Yes, furloughed part-time/flexible furlough
- No
- Don’t know
- 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

Employment – block 4

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

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
Finances - block 1

Overall, how do you feel your current financial situation compares to before the first 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

**Shopping**

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

- [ ] Not at all anxious
- [ ] Slightly anxious
- [ ] Moderately anxious
COVID Impact - block 1

Impact of COVID-19

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

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 that we found useful.