

ANTIBODY TEST STUDY 5

Round 5 User Survey

PHE Covid-19 Testing Study
Individual level questionnaire

Study 5 Version 2.11

14 January 2021

ROUND 5

JN 21-004139-01

INTERNAL AND CLIENT USE ONLY

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Landing page

- The landing page will be the first screen that respondents see on navigating to www.xx (the URL contained in the invitation letter)
- The landing page will show some welcome text, and will include the following features and design elements, from top to bottom:
 - DHSC, Imperial College London and IM logos
 - Accessibility options (three icons to vary the font size, and options to vary the background colour, example below). Respondents will have the option to vary these, but will not be required to make any choices.
 - Survey title (link to HH survey name)
 - Intro text and information on how to answer
 - Access code box, with text “Please enter the access code from your letter” and “Start survey” box
 - The following links:
 - [About Ipsos MORI](#)
 - Privacy Policy¹
 - Contact us²
 - FAQ³
 - Video (short)
 - Video (subtitles)

¹ <https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/>

² UK-covid-test-research@ipsos.com

³ These FAQ will expand on those included on the reverse of the invitation letters.

Confirm individual

Before we begin, we would like to inform you that Ipsos MORI is a member of the Market Research Society.

Taking part is voluntary and you can change your mind at any time.

If you would like to read our Privacy Policy, you can access it at [XX LINK]. This explains the purposes for processing your personal data as well as your rights under data protection regulations to access your personal data, withdraw consent, object to processing of your personal data and other required information.

ASK ALL

INDCONF

This survey is for [FF_Surname] [FF_Surname]. Are you [FF_Surname] [FF_Surname]?

Please select one answer

1. Yes
2. No [TERMINATE: NEED A MESSAGE ADDING HERE]

Health

ASK ALL

COVIDA

Before you took this **antibody**⁴ test, did you think you had had COVID-19?

1. Yes, confirmed by a positive test (**swab/*PCR/antigen**⁵ test) (A swab/PCR/antigen test is done by a nasal or throat swab and tests for current COVID-19 infection)
2. Yes, suspected by a doctor but not tested
3. Yes, my own suspicions
4. No

*PCR = Polymerase Chain Reaction

⁴ “Substances in the blood that the body’s immune system produces to fight an infection, such as the virus that causes COVID-19. Antibody tests are performed to understand if someone has already had COVID-19 and recovered.”

⁵ “Any substance, for example the virus that causes COVID-19, that could cause harm to the body and that the immune system recognises as a potential threat. Antigen tests are performed to understand if someone is currently infected with the virus that causes COVID-19.”

IF COVIDA = 1

COVID B

When did you take your sample for the test (**swab/PCR/antigen** test) which came back positive?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF COVIDA = 1, 2 OR 3

COVIDC

How severe was your illness when you {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19?

1. No symptoms
 2. Mild symptoms – didn't affect my daily life
 3. Moderate symptoms – some effect on my daily life
 4. Severe symptoms – significant effect on my daily life
-

IF ANSWER TO COVIDC **NOT** 1

COVIDD

What kind of medical attention, if any, did you access for your illness when you {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19?

Please select all that apply

1. None
 2. Contacted NHS 111, by phone or online
 3. Visited pharmacist
 4. Consulted GP/practice nurse over the phone or online
 5. Consulted GP/practice nurse face to face
 6. Walk-in centre
 7. Accident and Emergency
 8. Hospital admission
 9. Hospital admission: intensive care unit
 10. Other, please specify..... [free text]
-

IF ANSWER TO COVIDC **NOT 1**

COVIDSTA

When did your first symptoms start (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

IF ANSWER TO COVIDC **NOT 1**

COVIDEND

When did your symptoms finish (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

I still have symptoms

IF ANSWER TO COVIDC **NOT 1**

COVIDSYM

Which of the following symptoms were part of your COVID-19 illness?

Please select all the symptoms you had, whether or not you saw a doctor.

ROTATE LIST, KEEP 9 AND 10 TOGETHER, KEEP 19 AND 20 TOGETHER, KEEP 22 AND 23 TOGETHER

1. Decrease in appetite
2. Nausea and/or vomiting
3. Diarrhoea
4. Abdominal pain/tummy ache
5. Runny nose
6. Sneezing
7. Blocked nose
8. Sore eyes
9. Loss of sense of smell
10. Loss of sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
15. Shortness of breath affecting normal activities
16. New persistent cough

17. Tightness in chest
18. Chest pain
19. Fever (feeling too hot)
20. Chills (feeling too cold)
21. Difficulty sleeping
22. Felt more tired than normal
23. Severe fatigue (e.g. inability to get out of bed)
24. Numbness or tingling somewhere in the body
25. Feeling of heaviness in arms or legs
26. Achy muscles
27. Raised, red, itchy areas on the skin
28. Sudden swelling of the face or lips
29. Red/purple sores or blisters on your feet (including toes)
30. Leg swelling (Thrombosis)
31. Other symptom (please specify)
32. None of these

IF COVIDSYM =1 TO 31

LONGCOVIDA

Thinking about [COVIDSYM1-31] do you still have this symptom:

1. Yes
2. No

If LONGCOVIDA1-31=2

LONGVIDB

Thinking about [COVIDSYM=X], how long did this symptom last for approximately?

Please enter a value for either Days or Weeks. If you are unsure, please give an estimate.

Days (0-365)

Weeks (0-52)

NUMERIC (RANGE 0-365)

NUMERIC (RANGE 0-52)

Cannot give an estimate

Prefer not to say

ASK ALL

PCRPREV1

Before this study, had you previously taken an **antigen⁶/*PCR swab** test to see if you had COVID-19 infection at the time of taking the test? A PCR test is done by a nasal or throat swab and tests for current COVID-19 infection.

*PCR = Polymerase Chain Reaction

Please do not include any tests that show if you have had COVID-19 in the past (an **antibody⁷ test**).

1. Yes, just once
 2. Yes, more than once
 3. No
-

IF PCRPREV1 = 1 or 2

PCRPREV2

When did you take the [IF PCRPREV1 = 2 most recent) **antigen/PCR swab** test to see if you had a current COVID-19 infection at the time of taking the test?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF PCRPREV1 = 1 or 2

PCRPREV3

What was the result of your **antigen/PCR swab** test?

1. Positive (virus detected)
 2. Negative (virus not detected)
 3. Invalid/No result
 4. Don't know/waiting to hear
 5. Prefer not to say
-

⁶ "Any substance, for example the virus that causes COVID-19, that could cause harm to the body and that the immune system recognises as a potential threat. Antigen tests are performed to understand if someone is currently infected with the virus that causes COVID-19."

⁷ "Substances in the blood that the body's immune system produces to fight an infection, such as the virus that causes COVID-19. Antibody tests are performed to understand if someone has already had COVID-19 and recovered."

IF PCRPREV1= 2 AND PCPREV3 = 2, 3 or 4

PCRPREV4

Have any of your previous **antigen/PCR swab** test results been positive?

1. Yes
 2. No
 3. Don't know
 4. Prefer not to say
-

IF PCRPREV4=1

PCRPREV5

When did you take the [IF PCRPREV1 = 2 most recent] **antigen/PCR** test that gave a positive result for COVID-19?

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

ASK ALL

ABPREV1

Before this study, had you previously taken an **antibody** test for the virus that causes COVID-19? That is a test that shows whether you may have had the virus in the past.

Do not include the test you have taken as part of this study.

1. Yes, just once
 2. Yes, more than once
 3. No
-

IF ABPREV1 = 1 or 2

ABPREV2

When did you take the [IF ABPREV1 = 2 most recent] **antibody** test?

Do not include the test you have taken as part of this study.

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF ABPREV1 = 1 or 2

ABPREV3

What was the result of your [IF ABPREV1 = 2 most recent) **antibody** test?

Do not include the test you have taken as part of this study.

1. Positive
2. Negative
3. Invalid/No result
4. Don't know
5. Prefer not to say

IF ABPREV1= 2 AND ABPREV3 = 2, 3 or 4

ABPREV4

Have any of the **antibody** tests that you have taken given a positive result?

Do not include the test you have taken as part of this study.

1. Yes
2. No
3. Don't know
4. Prefer not to say

IF ABPREV4=1

ABPREV5

When did you take the [IF PCRPREV1 = 2 most recent) **antibody** test that gave a positive result?

Do not include the test you have taken as part of this study.

Please try to be as accurate as possible.

WRITE IN DATE

DAY/MONTH/YEAR

IF COVIDA = 4

SymptAny

Have you had any of the following symptoms since November 2019.

Please select all the symptoms you have had, whether or not you saw a doctor.

ROTATE LIST, KEEP 9 AND 10 TOGETHER, KEEP 19 AND 20 TOGETHER, KEEP 22 AND 23 TOGETHER

1. Decrease in appetite
2. Nausea and/or vomiting
3. Diarrhoea
4. Abdominal pain/tummy ache
5. Runny nose
6. Sneezing
7. Blocked nose
8. Sore eyes
9. Loss of sense of smell
10. Loss of sense of taste
11. Sore throat
12. Hoarse voice
13. Headache
14. Dizziness
15. Shortness of breath affecting normal activities
16. New persistent cough
17. Tightness in chest
18. Chest pain
19. Fever (feeling too hot)
20. Chills (feeling too cold)
21. Difficulty sleeping
22. Felt more tired than normal
23. Severe fatigue (e.g. inability to get out of bed)
24. Numbness or tingling somewhere in the body
25. Feeling of heaviness in arms or legs
26. Achy muscles
27. Raised, red, itchy areas on the skin
28. Sudden swelling of the face or lips
29. Red/purple sores or blisters on your feet (including toes)
30. Leg swelling (Thrombosis)
31. Other symptom (please specify)
32. None of these

IF SYMPTANY = ANY OF 1-31

SYMPTWHEN

Thinking of the symptoms you have had since November 2019, in which months did you experience those symptoms?

Please select all that apply

1. November 2019
2. December 2019
3. January 2020
4. February 2020
5. March 2020
6. April 2020
7. May 2020
8. June 2020
9. July 2020
10. August 2020
11. September 2020
12. October 2020
13. November 2020
14. December 2020
15. January 2021
16. February 2021
17. Can't remember

ASK ALL

COVIDCON

Have you ever been in close contact with anyone with COVID-19?

1. Yes, I have been in contact with a confirmed/tested COVID-19 case
 2. Yes, I have been in contact with a suspected COVID-19 case
 3. No, not to my knowledge
-

ASK ALL

HOSP

Since COVID-19 emerged in January 2020, have you, or anyone you live with, been in a hospital **at all**? This is for any reason (work, appointment, visiting, taking someone else to hospital or due to illness).

Please select all that apply

1. Yes, I have
2. Yes, someone else in my household has
3. No
4. Don't know

Pre-existing health conditions

ASK ALL

HEALTHA

Do you currently have any of the following (or do any of the following apply to you)?

Please tick all that apply

(ROTATE LIST: KEEP 9 and 10 together and 14-16 together)

1. Organ transplant recipient
2. Diabetes (type I or II)
3. Heart disease or heart problems
4. Hypertension (high blood pressure)
5. Stroke
6. Kidney disease
7. Liver disease
8. Anemia
9. Asthma
10. Other lung condition (such as chronic obstructive lung disease (COPD), bronchitis or emphysema)
11. Cancer
12. Condition affecting the brain and nerves (e.g. Dementia, Parkinson's, Multiple Sclerosis)
13. A weakened immune system/reduced ability to deal with infections (as a result of a disease or treatment)
14. Depression
15. Anxiety
16. Psychiatric disorder
17. None of these

ASK ALL

SHIELD1

Do you consider yourself to be at risk of severe illness if you catch COVID-19, for example due to an underlying health condition or because you are clinically extremely vulnerable?

1. Yes
 2. No
-

IF SHIELD1 = YES

SHIELDVULN

Have you been told that you are clinically extremely vulnerable by a medical professional?

1. Yes
 2. No
 3. Don't know
-

ASK ALL

SHIELD

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

1. Yes
 2. No
-

ASK ALL

SHIELD2

Are you shielding (i.e. staying at home at all times and avoiding all face-to-face contact) or taking specific precautions, because you are concerned that you will become severely ill with COVID-19?

1. Yes
 2. No
-

INTRO

The next questions are to help us understand what sort of things people are doing at the moment.

ASK ALL

LEAVE1

Did you leave home for any reason in the last 7 days, that is since <DATE/MONTH>?

Please include even short trips outside the home eg for shopping, exercise etc.

1. Yes
2. No

IF LEAVE1 =1

LEAVE2

In the last 7 days, that is since <DATE/MONTH>, for what reasons have you left home? Please select all that apply

1. For work
2. To volunteer
3. For medical or dentist appointments
5. To care for someone else (for example, friends or family)
6. To meet with someone outside
7. To meet with people in your support bubble (for example, visiting family and friends at their home)
12. To meet with people in your childcare bubble
13. To take a child to school or childcare
8. For outdoor exercise (for example, going for a walk or hike, run or cycle)
9. To go shopping
10. For errands (for example, pay bills, withdraw money from bank, visit post office)
11. I have left my house for other reasons (please specify)

IF LEAVE1 = 1

TRANSP

In the last 7 days, that is since <DATE> which of the following forms of transport have you used?

Please include all transport used for both commuting and leisure purposes

Please select all that apply

1. Walking /running (include wheelchair, mobility scooter)
2. Bicycle / e-bike / scooter / electric-scooter / skateboard
3. Motorbike/ Moped
4. Car (your own household's car)
5. Private car owned by someone outside your household
6. Hired car or car club car
7. Taxi / minicab/ app-based taxi e.g. uber
8. Van/Lorry
9. Bus / Coach
10. Train / Underground / Tram/ Metro
11. Ferry / water-based transport
12. Aeroplane/flying
13. Some other form of transport (please specify)

ASK ALL

FACECOV

Do you mainly wear any kind of face covering or mask when you are outside your home, because of COVID-19?

Please select one answer.

1. No
2. Yes, at work/school only
3. Yes, in other situations only (including public transport, shops)
4. Yes, usually both at work/school and in other situations
5. My face is already covered for other reasons (e.g. religious or cultural reasons)

IF CODES 2-4 AT FACECOV

INDMASK

How often do you wear any kind of face covering or mask indoors? Please do not include when you are in your own home or when eating or drinking.

1. All of the time
 2. Some of the time
 3. Hardly ever
 4. Never
 5. Don't know
-

IF CODES 2-4 AT FACECOV

OUTMASK

How often do you wear any kind of face covering or mask outdoors?

1. All of the time
 2. Some of the time
 3. Hardly ever
 4. Never
 5. Don't know
-

ASK ALL

BUBBLE

During the pandemic, it is possible for some people to form support or childcare bubbles. Your answers are strictly confidential.

A [support bubble](#) is usually a support network between a household with only one adult in the home (a single-adult household) and one other household of any size. It allows the two households to have close contact as if they were members of the same household. You can find more information about the types of support bubbles [here](#)⁸.

A childcare bubble is where one household links with one other household to provide informal childcare. You can find more information about the types of childcare bubbles [here](#)⁹.

⁸ <https://www.gov.uk/guidance/making-a-support-bubble-with-another-household#what-a-support-bubble-is>

⁹ <https://www.gov.uk/guidance/making-a-childcare-bubble-with-another-household#what-a-childcare-bubble-is>

ASK ALL

BUBBLE2

Is your household currently in a bubble of any kind e.g. a support bubble or childcare bubble?

1. Yes
 2. No
 3. Don't know
-

ASK IF BUBBLE2 =1

BUBBLENUM

In total, thinking of all the bubbles you are currently in, how many people are in your bubble(s)? Please include all adults and children who are not in your own household.

[RESTRICT VALUE TO 50 MAX] [Error message: "Please enter a value between 1 and 50"]

[numeric]

ASK IF BUBBLE2 =1

CONTACTBUB

Not including members of your household, how many people in your bubble(s) did you have contact with yesterday? Please include people you had contact with both indoors and outdoors.

Your answers will be kept strictly confidential.

By contact we mean:

Any direct skin-to-skin physical contact (e.g. kiss/embrace/handshake)

Being less than 2 metres from another person for over 5 minutes

Enter 0 if you/they had no contacts yesterday, and if you are not sure please give your best guess.

(enter number)

ASK IF BUBBLE2 =1 AND CONTACTBUB = 1+

CONTACTBUB4

You said that yesterday you came into contact with **CONTACTBUB** [IF **CONTACTBUB=1** 1 person who is in your bubble(s) **[IF YES (CODE 1) AT BUBBLE2 or people in your support and childcare bubbles]**. Which of the following age groups was this person in?] [IF **CONTACTBUB=2+** "X people who are in your bubble(s)]. How many of those were in each of the following age groups?

1. 0 to 17 years old (enter number)
2. 18 to 34 years old (enter number)
3. 35 to 64 years old (enter number)
4. 65+ years old (enter number)
5. Don't know

ASK IF BUBBLE2 =1 AND CONTACTBUB = 1+

CONTACT6BUB

You said that yesterday you came into contact with **CONTACTBUB** [IF **CONTACTBUB=1** 1 person who is in your bubble(s). Was this contact indoors or outdoors?] IF **CONTACTBUB =2+** **CONTACTBUB** people who are in your bubble(s). How many of those were outdoors, and how many were indoors?]

1. Indoors only (enter number)
2. Outdoors only (enter number)
3. Both indoors and outdoors (enter number)
4. Don't know

ASK ALL

CONTACT1

Not including members of your household [IF YES (CODE 1) AT BUBBLE2 or people in your support and childcare bubbles], how many different people did you have contact with yesterday? If you had contact with a person more than one time, please count them only once. Do not include contact at school if you have children.

By contact we mean:

- Any direct skin-to-skin physical contact (e.g. kiss/embrace/handshake)
- Being less than 2 metres from another person for over 5 minutes

Enter 0 if you had no contacts yesterday outside of your household, and if you are not sure please give your best guess.

(enter number)

IF CONTACT1=1+

CONTACT4

You said that yesterday you came into contact with CONTACT1 [IF CONTACT 1=1 1 person who is not a member of your household **[IF YES (CODE 1) AT BUBBLE2 or people in your support and childcare bubbles]**. Which of the following age groups was this person in?] [IF CONTACT1=2+ "X people who are not members of your household]. How many of those were in each of the following age groups?

1. 0 to 17 years old (enter number)
 2. 18 to 34 years old (enter number)
 3. 35 to 64 years old (enter number)
 4. 65+ years old (enter number)
 5. Don't know
-

IF CONTACT1 = 1+ AND LEAVE2 =1

CONTACT5

You said that yesterday you came into contact with CONTACT1 people who are not members of your household. How many of those were at your place of work?

Enter 0 if you had no contacts yesterday outside of your household that occurred at your place of work, and if you are not sure please give your best guess.

(enter number)

CONTACT6

You said that yesterday you came into contact with CONTACT1 [IF CONTACT 1=1 1 person who is not a member of your household **[IF YES (CODE 1) AT BUBBLE2 or people in your support and childcare bubble(s)]**. Was this contact indoors or outdoors?] IF CONTACT1=2+ CONTACT1 people who are not members of your household. How many of those were outdoors, and how many were indoors?

1. Indoors only (enter number)
 2. Outdoors only (enter number)
 3. Both indoors and outdoors (enter number)
 4. Don't know
-

ASK ALL

SMOKENOW

Do you smoke cigarettes at all nowadays?

1. Yes
 2. No
 3. Prefer not to say
-

IF SMOKENOW = 2 or 3

SMOKECIG

Have you ever smoked cigarettes?

1. Yes
 2. No
 3. Prefer not to say
-

IF SMOKENOW =1

SMOKEFIVEYEAR

How long have you been a smoker for?

1. Less than 1 year
 2. 1 year but less than 2 years
 3. 2 years but less than 3 years
 4. 3 years but less than 4 years
 5. 4 years but less than 5 years
 6. 5 years or more
 7. Prefer not to say
-

IF SMOKECIG= 1

SMOKECIGDATE

When did you last have a cigarette (as best you can remember)?

WRITE IN DATE

MONTH/YEAR

IF SMOKECIG= 1

SmokQuitReason

If you used to smoke and have stopped now what was the main reason for stopping?

1. I had a health problem which meant I needed to quit
 2. I wanted to avoid getting health problems
 3. I had COVID-19
 4. I wanted to avoid getting COVID-19
 5. To save money
 6. Other, please specify
-

IF SMOKENOW = 1 or SMOKECIG= 1

SmokAgeFirst

How old were you when you had your first cigarette?

If you are not sure please give your best guess.

Age:

SmokBehav

If you smoke now or used to smoke, did you smoke...?

(Select all that apply)

1. During working time
 2. At home indoors
 3. At home outdoors
 4. When going out to socialize
 5. Somewhere else (Please specify)
-

VAPNOW

Do you vape/use e-cigarettes at all nowadays?

1. Yes
 2. No
 3. Prefer not to say
-

IF VAPNOW = 2 or 3

SMOKEVAP

Have you ever vaped/used e-cigarettes?

1. Yes
 2. No
 3. Prefer not to say
-

IF SMOKEVAP= 1

SMOKEVAPDATE

When did you last vape/use e-cigarettes (as best you can remember)?

WRITE IN DATE

MONTH/YEAR

Antibody test –experience on using the antibody test provided to you for this study

ASK ALL

ABATTEMPT

Did you attempt the antibody test sent to you as part of this study (either on your own or with help from someone else)?

1. Yes
 2. No
-

ASK IF ABATTEMPT = 1

ABDATE

When did you attempt the antibody test sent to you as part of this study?

WRITE IN DATE

DAY/ MONTH/YEAR

ASK IF ABATTEMPT = 1

ABCOMP

Did you successfully manage to complete the antibody test sent to you as part of this study?

1. Yes
 2. No, I only partially completed it
 3. No, I did not complete any of it
 4. Don't know
-

IF ABATTEMPT = 1

ABHELP

Did you have anyone helping you to do the antibody test sent to you as part of this study?

1. Yes
 2. No
-

IF ABCOMP = 1

NEWRESULT

Step 8 of the instruction booklet shows different test outcomes. Based only on the photo you took and what the test looked like after 10-15 minutes, which number corresponds to your test result?

Note: How light or dark the colour of the line is next to G and/or M will vary. Therefore, any shade of colour next to G and/or M should be reported if the line next to C is red.

0 (Negative) – Red line next to C only. No lines next to G or M.

1 (Ig M Positive) – Red line next to C and red line (no matter how light or dark) next to M. No line next to G.

2 (Ig G Positive) – Red line next to C and red line (no matter how light or dark) next to G. No line next to M.

3 (Ig G Positive) – Red line next to C and red lines (no matter how light or dark) next to G and M.

4 (Invalid) – Line next to C is completely or partially Blue. This means the test is invalid even if there are red lines next to G or M.

5 Can't tell what the result is

6 Didn't take a photo of the result and can't remember what it looked like

IF NEWRESULT = 0-4

RESCONF

How confident are you that the number you have chosen above is the right one?

1. Very confident
 2. Fairly confident
 3. Not very confident
 4. Not at all confident
-

IF NEWRESULT = 0-5

PHOTO1

Did you take a photo of your test 10-15 minutes after you did the test?

1. Yes
 2. No
-

IF PHOTO1 = 1

PHOTO2

Please upload the photo that you took of your test.

INSTRUCTION ON PHOTO UPLOAD

Unable to upload photo

ASK ALL

<OPEN_1>

If you wish, please provide additional comments about your experience of doing the antibody test or any other information you think might be relevant for us to know about you in relation to this study

1. No additional comments
-

IF ABATTEMPT=1

<ADV_EVENT_OPEN>

An adverse event is one that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of device users (including patients) or other persons.

For example:

- a patient, user, carer or professional is injured as a result of a medical device failure or its misuse
- a patient's treatment is interrupted or compromised by a medical device failure
- a misdiagnosis due to a medical device failure leads to inappropriate treatment
- a patient's health deteriorates due to medical device failure.

Causes may include: design; poor user instructions or training; inappropriate modifications; inadequate maintenance; and unsuitable storage and use conditions.

Did you experience any adverse event in administering the test? If so, please provide additional information.

1. No adverse event
-

ASK ALL

VACCINE3

Have you ever had a coronavirus vaccine?

1. Yes
 2. No
 3. Only had the vaccine as part of a trial, but not sure if it was coronavirus one
-

IF VACCINE3 = 1

VACCDOSE

Most of the vaccines require more than one dose which are given as separate injections some time apart.

How many doses (injections) have you had so far?

1. One
 2. Two
 3. More than two
-

IF VACCINE3=1

VACCINEFIRST

When did you have the first dose (injection)?

If you can't remember exactly when, please enter your best guess

DAY/MONTH/YEAR

IF VACCDOSE= 2 OR 3

VACCINESECOND

When did you have the second dose (injection)?

If you can't remember exactly when, please enter your best guess

DAY/MONTH/YEAR

IF VACCINE3 =1

VACCINETYPE (ALLOW MULTICODE)

Which vaccine did you receive from your healthcare provider?

1. Pfizer/BioNTech
 2. AstraZeneca/Oxford
 3. Moderna
 4. Don't know
-

IF VACCINE3 = 2 or 3

VACCINEAPP1

Have you been offered a coronavirus vaccine?

1. Yes
 2. No
 3. Don't know
 4. Prefer not to say
-

IF VACCINEAPP1 =1

VACCINEAPP2

You say you have been offered a coronavirus vaccine, which of the following best describes your decision?

1. I have decided to be vaccinated and am waiting to receive it
 2. I have decided not to be vaccinated
 3. I don't know yet
 4. Prefer not to say
-

IF VACCINEAPP1 =2, 3 or 4

VACCINEACCEPT

Would you accept a coronavirus vaccine if offered?

1. Yes
 2. No
 3. I don't know yet
-

IF VACCINEACCEPT=2 or 3

VACCRUFUSE1

[RANDOMISE LIST]

For which of the following reason(s) would you be [IF VACCINEACCEPT=2 unlikely to have a coronavirus vaccine if it was offered to you] [IF VACCINEACCEPT=3 unsure of having a coronavirus vaccine if it was offered to you]?

1. I am worried about the side effects
 2. I want to wait and see how well the vaccine works
 3. I am worried about the long term effects on my health
 4. I worry about the risk of travelling to a vaccination centre
 5. It is too difficult for me to get to a vaccination centre
 6. I do not feel the coronavirus (COVID-19) is a personal risk
 7. I am worried about the effect on an existing health condition
 8. I am against vaccines in general
 9. I do not think it will work for me
 10. I am worried the vaccine will give me the coronavirus (COVID-19)
 11. I am worried it might be painful
 12. I am worried it might make me feel ill
 13. I do not think I need the vaccine as I have already had the coronavirus (COVID-19)
 14. I am pregnant/breastfeeding and afraid of the effects on my baby
 15. The impact of COVID-19 is being greatly exaggerated
 16. I don't trust the people who have developed the vaccine
 17. So long as most other people get the vaccine then it doesn't matter if I don't
 18. Doses of the vaccine are limited and other people need it more than me
 19. Other (please specify)
 20. Prefer not to say
-

IF VACCINEAPP2=2

VACCREFUSE2

[RANDOMISE LIST]

For which of the following reason(s), did you decide not to accept the coronavirus vaccine?

1. I am worried about the side effects
2. I want to wait and see how well the vaccine works
3. I am worried about the long term effects on my health
4. I worry about the risk of travelling to a vaccination centre
5. It is too difficult for me to get to a vaccination centre
6. I do not feel the coronavirus (COVID-19) is a personal risk
7. I am worried about the effect on an existing health condition
8. I am against vaccines in general
9. I do not think it will work for me
10. I am worried the vaccine will give me the coronavirus (COVID-19)
11. I am worried it might be painful
12. I am worried it might make me feel ill
13. I do not think I need the vaccine as I have already had the coronavirus (COVID-19)
14. I am pregnant/breastfeeding and afraid of the effects on my baby
15. The impact of COVID-19 is being greatly exaggerated
16. I don't trust the people who have developed the vaccine
17. So long as most other people get the vaccine then it doesn't matter if I don't
18. Doses of the vaccine are limited and other people need it more than me
19. Other (please specify)
20. Prefer not to say

Demographics

ASK ALL

DWELLTYP

What type of accommodation do you live in?

1. House or bungalow
2. Flat or apartment or maisonette
3. Hostel
4. Mobile home or caravan
5. Sheltered house
6. Homeless
7. Student halls of residence
8. Other, please specify
9. Prefer not to say

IF DWELLTYP = 1
HOUSTYP

What type of house do you live in?

1. Detached house
 2. Semi-detached house
 3. Terraced house (including end of terrace)
 4. Other type of accommodation
 5. Don't know
 6. Prefer not to say
-

IF DWELLTYP = 2
FLATTYP

What type of building is your flat in?

1. In a purpose-built block of flats
 2. In a commercial building (e.g. in an office building, hotel or over a shop)
 3. Part of a converted or shared house
 4. Other type of building
 5. Don't know
 6. Prefer not to say
-

ASK ALL

FURL

Have you been furloughed or been made redundant since the first lockdown in March 2020 began?

1. I have been furloughed
 2. I have been made redundant
 3. Not applicable to my situation
-

EMPL

At present are you...?

If you are furloughed, please select the job that you are furloughed from at the moment. If you are not furloughed, please select your current job. If more than one applies, please choose the one you do for the most hours.

1. Employee in full time-job (30+hours a week)
 2. Employee in part-time job (less than 30 hours a week)
 3. Self-employed
 4. Government supported training
 5. Unemployed and available for work
 6. Wholly retired from work
 7. Full-time education at school, college or University
 8. Looking after home/ family
 9. Permanently sick / disabled
 10. Doing something else
 11. Prefer not to say
-

IF EMPL = 1, 2 or 3

WORKTYP1

Are you...?

Select all that apply

1. A healthcare worker with direct patient contact
 2. A healthcare worker with no patient contact
 3. Working in a care home with direct contact with clients
 4. Working in a care home without contact with clients
 5. An essential/ key worker (as currently defined by the Government¹⁰)
 6. None of these
 7. Don't know
-

¹⁰ <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers>

IF WORKTYP1= 5, 6 or 7

WORKTYP2

Do you have a job that currently requires you to work outside your home in any of the following public facing roles?

Select all that apply

1. Delivering to homes
2. Food retail, other shop work
10. Hospitality – e.g. pubs, restaurants, cafés, hotels
11. Personal care – e.g. hairdresser, beauty therapist, personal trainer
3. Policing, prisons, fire & rescue, coastguard
4. Public transport (including taxis)
5. Education, school or nursery
12. Childcare
6. Armed forces
7. Another public facing role (please specify)
8. I work outside of my home but not in public facing role
9. No, not currently required to work outside my home at all

IF WORKTYP2 = 5 or 12

WORKSTUDYPERS1REG

Do you currently work in any of the following in person?

1. Pre-school
2. Primary school
3. Secondary school
4. College / university
5. None of these

IF NADULTS=2+

WORKTYP3

Is anyone <IF WORKTYP1 = 1-5: else> in your household...?

1. A healthcare worker with direct patient contact
 2. A healthcare worker with no patient contact
 3. Working in a care home with direct contact with clients
 4. Working in a care home without contact with clients
 5. An essential/ key worker (as currently defined by the [Government](#))
 6. None of these
 7. Don't know
-

IF NADULTS=2+ AND WORKTYP3= 5, 6, 7

WORKTYP4

Does anyone <IF WORKTYP2 = 1-7, 10,11,12: else> in your household have a job that currently requires them to work outside your home in any of the following public facing roles?

1. Delivering to homes
 2. Food retail, other shop work
 10. Hospitality – e.g. pubs, restaurants, cafés, hotels
 11. Personal care – e.g. hairdresser, beauty therapist, personal trainer
 3. Policing, prisons, fire & rescue, coastguard
 4. Public transport (including taxis)
 5. Education, school or nursery
 12. Childcare
 6. Armed forces
 7. Another public facing role (please specify)
 8. Someone <IF WORKTYP2 = 8; else> works outside of my home but not in public facing role
 9. No, no-one <IF WORKTYP2 =9, else> currently required to work outside my home at all
-

IF NADULTS=2+

WORKSTUDYPERS2REG

Does anyone <IF WORKSTUDYPERS1REG= 1 to 4, else> in your household currently work in any of the following in person?

1. Pre-school
 2. Primary school
 3. Secondary school
 4. College / university
 5. None of these
-

ASK ALL

STUDSTAY

Did anyone studying away from home come back to stay with you over the Christmas period?

1. Yes
 2. No
 3. Prefer not to say
-

IF EMPL = 7

EDTYPE

This term are you studying...

1. At a Further Education or Vocational Training College
 2. At a University (or College affiliated to a University) doing an undergraduate degree
 3. At a University (of College affiliated to a University) doing a postgraduate degree / certificate
 4. At another type of institution
 5. Don't know
-

IF EMPL = 7

CAMPUS2 – Where are you currently living?

1. University halls
 2. Private student halls
 3. Privately rented house or flat with other students
 4. Privately rented house or flat with other people (NOT with other students)
 5. Privately rented house or flat on my own
 6. Your own home which you own
 7. Parents' or guardians' home
 8. Other
-

ASK ALL

CAREHOME

Do you live in a care home? A care home is accommodation for a group of people who receive nursing or personal care there.

1. Yes
 2. No
-

IF CAREHOME=1

CARETYPE

In the care home, do you receive nursing care?

1. Yes
 2. No
 3. Don't know
-

IF CAREHOME=2 (DO NOT LIVE IN CARE HOME)

PERSCARE

Do you, or anyone you live with, receive nursing or personal care at home? By nursing or personal care we mean care provided by employees of a public body, private company or charity, not care provided by friends or family.

SELECT ALL THAT APPLY

1. Yes, I do
 2. Yes, someone else in my household does
 3. No
 4. Don't know
-

gross_household

Gross HOUSEHOLD income is the combined income of all those earners in a household from all sources, including wages, salaries, or rents and before tax deductions. Currently, what is your gross household income?

<1>	under £5,000 per year	<10>	£45,000 to £49,999 per year
<2>	£5,000 to £9,999 per year	<11>	£50,000 to £59,999 per year
<3>	£10,000 to £14,999 per year	<12>	£60,000 to £69,999 per year
<4>	£15,000 to £19,999 per year	<13>	£70,000 to £99,999 per year
<5>	£20,000 to £24,999 per year	<14>	£100,000 to £149,999 per year
<6>	£25,000 to £29,999 per year	<15>	£150,000 and over
<7>	£30,000 to £34,999 per year	<16>	Don't know
<8>	£35,000 to £39,999 per year	<17>	Prefer not to answer
<9>	£40,000 to £44,999 per year		

ASK ALL

ABROAD

In the last three months, that is since <<<DATE OF SURVEY BEING TAKEN>>>, have you been abroad at all (that is to any country outside the UK)?

1. Yes
 2. No
-

IF ABROAD = 1

COUNTRYVISIT

Which country or countries did you visit? If you have visited more than one country in the last three months, please tell us the two you spent the most time in.

Please type the first few characters of the country and select it from the list. For some countries, we provide more specific locations such as islands, like Majorca, Tenerife, Crete. If the country is not shown, you can type it in.

Country 1

[AUTORESPONSE – PREDICTIVE TEXT]

Other (allow participant to write in)

Prefer not to say (SKIP COUNTRYVISITA1 AND JUST ASK WHAT WAS THE LAST DATE YOU WRE ABROAD (AS FAR AS YOU CAN REMEMBER)

Country 2 (include a logic check so country 2 cannot be the same as country 1)

[AUTORESPONSE – PREDICTIVE TEXT]

Other (allow participant to write in)

Prefer not to say (SKIP COUNTRYVISITA2 AND JUST ASK WHAT WAS THE LAST DATE YOU WRE ABROAD (AS FAR AS YOU CAN REMEMBER)

IF ONE COUNTRY MENTIONED

COUNTRYVISITA1 (for country 1 selected)

How long were you in <<<COUNTRY 1>>>? Please enter a value. If you are unsure, please give your best estimate.

----- days

Prefer not to say

FOR SECOND COUNTRY MENTIONED (IF MENTIONED)

COUNTRYVISITA2 (if country 2 selected)

How long were you in <<<COUNTRY 2>>>? Please enter a value. If you are unsure, please give your best estimate.

----- days

Prefer not to say

COUNTRYVISITB (for countries selected in COUNTRYVISIT)

What was the last date you were in Country X (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

IF PREFER NOT TO SAY AT ABROAD

What was the last date you were abroad (as best you can remember)?

Prefer not to say

ASK ALL

HEIGHT

How tall are you without shoes? If you are unsure, please give an estimate. INFO: Please give your height to the nearest half inch or nearest centimetre.

{Default box is feet and inches but with button to click to get cm}

Feet (NUMBER RANGE 3 to 7) and inches (NUMBER RANGE 0 to 11 with .0 and .5 and whole numbers with no decimal mentioned allowed)

HEIGHT CHECK WORDING IF NO ANSWER IN INCHES: Missing Answer: Please enter a value for feet AND inches. If your height is an exact number of feet, please enter 0 in the inches box. There are 12 inches in a foot.

HEIGHT CHECK WORDING IF ANSWER OUTSIDE VALID RANGE: Your answer is not within the range for this question. Please enter an answer between 3 foot 0 inches and 7 foot 11.5 inches. There are 12 inches in a foot.

If selected: Centimetres (NUMBER RANGE 90 to 240)

[NOTE TO SCRIPTER – IF PUTS HIGHER OR LOWER THAN ALLOWED ADD – ‘Your answer, <INSERT ANSWER> is not within the range for this question. Please enter an answer between <LOWEST NUMBER ALLOWED> and <HIGHEST NUMBER ALLOWED>.’

3. Cannot give estimate

4. Prefer not to say

ASK IF HEIGHT LESS THAN 4FT 11IN / 150 CM OR MORE THAN 6FT 5IN / 196 CM

HGTCHK

Your height is [^insert feet^] and [^insert inches^] / [^insert cms^], is that correct?

1. Yes
2. No - you will be taken back to change your answer (RETURN TO HEIGHT)
3. Prefer not to say

ASK ALL

WEIGHT

What is your current weight? If you are unsure please give an estimate.

{Default box is stones and pounds but with button to click to get kg}

STONES (NUMBER RANGE 3 to 40) POUNDS (NUMBER RANGE 0 to 13)

WEIGHT CHECK WORDING IF POUNDS MISSING: Missing Answer: Please enter a value for stones AND pounds. If your weight is an exact number of stones please enter 0 in the pounds box.

WEIGHT CHECK WORDING ANSWER OUTSIDE VALID RANGE: Your answer is not within the range for this question. Please enter an answer between 3 stone 0 pounds and 40 stone 0 pounds. There are 14 pounds in a stone.

KILOGRAMS (NUMBER RANGE 20 to 250)

3. Cannot give estimate
4. Prefer not to say

ASK IF WEIGHT ~3 OR 4

WGTCHK

Your weight is [^insert stones^] and [^insert pounds^] / [^insert kgs^], is that correct?

1. Yes
 2. No - you will be taken back to change your answer (RETURN TO WEIGHT)
 3. Prefer not to say
-

[ASK IF U_GENDER = FEMALE AND (U_AGE < 55) AND (valid HEIGHT ANSWER and VALID WEIGHT ANSWER). Do not ask this if gave prefer not to say or cannot give estimate on HEIGHT OR WEIGHT]

PREG

As being pregnant affects weight, are you pregnant at present?

1. Yes
2. No
3. Prefer not to say

Recontact question

ASK ALL

CONTACT

Imperial College London or Department of Health and Social Care may wish to carry out future research among participants of this study. Would you be willing for Imperial College London or Department of Health and Social Care to retain your contact details in order to invite you to take part in future research?

You do not have to say now whether you would actually take part in the research, just whether you would be happy to be contacted about it.

Please select one answer

1. Yes
2. No

ASK ALL

LINKAGE

Imperial College London would like your permission to link information held by NHS Digital and other UK NHS bodies about you to this survey data to follow your health status for up to 20 years. If you agree Imperial College may also receive your contact details which we may use to contact you if you have agreed to recontact. All such data will be held securely by Imperial College London and kept confidential.

Do you give permission for Imperial College London to do this?

1. Yes
 2. No
-

Your answers have now been submitted.

Thank you very much for taking part in this important study about the COVID-19 testing process. The study will help the Government develop its approach to COVID-19 testing.

The results of the study will be available on the Imperial College London dedicated REACT webpage in due course: <https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/real-time-assessment-of-community-transmission-findings/>

To find out more about the REACT research programme and the latest results [click here](#). For the current Government guidance about COVID-19, please visit <https://www.gov.uk/coronavirus>

If you have any questions about this research, for Frequently Asked Questions [click here](#)

Email us on: UK-covid-test-research@ipsos.com;

Call the freephone helpline: 0800 819 9150.

You can exit the questionnaire by closing your internet browser.
