

ANTIBODY TEST STUDY 5

Round 6 Registration Survey

Covid-19 Home Antibody Testing Study

Registration questionnaire

Version 3.1

26 March 2021

STUDY 5 ROUND 6

JN 21-030446-01

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.xxxxxxxxxx (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 (COVID-19 home antibody testing research study)
 - 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 Policy](#)¹
 - [Contact us](#)²
 - [FAQ](#)³
 - No progress bar should be shown to respondents.
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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.

Before we begin, we would like to inform you that Ipsos MORI is a member of the Market Research Society. All information that you give us will be treated in the strictest confidence.

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

If you would like to read the Covid-19 Home Antibody Testing Study 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.

Confirm individual

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]
-

ASK ALL

DOBCONF

Is your month and year of birth [XX FEED-FORWARD MONTH AND YEAR OF BIRTH]?

Please select one answer

1. Yes
 2. No
-

ASK IF (DOBCONF = 2)

DOB

What is your date of birth?

[INCLUDE DOB QUESTION FORMAT TO RECORD DAY, MONTH, AND YEAR]

1. Prefer not to answer
-

ASK IF (DOB = 1)

AGE

How old are you?

[OPEN NUMERIC BOX, RANGE 18 – 112]

1. Prefer not to answer
-

Household composition

NADULTS

Including yourself, how many adults aged 18 and over currently live in your household?

INFO: Who should I include? Include all adults aged 18 and over, including any young people aged 18 or over. Include people who regularly spend part of the week in your household. Include yourself.

NUMERIC 1...10

IF NADULTS = 2+

ADULTAGE

You said that [(IF NUMBER AT NADULTS-1 = 1) there is 1 adult] [(IF NUMBER AT NADULTS-1 = 2+) there are (NUMBER AT NADULTS-1) adults] other than you in your household. How old are these adults?

[IF MORE THAN 10 ENTERED AT NADULTS] "You said that there are (NADULTS-1) adults other than you in your household. Please tell us the ages of the 10 adults you spend most time with."

[Show multiple rows up for number of adults aged 18+ in household]

Header: Age in Years

Rows for each adult:

First adult

Second adult (and so on)

Columns for each adult:

Numeric box

Prefer not to say

NCHILD

How many children or young people aged 0 to 17 years currently live in your household?

INFO: Who should I include?

Include all children aged 0-17 in your household, whether or not they are your own children. Include infants and babies. Include children who regularly spend part of the week in your household.

NUMERIC 0...15

IF NCHILD = 1+

CHILDAGE

You said that [(IF NUMBER AT NCHILD = 1) there is 1 child] [(IF NUMBER AT NCHILD = 2+) there are (NUMBER AT NCHILD) children] in your household. How old are these children?

[Show multiple rows up for number of children aged 0-17 in household]

Header: Age in Years

Rows for each child:

First child

Second child (and so on)

Columns for each child:

Numeric box

Prefer not to say

Demographics

ASK ALL

EDUC

What is your highest educational qualification? This means any educational, professional, vocational or other work-related qualifications for which you received a certificate.

Please select one answer

1. Degree level or above
2. Other Higher Education below degree level
3. A levels, NVQ level 3 and equivalents INFO includes AS level, SVQ and GNVQ level 3, BTEC National
4. GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents INFO: includes SVQ and GNVQ level 2, BTEC first or general diploma
5. Qualifications at level 1 and below INFO: includes GCSE or O level below grade C or 4, CSE below grade 1, NVQ, SVQ and GNVQ level 1, BTEC first or general certificate,
6. Another type of qualification INFO: includes other vocational or professional or foreign qualifications
7. No qualification

[IF THEY TRY TO GO PAST PLEASE ALLOW THEM TO – NOT FORCED ANSWER]

ASK ALL
ETHNIC

Which one of the following best describes your ethnic group or background?

White [Expanding header - drop down options below]

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background

Mixed [Expanding header - drop down options below]

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background

Asian / Asian British [Expanding header - drop down options below]

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background

Black / African / Caribbean / Black British [Expanding header - drop down options below]

14. African
15. Caribbean
16. Any other Black / African / Caribbean background

Other ethnic group [Expanding header - drop down options below]

17. Arab
18. Any other ethnic group (please specify)
19. Prefer not to say

Vaccinations

ASK ALL

VACCINE3

Have you had a coronavirus vaccine (e.g. Pfizer/BioNTech, AstraZeneca/Oxford COVID-19 or another COVID-19 vaccine)?

1. Yes
2. No
3. Only had the vaccine as part of a trial

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 (exclusive)

Registration for study

ASK ALL

EXCL

Do you have an increased risk of bleeding (for example taking blood thinners such as Warfarin, or any medical condition that would mean a self-delivered finger prick with a lancet would not be advisable)?

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

IF EXCL = 1

EXCLCONF

You said you have an increased risk of bleeding (for example taking blood thinners such as Warfarin), or a medical condition that would mean a self-delivered finger prick with a lancet would not be advisable.

Is this correct?

If you have an increased risk of bleeding, we will not be able to send you an antibody test as there are risks associated with this test for people who have an increased risk of bleeding.

1. Yes – I have an increased risk of bleeding
 2. No – I do not have an increased risk of bleeding
 3. Don't know
-

IF EXCLCONF = 1

CLOSE

We cannot send you an antibody test as there are risks associated with this test for people who have an increased risk of bleeding. Thank you for your interest.

END SURVEY

IF EXCL = 2 or 3 OR EXCLCONF=2 OR 3

RESPCHK

Are you willing to take part in this study?

Taking part is voluntary. If you agree and are selected for this study, we will send you a COVID-19 self-testing antibody kit which involves pricking the tip of your finger to get a blood spot for testing.

Please note that it is possible that we will not be able to include everyone who offers to take part. We will let you know if we cannot include you. If you are selected to take part, we will provide full instructions with the kit. After receiving the testing kit, you are still able to change your mind about taking part.

Once you have done the test, we would also like you to complete a short questionnaire, that will ask you to record your test result and any COVID-19 symptoms you may have had in recent months.

This information will be kept securely and only data without personal identifying information will be shared beyond the study team.

We will send more information with the test, and you can withdraw from the study at any time.

1. Yes, I want to take part in this study
 2. No, I do not want to take part. TERMINATE (TAKE TO FEEDBACK PAGE2)
-

Email and mobile of adults registering

ASK ALL

We would like to collect your email address and mobile phone number. We will use these to send you emails and text messages about this study. If you do not have a mobile telephone number, please enter a landline telephone number.

If you would prefer not to provide these details, please leave the email address and phone number blank. If you would like to review your answers before you submit them, please click on the 'back' buttons to go back and review your answers'.

EMAIL1: Email address [CHECK TO ENSURE VALID EMAIL ADDRESS]

EMAIL1: Please re-enter your email address [CHECK TO ENSURE VALID EMAIL ADDRESS AND BOTH EMAIL ADDRESSES ENTERED MATCH EXACTLY.]

MOBILE1: Mobile phone number [10 OR 11 DIGITS PERMITTED]

MOBILE1: Please re-enter your mobile phone number [10 OR 11 DIGITS PERMITTED AND BOTH PHONE NUMBERS ENTERED MATCH EXACTLY.]

Feedback page

Your answers have now been submitted. Thank you for registering to take part in this study.

You may be sent a package containing the test in the next few weeks. Test kits will start to be sent out from 11 May 2021. The package will contain full instructions.

You can exit the questionnaire by closing your internet browser.

Feedback page2

Thank you for taking part in this survey. As you did not consent to take part in this study you will not be sent a test kit. Thank you for your interest.

You can exit the questionnaire by closing your internet browser.
