

# **ANTIBODY TEST STUDY 5**

**Round 6 User Survey**

**PHE Covid-19 Testing Study**  
**Individual level questionnaire**

**Study 5 Version 2.12**

**7 April 2021**

**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.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 Policy<sup>1</sup>
    - Contact us<sup>2</sup>
    - FAQ<sup>3</sup>
    - Video (short)
    - Video (subtitles)

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

<sup>2</sup> [UK-covid-test-research@ipsos.com](mailto:UK-covid-test-research@ipsos.com)

<sup>3</sup> 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]

---

IF INDCONF=2

### CLOSE1

"We thank you for your time spent taking this survey."

TERMINATE

---

## Health

ASK ALL

### COVIDA

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

1. Yes, confirmed by a positive test (**swab**/\*PCR/**antigen**<sup>5</sup> 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

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<sup>4</sup> "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."

<sup>5</sup> "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 or change to sense of smell
10. Loss or change to 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
  28. Raised, red, itchy areas on the skin
  29. Sudden swelling of the face or lips
  30. Red/purple sores or blisters on your feet (including toes)
  32. Leg swelling (Thrombosis)
  31. Other symptom (please specify)
  27. None of these
- 

IF COVIDA = 1, 2 OR 3

### **LONGCOVID1**

Some people who have COVID-19 have symptoms that last for more than four weeks.

When you {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19, did your symptoms last for more than four weeks?

1. Yes, and I still have symptoms
2. Yes, but I no longer have symptoms
3. No, the symptoms lasted for four weeks or less
4. No, never had any symptoms
5. Don't know – still have symptoms but not yet for four weeks

IF LONGCOVIVD1 =1 OR 2

### **LONGCOVIDDESC**

Would you describe yourself as having “long COVID”, that is, you have had long term symptoms lasting at least 4 weeks after you first {IF COVIDA=1 had; IF COVIDA=2 or 3 thought you had} COVID-19, that are not explained by something else?

1. Yes, I still have it
2. Yes, but I think I have recovered
3. No
4. Don't know

IF LONGCOVID1=1 OR 2

### **LONGCOVID2**

Thinking of the symptoms that lasted for more than four weeks, which, if any, of the following did you have?

Please select all the symptoms you had for more than four weeks, whether or not you saw a doctor.

1. Loss or change to sense of smell
2. Loss or change to sense of taste
3. Fever
4. Headaches
5. Confusion "brain fog", forgetfulness
6. Dizziness, vertigo
7. Abdominal issues (stomach ache, diarrhoea, nausea, vomiting)
8. Shortness of breath, breathlessness, wheezing
9. Tightness or heaviness in chest, chest pain
10. Heart issues (racing heart, palpitations, irregular heartbeat etc.)
11. None of the above
12. Prefer not to say

ASK IF LONGCOVID1=1 OR 2

### **COVIDSYM2**

How about these? Which, if any, of the following symptoms were part of your COVID-19 illness?

Please select all the symptoms you had for more than four weeks, whether or not you saw a doctor.

1. Coughing
2. Sneezing
3. Runny or blocked nose
4. Mild fatigue (e.g. feeling tired)
5. Severe fatigue (e.g. inability to get out of bed)
6. Numbness or tingling somewhere in the body
7. Achy or cramping muscles, pain in muscles
8. Pain in joints
9. Leg swelling (Thrombosis)
10. Difficulty sleeping
11. Loss of appetite
12. Weight loss
13. None of the above
14. Prefer not to say



ASK IF LONGCOVID1=1 OR 2

**COVIDSYM3**

How about these? Which, if any, of the following symptoms were part of your COVID-19 illness?

Please select all the symptoms you had for more than four weeks, whether or not you saw a doctor.

1. Itchy, sore or red eyes, conjunctivitis
2. Vision issues
3. Hearing issues (e.g. hearing loss, Tinnitus etc.)
4. Hair loss
5. Sore throat or hoarse voice
6. Skin issues (itchy, scaly, redness, etc.)
7. Sudden swelling of the face or lips
8. Red/purple sores or blisters on your feet (including toes)
9. Something else (specify) [ADD TEXT BOX]
10. None of the above
11. Prefer not to say

For all answers selected at **LONGCOVID2 [CODES 1-10]** , **COVIDSYM2 [CODES 1-10]** and **COVIDSYM3 [CODES 1-9]**. **ASK FOR EACH SYMPTOM SEPARATELY.**

**LONGCOVIDB2**

Thinking about [LONGCOVID2, COVIDSYM2, COVIDSYM3], how long did this symptom last for approximately? If you still have this symptom, how long has it lasted for?

If you are unsure, please give an estimate.

1. Less than four weeks
  2. Four weeks up to two months
  3. Two months up to three months
  4. Three months up to six months
  5. More than six months
- 

ASK IF LONGCOVIDDESC = 1 OR 2

**LONGINTERMIT**

Thinking about all your symptoms that lasted for more than 4 weeks, how often [IF LONGCOVIDDESC = 1 do you] [IF LONGCOVIDDESC=2 did you] have the symptoms?

1. Every day
2. Most days
3. [IF LONGCOVIDDESC = 1 They are intermittent (i.e. they come and go)] [IF LONGCOVIDDESC=2 They were intermittent (i.e. they came and went)]

ASK IF LONGCOVIDDESC = 1 OR 2

**LONGCOVIDACTIV**

Thinking about all your symptoms, how often, if at all, does your “long COVID” reduce the amount or kind of activities that you can do compared with the time before you had COVID-19?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Don't know
7. Prefer not to say

ASK IF LONGCOVIDDESC = 1 OR 2

**LONGCOVIDABILITY**

How much, if at all, does your “long COVID” reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

1. A lot
2. A little
3. Not at all
4. Don't know
5. Prefer not to say

ASK IF LONGCOVIDDESC = 1 OR 2

**LONGCOVIDMED**

Have you accessed any medical help for “long COVID” from any of the following?

Please select all that apply

1. Contacted NHS 111, by phone or online
2. Visited pharmacist
3. Consulted GP/practice nurse over the phone or online
4. Consulted GP/practice nurse face to face
5. Walk-in centre
6. Accident and Emergency (A&E)
11. Hospital appointment or consultation (outpatient)
7. Hospital admission
8. Hospital admission: intensive care unit
9. Other, please specify..... [free text]
10. No, did not seek medical attention

ASK ALL

**PCRPREV1**

Before this study, had you previously taken an **antigen<sup>6</sup>/\*PCR swab** test to see if you had COVID-19 infection at the time of taking the test?

An antigen test indicates whether you currently have the COVID-19 virus. This could be either a PCR swab test of the nose and throat where the test goes to a laboratory, or a lateral flow swab test (of your nose only, or of nose and throat) where you get the results in less than an hour, without the test going to a laboratory.

\*PCR = Polymerase Chain Reaction

Please do not include any tests that show if you have had COVID-19 in the past (an **antibody<sup>7</sup> 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

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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
- 

<sup>6</sup> "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."

<sup>7</sup> "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. Diarrhea
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
28. Raised, red, itchy areas on the skin
29. Sudden swelling of the face or lips
30. Red/purple sores or blisters on your feet (including toes)
32. Leg swelling (Thrombosis)
31. Other symptom (please specify)
27. 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
9. June 2020
10. July 2020
11. August 2020
12. September 2020
13. October 2020
15. November 2020
16. December 2020
17. January 2021
18. February 2021
19. March 2021
20. April 2021
21. May 2021
8. Can't remember

**SYMPTOTH**

Thinking of the symptoms you have had since November 2019, do you think any of these symptoms were because you had COVID-19 or were they all related to another issue (e.g. other illness, allergy, pregnancy etc.)?

1. Some or all of the symptoms may have been due to COVID-19
2. Some or all of the symptoms may have been due to a COVID-19 vaccination
3. The symptoms were not due to COVID-19 or a COVID-19 vaccination
4. Don't know

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, type II or gestational)
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 IF U\_GENDER = FEMALE AND U\_AGE < 55

**PREG**

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

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

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

**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. The information you provide is completely confidential.

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 e.g. 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 / to go to a hospital appointment
5. To care for, provide assistance, or to help someone else (for example, friends or family)
6. To socialise with people 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
16. To go to school/college/university
8. For outdoor exercise (for example, going for a walk or hike, run or cycle)
9. To go shopping
14. To get a vaccination
15. To walk a dog/other pet care
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 or a company car used mainly by you and your household)
  5. Private car owned by someone outside your household
  6. Hired car, car club car or other car shared by a number of people
  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)
- 

IF LEAVE 1 = 1

## **INDOOR**

In the last 7 days have you done any of the following activities indoors?

Please do not include anything that you did as part of your job.

Please select all that apply

1. Taken exercise or a class inside at a gym or leisure centre
  2. Visited an indoor public swimming pool
  3. Had a meal or drink inside a pub or restaurant (do not include sitting outside)
  4. Visited a hairdresser or beauty salon
  5. Seen a film or play at an indoor cinema/theatre
  6. Spent more than 5 minutes inside someone else's home
  9. Other indoor activities involving spending more than 5 minutes with people from outside your household (not including for work or education)
  7. None of these
  8. Prefer not to say
-

IF LEAVE 1 = 1

**OUTDOOR**

In the last 7 days have you done any of the following activities outdoors?

Please do not include anything that you did as part of your job.

Please select all that apply

1. Played team sports or taken exercise classes outside
2. Visited an outdoor public swimming pool
3. Had a meal or drink sitting outside at a pub or restaurant
4. Watched a play or film outside
5. Spent time outside with people from other households outside
6. Taken part in a public gathering outside e.g. watching sports, demonstration
7. None of these
8. Prefer not to say

---

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

### **SELFISOEVER**

We are now going to ask questions about self-isolation. Your answers are strictly confidential.

Have you or anyone else in your household needed to self-isolate for any reason?

Please do not include any time you have been in quarantine after returning from a trip outside the UK.

1. Yes
2. No
3. Dont know
4. Prefer not to say

ASK IF SELFISOEVER =1

### **SELFISO2**

For which of the following reasons did you self-isolate?

If you have self-isolated more than once, please **g**ive the reasons for your **most recent** period of self-isolation.

Please do not include any time you have been in quarantine after returning from a trip outside the UK.

Please select all that apply

1. I had symptoms
2. I was told to self-isolate by NHS Test and Trace
3. I had a positive coronavirus test result
4. Someone in my household or support bubble had symptoms

5. Someone I had contact with e.g. at home, school or work in my household had a positive coronavirus test result
  6. I was told to self-isolate prior to a medical appointment
  7. Self-isolated for some other reason
  8. Don't know
- 

ASK IF SELFISO2 =1 TO 6

**ISOLRECENT**

When was the most recent time that you self-isolated?

Please enter the first day of the most recent isolation period (as best as you can remember).

[DD/MM/YYYY]

---

ASK IF SELFISO2 =1 TO 6

**ISOLDAYS**

During your most recent self-isolation period, how many days did you self-isolate for?  
*Please enter the number of days in the box below.*

[numeric]

Prefer not to say

---

ASK IF SELFISO2 =1 TO 6

**ISOLLEAVE**

Did you leave home for any reason during the most recent time you self-isolated?

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

ASK IF ISOLLEAVE = 1

**ISOLLEAVEREASON**

For what reason(s) did you leave home during the most recent time you self-isolated?

Please select all that apply.

[ROTATE LIST]

ALLOW MULTICODE

1. For work
2. To volunteer
3. To seek medical assistance/to go to a hospital appointment
4. To care for, provide assistance or to help someone else (for example, friends or family)
5. To meet with someone outside
6. To fulfil a legal obligation
7. To meet with someone indoors
8. To take a child to school or childcare
9. To get or post a COVID-19 test
10. There was a risk of harm
11. For outdoor exercise (for example, going for a walk, run or cycle)
12. To buy essential items/to go shopping
13. For errands (for example, pay bills, withdraw money from bank, visit post office)
16. To get a vaccination
17. To walk a dog/other pet care
14. I have left my house for other reasons (please specify)
15. Prefer not to say

ASK IF ISOLLEAVEREASON=1

### **COVIDWORK**

Which of following best describes why you left home to go to work?

Please select all that apply

1. My employer said I had to
  2. I would not be paid otherwise
  3. There was no one else to do the work that needed to be done
  4. I felt well enough to work
  5. I prefer not to be at home
  6. There was a work emergency
  7. I was worried I might lose my job
  8. I didn't see why I should self-isolate
  9. Other reason (specify)
  10. Prefer not to say
-

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<sup>8</sup>.

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<sup>9</sup>.

---

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]

---

---

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

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



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)

---

IF CONTACT1 = 1+

**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
- 

**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 & ABCOMP <3

**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 ABATTEMPT = 1 & ABCOMP <3

**NEWRESULT**

Step 9 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

**VACCINE3SYM**

We asked you this when you registered to receive an antibody test kit but we would just like to double check, have you had a coronavirus vaccine (e.g. Pfizer/BioNTech, AstraZeneca/Oxford or other COVID-19 vaccine)?

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

---

IF VACCINE3SYM=1

**VACCINEREG**

Can we just check, have you had a coronavirus vaccine since you registered to take part in this study (from 27 April 2021)?

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

IF VACCINE3SYM = 1

**VACCDOSESYM**

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 VACCINE3SYM =1

**VACCINEFIRSTSYM**

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

**VACCINESECONDSYM**

When did you have the second dose (injection)?

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

DAY/MONTH/YEAR

---

IF VACCINE3SYM =1

**VACCINETYPESYM** (allow multicode)

Which vaccine did you receive from your healthcare provider?

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

IF VACCINE3SYM = 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/ I have a fear of needles
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 [ASK IF U\_GENDER = FEMALE AND U\_AGE < 55]
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
21. I am concerned that it will affect my fertility.
22. I am worried about having an allergic reaction
23. I have had bad reactions in the past to vaccinations
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/ I have a fear of needles
  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 [ASK IF U\_GENDER = FEMALE AND U\_AGE < 55]
  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
  21. I am concerned that it will affect my fertility.
  22. I am worried about having an allergic reaction
  23. I have had bad reactions in the past to vaccinations
  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 (with or without pay), 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 Government<sup>10</sup>)
  6. None of these
  7. Don't know
- 

<sup>10</sup> <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?

Select all that apply

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

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
- 

IF EMPL = 1, 2, 3

**WORKHOME**

Are you currently working from home all the time?

1. Yes
  2. No – I work outside the home sometimes or always
  3. No – I am furloughed
  4. Prefer not to say
- 

IF WORKHOME =2

**WORKHOMEPOSS**

Could your job be done from home all the time?

1. Yes
  2. No because of the nature of the job e.g. construction work, bus driver, nurse, police officer, shop worker etc.
  3. Not Sure
-

IF WORKHOMEPOSS=1 or 3

**WORKHOMEREASON**

[ROTATE LIST]

For what reason(s) do you leave home for work?

Select all that apply.

1. I prefer to work outside my home
2. Lack of employer support to work from home
3. Lack of suitable workspace at home
4. I miss meeting and working in person with my colleagues
5. Difficulty maintaining work-life balance at home
6. Unreliability of technology/equipment at home
7. Lack of necessary technology/equipment at home
8. I find it difficult to work at home
9. The other people I live with make it difficult to work at home
12. My employer has asked me to go to the workplace
10. Other (please specify)
11. Prefer not to say

---

IF WORKHOMEPOSS =1

**SICKPAY1**

If you were off work for two weeks because you had to self-isolate, whether you had COVID-19 or not, would you receive any of the following?

1. Full pay
2. Statutory Sick Pay (SSP)
3. Neither of these
4. Don't know

---

IF EMPL = 1, 2, 3

**SICKPAY2**

If you were off work for two weeks due to illness, would you receive any of the following?

1. Full pay
2. Statutory Sick Pay (SSP)
3. Neither of these
4. Don't know

IF EMPL = 1, 2, 3

**SICKPAY3**

If you were off work for two weeks due to illness, how serious would the financial impact be on your household?

1. Very serious
  2. Fairly serious
  3. Not very serious
  4. Not at all serious
  5. Prefer not to say
- 

ASK ALL

**COV\_PayEx2**

How well would you say your household is managing financially these days? Would you say your household is...

1. Living comfortably
  2. Doing alright
  3. Just about getting by
  4. Finding it quite difficult
  5. Finding it very difficult
  6. Don't know
  7. Prefer not to say
- 

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

ASK ALL

### 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

**NUMVISIT**

In the last three months that is since <<<DATE OF SURVEY BEING TAKEN>>>, how many different countries did you visit?

\_\_ [allow numeric value]

Prefer not to say

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

---

**COUNTRYVISITB1 (for country 1 selected in COUNTRYVISIT)**

What was the last date you were in < COUNTRY 1> (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

**COUNTRYVISITB2 (for country 2 selected in COUNTRYVISIT)**

What was the last date you were in < COUNTRY 2> (as best as you can remember)?

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

IF NUMVISIT =3+

**LASTABROAD**

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

WRITE IN DATE

DAY/MONTH/YEAR

Prefer not to say

---

ASK IF ABROAD =1

**QUARANTINE1**

Were you instructed to quarantine after returning from your trip outside the UK? A quarantine is when you are legally required to self-isolate either at home or in a hotel.

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

ASK IF QUARANTINE1=1

**QISOLLEAVE**

Have you left home for any reason during the quarantine period after returning from your trip outside the UK? A quarantine is when you are legally required to self-isolate.

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

ASK IF QISOLLEAVE = 1

**QISOLLEAVEREASON**

For what reason(s) did you leave home during the quarantine period?

Please select all that apply.

[ROTATE LIST]

[ALLOW MULTICODE]

1. For work
2. To volunteer
3. To seek medical assistance/to go to a hospital appointment
4. To care for, provide assistance or to help someone else (for example, friends or family)
5. To meet with someone outside
6. To fulfil a legal obligation
11. To meet with someone indoors
12. To take a child to school or childcare
13. To get or post a COVID-19 test
14. There was a risk of harm
15. I am certain I do not have COVID-19
7. For outdoor exercise (for example, going for a walk or hike, run or cycle)
8. To buy essential items/ to go shopping
9. For errands (for example, pay bills, withdraw money from bank, visit post office)
17. To get a vaccination
18. To walk a dog/other pet care
10. I have left my house for other reasons (please specify)
16. Prefer not to say

ASK IF QISOLLEAVEREASON=1

**QCOVIDWORK**

[RANDOMISE LIST]

Which of following best describes why you left home to go to work?

Please select all that apply

1. My employer said I had to
2. I would not be paid otherwise
3. There was no one else to do the work that needed to be done
4. I am certain I do not have COVID-19
5. I prefer not to be at home
6. There was a work emergency
7. I was worried I might lose my job
8. I don't see why I should be quarantined
9. Other reason (specify)
10. Prefer not to say

---

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 AND SMOKENOW=2

**SMOKECIGDATE**

When did you stop smoking cigarettes (as best you can remember)?

WRITE IN DATE

MONTH/YEAR

---

ASK ALL

**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

---

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 ALL

**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)
- 

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 ALL

**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)
-

## Recontact question

ASK ALL

### **CONTACT**

Imperial College London may wish to carry out future research among participants of this study. Would you be willing for Imperial College London 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](mailto:UK-covid-test-research@ipsos.com);

Call the freephone helpline: 0800 819 9150.

You can exit the questionnaire by closing your internet browser.

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