

ANTIBODY TEST STUDY 5

REACT2 Round 2b LFT Individual Survey

PHE Covid-19 Testing Study
Individual level questionnaire

Study 5b Version 1.1

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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 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: How to take the test (5 minutes)
 - Video: How to take the test (5 minutes, subtitled)

¹ This will be a privacy policy unique to the individual-level survey. It will be on the Imperial College London website, and will make reference to GDPR. and this link will take respondents directly to it. The URL will also be included on the survey materials (again, following the protocol for the main survey). <https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/>

² This should launch an email to the survey email address (uk-covid-test-followon@ipsos-mori.com@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 [\[www.ipsos.uk/Privacyantibody\]](http://www.ipsos.uk/Privacyantibody). 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

Since your last antibody test and before you took this antibody test, did you think you had had COVID-19?

1. Yes, confirmed by a positive test (swab/PCR/antigen test)
2. Yes, suspected by a doctor but not tested
3. Yes, my own suspicions
4. No

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 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. None of these

ASK ALL

COVIDCON

Since your last antibody test and before you took this antibody test, have you 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

INTRO

The next questions are to help us understand what sort of things people are doing after lockdown. This information 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 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 socialise with people in a public place
 7. To socialise with people in a personal place (for example, visiting family and friends at their home)
 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 / electric scooter
 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 / Tram / Underground / Metro
 11. Ferry / other 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
 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
-

CONTACT1

Not including members of your household, 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.

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 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)

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

ASK ALL

ABATTEMPT

Did you attempt the antibody test (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?

WRITE IN DATE

DAY/ MONTH/YEAR

ASK IF ABATTEMPT = 2

ABWHYN

Why did you not attempt to complete the antibody test?

Please select all that apply

1. I did not understand the instructions
2. I thought it would take too long
3. I did not want to prick my finger
4. I did not want to see my blood
5. I thought I might infect someone else
6. I damaged the test
7. I lost the test
8. I do not trust the test
9. I do not want to know the result
10. Other (please write in)
11. Don't know

ASK IF ABATTEMPT = 1

ABCOMP

Did you successfully manage to complete the antibody test?

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?

- 1 Yes
 - 2 No
-

ASK IF ABCOMP = 2 OR 3

ABWHYN2

Why did you not successfully complete the antibody test?

1. I did not understand the instructions
2. It took too long
3. I did not manage to use the lancet
4. I did not manage to get a blood drop
5. I did not manage to get enough blood on the test
6. I did not manage to get the buffer on the test
7. I damaged the test
8. It was too fiddly for me to manage
9. I did not have some of the equipment I needed
10. I do not want to know the result
11. I could not read the result
12. Other (please write in)
13. Don't know

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

< OPEN_1 >

If you wish, please provide additional comments about your experience of doing the antibody test

1. No additional comments
-

< 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
-

Recontact question

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. 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
-