



## COVID-19 and You...

# Scotland's recovery from the pandemic

This study seeks to understand the lives of older people (those aged 50+) in Scotland during the pandemic and their views on the recovery ahead. We are interested in how things have been going for you, what has changed over the last year, and how you'd like your life to be now that restrictions are easing. The results will inform policymakers, health professionals and service providers about how lives might be improved as we recover from the pandemic.

We will begin by asking for some general information about you. Then, about how COVID-19 affected how you felt and how you lived your life during the pandemic. For example, how you've kept in touch with friends and family, looked after your general health, and how it has impacted your employment and/or financial circumstances. As restrictions are now easing, some people are very keen to return to their pre-pandemic lifestyles while others may be more hesitant. This means we may ask about some things that could be quite sensitive or challenging for you. While we hope you will answer all questions, you do not need to answer every question if you don't want to. Just go on to the next one.

### Who can take part?

Taking part is by invitation only and is completely voluntary. You have been invited because you have previously taken part in research conducted by the HAGIS team at the University of Stirling or the Generation Scotland team at the University of Edinburgh.

### What will happen to the information I give you?

All your survey answers will be treated in confidence and only used for research purposes. We will anonymise your information so that nobody will be able to identify you.

Only approved researchers will have access to the data. The questions have been approved by an ethics committee of doctors and academics at the University of Stirling.

We will ask for contact details so that we can contact you for future surveys. If you change your mind, you can contact us to withdraw from the survey at any time without giving a reason.

### Further information

If you have any questions about the study, please visit our website [www.hagis.scot](http://www.hagis.scot) or contact us directly (see below).

**HAGIS email:** [hagis@stir.ac.uk](mailto:hagis@stir.ac.uk)

**Telephone:** freephone 0800 085 1005

The principal investigator of this study is Dr Elaine Douglas. If you have any questions or concerns about this study, you can contact her directly on 01786 467 477 or at [Elaine.douglas@stir.ac.uk](mailto:Elaine.douglas@stir.ac.uk).

## What's involved in taking part?

Please read the following statements and tick the boxes to agree.

I understand that my involvement in this study is voluntary

I confirm that I live in Scotland

I confirm that I am aged 50 or over

I understand that I may be asked to provide my contact details so that you can send me future surveys and keep me informed of research findings

I understand I can withdraw from re-contact for future surveys at any time point

I understand that the data gathered in this study will be stored securely and it will not be possible to identify me in any reports from this research

I agree to take part in this Healthy Ageing in Scotland (HAGIS) survey and understand that by checking this box I am providing my signature to this agreement

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## Demographics

**Q01.** First of all, we'd like to ask you some questions about you and your circumstances.

Please enter today's date: (Day/Month/Year)

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**Q02.** What is your first name?

**Q03.** What is your last name?

**Q04.** What age were you on your last birthday?

**Q05.** What is your date of birth? (Day/Month/Year)

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**Q06.** Are you...

Male

 1

Other

 3

Female

 2

Prefer not to say

 99

**Q07. Which local authority do you live in?**

City of Aberdeen	<input type="checkbox"/>	1	Highland	<input type="checkbox"/>	17
Aberdeenshire	<input type="checkbox"/>	2	Inverclyde	<input type="checkbox"/>	18
Angus	<input type="checkbox"/>	3	Midlothian	<input type="checkbox"/>	19
Argyll and Bute	<input type="checkbox"/>	4	Moray	<input type="checkbox"/>	20
Clackmannanshire	<input type="checkbox"/>	5	North Ayrshire	<input type="checkbox"/>	21
Dumfries and Galloway	<input type="checkbox"/>	6	North Lanarkshire	<input type="checkbox"/>	22
City of Dundee	<input type="checkbox"/>	7	Orkney	<input type="checkbox"/>	23
East Ayrshire	<input type="checkbox"/>	8	Perth and Kinross	<input type="checkbox"/>	24
East Dunbartonshire	<input type="checkbox"/>	9	Renfrewshire	<input type="checkbox"/>	25
East Lothian	<input type="checkbox"/>	10	Scottish Borders	<input type="checkbox"/>	26
East Renfrewshire	<input type="checkbox"/>	11	Shetland	<input type="checkbox"/>	27
City of Edinburgh	<input type="checkbox"/>	12	South Ayrshire	<input type="checkbox"/>	28
Comhairle nan Eilean Siar (Outer Hebrides)	<input type="checkbox"/>	13	South Lanarkshire	<input type="checkbox"/>	29
Falkirk	<input type="checkbox"/>	14	Stirling	<input type="checkbox"/>	30
Fife	<input type="checkbox"/>	15	West Dunbartonshire	<input type="checkbox"/>	31
City of Glasgow	<input type="checkbox"/>	16	West Lothian	<input type="checkbox"/>	32

Reference ID:

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**Q08.** Would you be willing to be contacted in the future to take part in HAGIS, which is Scotland's contribution to a worldwide network of studies of the lives of older people?

1. Yes

Go to Q09

2. No

Go to Q11

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**Q09.** If you answered 'Yes' to the previous question please provide your contact details, if you answered 'No' please continue to Q11.

Home telephone number

Mobile telephone number

Email address

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**Q10.** How would you prefer HAGIS to contact you in the future?

Post

1

Email

2

Telephone

3

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If you answered 'No' to Q8 and are not willing to be contacted in the future.

**Q11.** What is your postcode?

Postcode

**Q12. What is your ethnic group?****A. White**Scottish  1British  2Irish  3Gypsy/Traveller  4Polish  5Any other White ethnic group, please describe:   6**B. Mixed or multiple ethnic groups**Any Mixed or Multiple ethnic groups, please describe:   7**C. Asian, Asian Scottish or Asian British**Pakistani, Pakistani  
Scottish or Pakistani  
British  8Indian, Indian  
Scottish or  
Indian British  9Bangladeshi,  
Bangladeshi Scottish  
or Bangladeshi British  10Chinese, Chinese  
Scottish or  
Chinese British  11Any other Asian, please describe:  
  12**D. African**African, African  
Scottish or  
African British  13Any other African, please describe:  
  14**E. Caribbean or Black**Caribbean, Caribbean  
Scottish or Caribbean British  15Black, Black Scottish  
or Black British  16Any other Caribbean or Black, please describe:   17**F. Other ethnic group**Arab, Arab  
Scottish or  
Arab British  18Any other ethnic group, please describe:  
  19Don't know  98Prefer not to say  99

**Q13. What is the highest level of education you have completed?**

Some primary (not complete)	<input type="checkbox"/>	1	HNC/HND or equivalent	<input type="checkbox"/>	7
Primary or equivalent	<input type="checkbox"/>	2	First degree	<input type="checkbox"/>	8
O level/O grade or equivalent	<input type="checkbox"/>	3	Postgraduate/higher degree	<input type="checkbox"/>	9
Highers or equivalent	<input type="checkbox"/>	4	None	<input type="checkbox"/>	10
Sixth year studies or equivalent	<input type="checkbox"/>	5	Don't know	<input type="checkbox"/>	98
Apprenticeship	<input type="checkbox"/>	6	Prefer not to say	<input type="checkbox"/>	99

**Q14. What is your current employment status?**

If you are doing more than one activity, please choose the activity that you spend the most time doing.

Paid employee	<input type="checkbox"/>	1	Unemployed – unable to work	<input type="checkbox"/>	7
Self-employed	<input type="checkbox"/>	2	Unemployed – not seeking work	<input type="checkbox"/>	8
In unpaid employment	<input type="checkbox"/>	3	Retired	<input type="checkbox"/>	9
Homemaker	<input type="checkbox"/>	4	Studying full-time	<input type="checkbox"/>	10
Looking after children or other dependants	<input type="checkbox"/>	5	Other	<input type="checkbox"/>	11
Unemployed – looking for work	<input type="checkbox"/>	6	Prefer not to say	<input type="checkbox"/>	99

**Q15. What religion, religious denomination or body do you belong to?**

None <input type="checkbox"/> 1	Sikh <input type="checkbox"/> 7
Church of Scotland <input type="checkbox"/> 2	Jewish <input type="checkbox"/> 8
Roman Catholic <input type="checkbox"/> 3	Hindu <input type="checkbox"/> 9
Other Christian <input type="checkbox"/> 4	Pagan <input type="checkbox"/> 10
Muslim <input type="checkbox"/> 5	Another religion, please specify: <input type="checkbox"/> 11
Buddhist <input type="checkbox"/> 6	<input type="text"/>

**Q16. Are you...**

Living with a spouse <input type="checkbox"/> 1	Living with a friend <input type="checkbox"/> 4
Living with a partner <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 98
Living as a single person (including widows, separated etc.) <input type="checkbox"/> 3	Prefer not to say <input type="checkbox"/> 99

**Q17. Which of the following options best describes how you think of yourself?**

Heterosexual/straight <input type="checkbox"/> 1	Other <input type="checkbox"/> 4
Gay /Lesbian <input type="checkbox"/> 2	Prefer not to say <input type="checkbox"/> 99
Bisexual <input type="checkbox"/> 3	

**Q18. Please indicate how many people currently live in your household (including yourself):**

This should include everyone that usually eats together and or shares a household budget.  
Children living with their parents are part of the same household.

**Total number of people:**

**Q19. Do you have any living children?** Please include all natural children, fostered, adopted and stepchildren, including those of your husband/your wife/your partner.

1. Yes

 Go to Q20

98. Don't know

 Go to Q21

2. No

 Go to Q21

99. Prefer not to say

 Go to Q21

**Q20. If you answered yes, how many children did you have in each age group in March 2020?**

If you answered no, please go to the next question.

Please include all natural children, fostered, adopted and stepchildren, including those of your husband/your wife/your partner. Please input total number of children for each age group.

Under age 5

 1

Age 13–16

 3

Age 18+

 5

Age 5–12

 2

Age 17–18

 4

**Q21. How many grandchildren/great grandchildren do you have?**

Not applicable

 97

## Wellbeing and life satisfaction

We'd now like to ask you some questions about how things are going in your life.

For the next four questions, please answer on a scale from 0 – 'Not at all' to 10 – 'Extremely'.

**Q22. Overall, how satisfied are you with your life nowadays?**

0 1 2 3 4 5 6 7 8 9 10 

Not at all

Extremely

**Q23. Overall, how happy did you feel yesterday?**

0 1 2 3 4 5 6 7 8 9 10 

Not at all

Extremely

**Q24. Overall, how anxious did you feel yesterday?**

0 1 2 3 4 5 6 7 8 9 10 

Not at all

Extremely



**Q25.** Overall, how worthwhile are the things that you do in your life?

0	1	2	3	4	5	6	7	8	9	10
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Not at all

Extremely

### Brief resilience scale

**Q26.** From the following statements, how would you describe yourself?

Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I tend to bounce back quickly after hard times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a hard time making it through stressful events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It does not take me long to recover from a stressful event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is hard for me to snap back when something bad happens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I usually come through difficult times with little trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I tend to take a long time to get over set-backs in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q27.** Here are some questions about how you feel about your life in general. Please say how much you agree or disagree with the following statements. Answer on the scale 'Strongly disagree' to 'Strongly agree'.

**1. At home, I feel I have control over what happens in most situations**

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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**2. I feel that what happens in life is often determined by factors beyond my control**

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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**3. In general, I have different demands that I think are hard to combine**

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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**4. In general, I have enough time to do everything**

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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**5. Considering the things I have to do at home, I have to work very fast**

Strongly disagree <input type="checkbox"/>	Moderately disagree <input type="checkbox"/>	Slightly disagree <input type="checkbox"/>	Slightly agree <input type="checkbox"/>	Moderately agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
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### Life expectancy

**Q28.** Thinking about other people in Scotland of the same age and sex as yourself, to what age do you expect them to live, on average?

1. In years

**Q29.** And, to what age would you expect yourself to live?

1. In years

## COVID-19 impact, concerns and worries

We'd now like to ask you some questions about your experiences of the COVID-19 pandemic.

### Q30. To what extent do you agree with the following statements?

Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I worry that I won't be able to cope if COVID-19 restrictions are reintroduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am worried about being in quarantine or lockdown for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The pandemic has caused me to feel disconnected from the world around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Since the start of the pandemic I feel so distant from people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am concerned about how I will adjust when society fully opens up after the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am daunted at the thought of increased socialising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am worried that the COVID-19 virus will mutate into a deadlier strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am worried that the COVID-19 virus will never disappear from the population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel financially vulnerable due to the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel uncertainty around my longer term financial position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Since the start of the pandemic, I worry more about the wellbeing of my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Since the start of the pandemic, I worry more about the security of my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. COVID-19 vaccines are beneficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I believe the COVID-19 vaccines' benefits outweigh any risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q31. On the whole, what impact has the COVID-19 pandemic had on your life?**

Very negative impact	<input type="checkbox"/>	1	Quite positive impact	<input type="checkbox"/>	4
Quite negative impact	<input type="checkbox"/>	2	Very positive impact	<input type="checkbox"/>	5
Neither negative nor positive impact	<input type="checkbox"/>	3			

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**Q32. Have any of the following happened to you due to the COVID-19 pandemic?**

Tick all that apply.

Lost job	<input type="checkbox"/>	1	Still on furlough	<input type="checkbox"/>	6
Pay cut	<input type="checkbox"/>	2	Furloughed – decided to retire	<input type="checkbox"/>	7
Not working but still being paid by employer	<input type="checkbox"/>	3	Retired	<input type="checkbox"/>	8
Furloughed – now returned to job	<input type="checkbox"/>	4	None of the above	<input type="checkbox"/>	9
Furloughed – then secured a new job	<input type="checkbox"/>	5	Prefer not to say	<input type="checkbox"/>	99

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**Q33. If I caught COVID-19 I believe my chances of survival would be...**

Excellent	<input type="checkbox"/>	1	Poor	<input type="checkbox"/>	4	Prefer not to say	<input type="checkbox"/>	99
Good	<input type="checkbox"/>	2	Very poor	<input type="checkbox"/>	5			
Fair	<input type="checkbox"/>	3	Don't know	<input type="checkbox"/>	98			

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**Q34. During the pandemic (from March 2020 until now), have you been worried about:**

Answer on the scale 'Not at all worried' to 'Extremely worried'.

	Not at all worried	Slightly worried	Moderately worried	Very worried	Extremely worried
1. Social distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Self-isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Staying at home as much as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Travel restrictions in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wider travel restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Restrictions on who can work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Home-based working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Access to GP and NHS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. School and nursery closures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q35. Now that restrictions are easing, do you have concerns for the year ahead about:**

Answer on the scale 'Not at all worried' to 'Extremely worried'.

	Not at all worried	Slightly worried	Moderately worried	Very worried	Extremely worried
1. Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The physical health of others in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Access to GP and NHS services for an existing health condition (not COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Access to social care or other support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your mental well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The mental well-being of others in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Losing your job/not getting paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Getting a new job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Household finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Not being able to pay your mortgage or rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Access to food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Your relationship with your spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Your relationship with your child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Your relationship with your friends or family members who do not live with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Having life plans put on hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q36. Now that restrictions are easing, do you have concerns for yourself in the three months ahead about:**

Answer on the scale 'Not at all worried' to 'Extremely worried'.

	Not at all worried	Slightly worried	Moderately worried	Very worried	Extremely worried
1. Going back to life as it was before the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Meeting up with friends and family (that you don't live with) in a family home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Going for a drink in a bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Going for a meal in a café or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Going to the cinema or theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Going to an indoor sports/exercise class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Going back to the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using public transport (e.g. bus, train, taxis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Travelling abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Physically going to a GP or hospital setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Going to outdoor events (e.g. football, concerts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Going to the shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Going to large indoor events (e.g. conferences, festivals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COVID-19 related health**

We'd now like to ask some questions about your health.

**Q37. In general, would you say your physical health is...**

Excellent	<input type="checkbox"/> 1	Fair	<input type="checkbox"/> 4	Prefer not to say	<input type="checkbox"/> 99
Very good	<input type="checkbox"/> 2	Poor	<input type="checkbox"/> 5		
Good	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 98		

**Q38. What about your emotional or mental health? Is it...**

Excellent	<input type="checkbox"/>	1	Fair	<input type="checkbox"/>	4	Prefer not to say	<input type="checkbox"/>	99
Very good	<input type="checkbox"/>	2	Poor	<input type="checkbox"/>	5			
Good	<input type="checkbox"/>	3	Don't know	<input type="checkbox"/>	98			

**Q39. Have you, or any friends or family members that are close to you ever been diagnosed with COVID-19? Tick all that apply.**

1. Yes, myself	<input type="checkbox"/>	Go to Q40	4. Yes, but would prefer not to say who	<input type="checkbox"/>	Go to Q40
2. Yes, family member	<input type="checkbox"/>	Go to Q42	5. No	<input type="checkbox"/>	Go to Q42
3. Yes, close friend	<input type="checkbox"/>	Go to Q42			

If 'Yes, myself' or 'Yes, but would prefer not to say who' is selected answer the following two questions. If any other response is given, go to Q42.

**Q40. If you have had COVID-19, did you have to go into hospital for treatment?**

Yes	<input type="checkbox"/>	1	I did not have COVID-19	<input type="checkbox"/>	3
No	<input type="checkbox"/>	2	Prefer not to say	<input type="checkbox"/>	99

**Q41. If you have had COVID-19, did/do you have symptoms lasting four or more weeks after your diagnosis of COVID-19?**

Yes	<input type="checkbox"/>	1	I did not have COVID-19	<input type="checkbox"/>	3
No	<input type="checkbox"/>	2	Prefer not to say	<input type="checkbox"/>	99

**Q42. Have you received a COVID-19 vaccination?**

Yes, first dose	<input type="checkbox"/>	1	No, I do not want to have the vaccine	<input type="checkbox"/>	4
Yes, both doses	<input type="checkbox"/>	2	Prefer not to say	<input type="checkbox"/>	99
No, but I will be vaccinated when invited to attend	<input type="checkbox"/>	3			



**Q43. Do you consider yourself to be at risk of getting COVID-19 in the future?**

High risk	<input type="checkbox"/> 1	Low risk	<input type="checkbox"/> 3	Not sure	<input type="checkbox"/> 5
Medium risk	<input type="checkbox"/> 2	Not at risk	<input type="checkbox"/> 4	Prefer not to say	<input type="checkbox"/> 99

**Q44. Do you consider yourself to be at risk of becoming seriously unwell if you were to get COVID-19?**

High risk	<input type="checkbox"/> 1	Low risk	<input type="checkbox"/> 3	Not sure	<input type="checkbox"/> 5
Medium risk	<input type="checkbox"/> 2	Not at risk	<input type="checkbox"/> 4	Prefer not to say	<input type="checkbox"/> 99

**Q45. Do you have any health problems that you believe make you at increased risk of COVID-19?**

Yes	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 98
No	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 99

**Q46. Did you receive a letter from the Scottish Government explaining that you had been added to the shielding list (i.e. your GP or health specialist team considered you to be at a high risk of becoming seriously ill if you caught COVID-19)?**

Yes	<input type="checkbox"/> 1	Didn't get a letter but chose to shield	<input type="checkbox"/> 4
No	<input type="checkbox"/> 2	Don't know	<input type="checkbox"/> 98
Didn't get a letter but my GP/health care team advised me to shield	<input type="checkbox"/> 3	Prefer not to say	<input type="checkbox"/> 99

**Q47. Were you 'shielding' during the pandemic?**

Yes, I am still shielding	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 98
Yes, during lockdown	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 99
No	<input type="checkbox"/> 3		

**Q48. Do you agree or disagree that managing your own health has become more difficult during the COVID-19 pandemic?** Answer on the scale 'Strongly disagree' to 'Strongly agree'.

Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
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**Q49. Do you agree or disagree that with regard to COVID-19, all people over the age of 70 are clinically vulnerable?** Answer on the scale 'Strongly disagree' to 'Strongly agree'.

Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neither agree nor disagree <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
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**Q50. How confident are you that you would be safe from catching COVID-19 while attending...** Answer on the scale 'Completely confident' to 'Not at all confident'.

	Completely confident	Fairly confident	Somewhat confident	Slightly confident	Not at all confident
1. An appointment at your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A hospital appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A dental appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your local pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A crowded shopping centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Indoor exercise class, gym or swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Café or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overnight stay in a hotel or B&B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Technology and social connectedness

The ways in which people stay in touch with others have changed over the pandemic and this next set of questions will help us understand this in more detail. We will ask you about connectedness: your social support, engagement with groups and clubs and your online connections.

The information you provide will help inform how in-person and online services should be developed as we recover from the COVID-19 pandemic, so please bear with them. Thank you.

## Social connections & family support

We'd now like to ask you some questions about your relationship with your family and friends.

### Q51. Do you have a spouse or partner?

1. Yes

Go to Q52

2. No

Go to Q54

If no, skip the next two questions.

### Q52. How close is your relationship with your spouse or partner?

Very close

1

Not very close

3

Quite close

2

Not at all close

4

We'd now like to ask you some questions about your spouse or partner.

### Q53. Please tick the box which best shows how you feel about each statement.

Answer on the scale 'A lot' to 'Not at all'.

	A lot	Some	A little	Not at all
1. How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q54.** Do you have any living children? If no, then skip the next three questions.

1. Yes	<input type="checkbox"/>	Go to Q55	2. No	<input type="checkbox"/>	Go to Q58
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**Q55.** Since the start of the pandemic (March 2020), how often do you do each of the following with any of your children, not counting any who live with you?

**1. Meet up in person**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**2. Meet up using video calls (e.g. Zoom, FaceTime)**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**3. Speak on the phone**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**4. Write or email**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**5. Send or receive text messages**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**Q56.** Overall, do you now have more or less contact with your children than before the pandemic began?

More than before  1

Just the same  2

Less than before  3

**Q57.** Please tick the box which best shows how you feel about your children.

Answer on the scale 'A lot' to 'Not at all'.

	A lot	Some	A little	Not at all
1. How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q58.** Do you have any immediate family (excluding children), for example, any brothers or sisters, parents, cousins or grandchildren?

1. Yes  Go to Q59

2. No  Go to Q62

**Q59.** On average, how often do you do each of the following with any of these family members, not counting any who live with you?

**1. Meet up in person**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**2. Meet up using video calls (e.g. Zoom, FaceTime)**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**3. Speak on the phone**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**4. Write or email**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**5. Send or receive text messages**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**Q60.** Overall, do you now have more or less contact with your immediate family than before the pandemic began?

More than before  1

Just the same  2

Less than before  3

**Q61.** Please tick the box which best shows how you feel about your family members.

Answer on the scale 'A lot' to 'Not at all'.

	A lot	Some	A little	Not at all
1. How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q62.** Do you have any friends? If no, then skip the next three questions about friends.

1. Yes  Go to Q63

2. No  Go to Q66

**Q63.** On average, how often do you do each of the following with any of your friends, not counting any who live with you?

**1. Meet up in person**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**2. Meet up using video calls (e.g. Zoom, FaceTime)**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**3. Speak on the phone**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**4. Write or email**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

**5. Send or receive text messages**

Three or more times a week <input type="checkbox"/>	Once or twice a week <input type="checkbox"/>	Once or twice a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	Once or twice a year <input type="checkbox"/>	Less than once a year or never <input type="checkbox"/>
--	--	---	--	--	--

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**Q64.** Overall, do you now have more or less contact with your friends than before the pandemic began?

More than before <input type="checkbox"/> 1	Just the same <input type="checkbox"/> 2	Less than before <input type="checkbox"/> 3
---	--	---



**Q65. Please tick the box which best shows how you feel about your friends.** Answer on the scale 'A lot' to 'Not at all'.

	A lot	Some	A little	Not at all
1. How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We'd now like to ask you about your involvement in groups, clubs and organisations.**

These could be formally organised groups or just groups of people who get together to do an activity or talk about things. Please exclude just paying a subscription, giving money and anything that was a requirement of your job.

**Q66. Since the start of the pandemic (March 2020), have you taken part in any of the following?**

Tick all that apply.

1. Hobbies/social clubs <input type="checkbox"/> 1	7. Environmental groups <input type="checkbox"/> 7
2. Sports/exercise groups, including taking part, coaching or going to watch <input type="checkbox"/> 2	8. Health, disability and welfare groups <input type="checkbox"/> 8
3. Local community or neighbourhood groups <input type="checkbox"/> 3	9. Political groups <input type="checkbox"/> 9
4. Groups for children or young people <input type="checkbox"/> 4	10. Trade union groups <input type="checkbox"/> 10
5. Adult education groups <input type="checkbox"/> 5	11. Religious groups, including going to a place of worship or belonging to a religious based group <input type="checkbox"/> 11
6. Groups for older people <input type="checkbox"/> 6	12. Other group <input type="checkbox"/> 12

**Q67. During the pandemic restrictions, have the following been online or in-person groups?**

Tick all that apply.

	Been online	In-person
1. Hobbies/social clubs	<input type="checkbox"/>	<input type="checkbox"/>
2. Sports/exercise groups, including taking part, coaching or going to watch	<input type="checkbox"/>	<input type="checkbox"/>
3. Local community or neighbourhood groups	<input type="checkbox"/>	<input type="checkbox"/>
4. Groups for children or young people	<input type="checkbox"/>	<input type="checkbox"/>
5. Adult education groups	<input type="checkbox"/>	<input type="checkbox"/>
6. Groups for older people	<input type="checkbox"/>	<input type="checkbox"/>
7. Environmental groups	<input type="checkbox"/>	<input type="checkbox"/>
8. Health, disability and welfare groups	<input type="checkbox"/>	<input type="checkbox"/>
9. Political groups	<input type="checkbox"/>	<input type="checkbox"/>
10. Trade union groups	<input type="checkbox"/>	<input type="checkbox"/>
11. Religious groups, including going to a place of worship or belonging to a religious based group	<input type="checkbox"/>	<input type="checkbox"/>
12. Other group	<input type="checkbox"/>	<input type="checkbox"/>

**Q68. How did you take part in the following prior to the pandemic?**

Tick all that apply.

	This is a new activity	I did it in-person before the pandemic	I did it online before the pandemic
1. Hobbies/social clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sports/exercise groups, including taking part, coaching or going to watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Local community or neighbourhood groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Groups for children or young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Adult education groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Groups for older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Environmental groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Health, disability and welfare groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Political groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Trade union groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Religious groups, including going to a place of worship or belonging to a religious based group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Social support

There are two situations described below where people might need help. For each one, could you advise if there is anyone you could ask for help? Please include people living with you and people outside the household.

### Q69. You are ill in bed and need help at home. Is there anyone you could ask for help?

1. Yes	<input type="checkbox"/>	Go to Q70	98. Don't know	<input type="checkbox"/>	Go to Q71
2. No	<input type="checkbox"/>	Go to Q71	99. Prefer not to say	<input type="checkbox"/>	Go to Q71

### Q70. If you answered yes, who could you ask for help? Tick all that apply.

Husband/wife/partner	<input type="checkbox"/>	1	Work colleague	<input type="checkbox"/>	6
Other household member	<input type="checkbox"/>	2	Voluntary or other organisation	<input type="checkbox"/>	7
Relative (outside household)	<input type="checkbox"/>	3	Other	<input type="checkbox"/>	8
Friend	<input type="checkbox"/>	4	Would prefer not to ask for help	<input type="checkbox"/>	9
Neighbour	<input type="checkbox"/>	5	Prefer not to say	<input type="checkbox"/>	99

### Q71. You are in financial difficulty and need to borrow some money to see you through the next few days. Is there anyone you could you ask for help?

1. Yes	<input type="checkbox"/>	Go to Q72	98. Don't know	<input type="checkbox"/>	Go to Q73
2. No	<input type="checkbox"/>	Go to Q73	99. Prefer not to say	<input type="checkbox"/>	Go to Q73

### Q72. If you answered yes, who could you ask for help? Tick all that apply.

Husband/wife/partner	<input type="checkbox"/>	1	Work colleague	<input type="checkbox"/>	6
Other household member	<input type="checkbox"/>	2	Voluntary or other organisation	<input type="checkbox"/>	7
Relative (outside household)	<input type="checkbox"/>	3	Other	<input type="checkbox"/>	8
Friend	<input type="checkbox"/>	4	Would prefer not to ask for help	<input type="checkbox"/>	9
Neighbour	<input type="checkbox"/>	5	Prefer not to say	<input type="checkbox"/>	99

**Q73.** If you had a serious personal crisis, how many people do you feel you could turn to for comfort and support?

Number of people, please specify:  1

Don't know  98

Prefer not to say  99

## Loneliness

The next questions are about how you feel about different aspects of your life.

**Q74.** For each one please say how often you feel that way...

Answer on the scale 'Hardly ever or never' to 'Often'.

	Hardly ever or never	Some of the time	Often
1. How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you feel in tune with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you feel sad, low or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When responding to the following statements, it is best to think of your life as it generally is now. Please be completely honest and note that there are no right or wrong answers.

**Q75.** Please tick the box which best shows how you feel about each statement.

	Yes	More or less	No
1. I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I miss having people around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I often feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There are enough people I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Internet use

We'd now like to ask you some questions about how you use the Internet.

### Q76. On average how often do you use the Internet or email?

Every day, or almost every day	<input type="checkbox"/> 1	At least once every three months	<input type="checkbox"/> 4
At least once a week (but not every day)	<input type="checkbox"/> 2	Less than every three months	<input type="checkbox"/> 5
At least once a month (but not every week)	<input type="checkbox"/> 3	Never	<input type="checkbox"/> 6

If you answered 'Less than every three months' or 'Never' then skip to Digital Exclusion section (Q85).

### Q77. In which of the following places have you used the Internet or email in the last three months?

Tick all that apply.

At home	<input type="checkbox"/> 1	At another person's home	<input type="checkbox"/> 4
At places of work (other than home)	<input type="checkbox"/> 2	On the move	<input type="checkbox"/> 5
At place of education	<input type="checkbox"/> 3	Other place (library, Internet café)	<input type="checkbox"/> 6

### Q78. On which of the following devices do you access the Internet?

Tick all that apply.

Desktop computer	<input type="checkbox"/> 1	Smartphone	<input type="checkbox"/> 8
Tablet computer	<input type="checkbox"/> 2	Other mobile device	<input type="checkbox"/> 9
TV	<input type="checkbox"/> 3	Internet-connected energy or lighting controls	<input type="checkbox"/> 10
A virtual assistant smart speaker or app	<input type="checkbox"/> 4	Internet-connected home appliances	<input type="checkbox"/> 11
Internet-connected security or safety solutions	<input type="checkbox"/> 5	Other	<input type="checkbox"/> 12
Internet-connected wearable devices (e.g. fitness devices)	<input type="checkbox"/> 6	Don't know	<input type="checkbox"/> 98
Laptop computer	<input type="checkbox"/> 7		

**Q79. What activities did you use the Internet for?**

Tick all that apply.

Sending/receiving emails	<input type="checkbox"/>	1	Listening to or downloading music	<input type="checkbox"/>	13
Finding information about goods and services	<input type="checkbox"/>	2	Playing games	<input type="checkbox"/>	14
Searching for information for learning, research, fact finding	<input type="checkbox"/>	3	Looking for, or applying for a job online	<input type="checkbox"/>	15
Finances (e.g. banking, paying bills)	<input type="checkbox"/>	4	Making an appointment with a medical practitioner via a website or app	<input type="checkbox"/>	16
Grocery shopping	<input type="checkbox"/>	5	Using other online health services via a website or app instead of having to go to the hospital or visit a doctor, for example getting a prescription or a consultation online	<input type="checkbox"/>	17
Shopping/buying goods or services	<input type="checkbox"/>	6	Accessing personal health records online	<input type="checkbox"/>	18
Selling goods or services over the Internet (e.g. via auctions)	<input type="checkbox"/>	7	Doing an online exercise class or health-related activity	<input type="checkbox"/>	19
Making video or voice calls (e.g. Zoom, Skype, WhatsApp)	<input type="checkbox"/>	8	Online learning (doing an online course, communicating with instructors/students, following online material)	<input type="checkbox"/>	20
Using social networking sites (e.g. Facebook, Twitter, Myspace)	<input type="checkbox"/>	9	Book a ticket for travel (e.g. bus, train, or flight or taxi)	<input type="checkbox"/>	21
Creating, uploading or sharing content (e.g. YouTube, blogging or Flickr)	<input type="checkbox"/>	10	Book accommodation (for either leisure or business purposes)	<input type="checkbox"/>	22
Reading the news (news/newspaper/blog websites)	<input type="checkbox"/>	11	Other	<input type="checkbox"/>	23
Streaming/downloading live or on demand TV/Radio (BBC iPlayer, 4OD, ITV player, Demand 5) or music (iTunes, Spotify) or eBooks	<input type="checkbox"/>	12			

**Q80. In relation to each of these activities, did you...**

Tick all that apply.

**1. Sending and receiving emails**

I already did this activity <b>prior</b> to the pandemic	<input type="checkbox"/> 1	I increased this activity <b>during</b> pandemic began	<input type="checkbox"/> 3
I started doing it <b>during</b> the pandemic	<input type="checkbox"/> 2	I decreased this activity <b>during</b> the pandemic	<input type="checkbox"/> 4

**2. Finding information about goods and services**

I already did this activity <b>prior</b> to the pandemic	<input type="checkbox"/> 1	I increased this activity <b>during</b> pandemic began	<input type="checkbox"/> 3
I started doing it <b>during</b> the pandemic	<input type="checkbox"/> 2	I decreased this activity <b>during</b> the pandemic	<input type="checkbox"/> 4

**3. Finances (e.g. banking, paying bills)**

I already did this activity <b>prior</b> to the pandemic	<input type="checkbox"/> 1	I increased this activity <b>during</b> pandemic began	<input type="checkbox"/> 3
I started doing it <b>during</b> the pandemic	<input type="checkbox"/> 2	I decreased this activity <b>during</b> the pandemic	<input type="checkbox"/> 4

**4. Grocery shopping**

I already did this activity <b>prior</b> to the pandemic	<input type="checkbox"/> 1	I increased this activity <b>during</b> pandemic began	<input type="checkbox"/> 3
I started doing it <b>during</b> the pandemic	<input type="checkbox"/> 2	I decreased this activity <b>during</b> the pandemic	<input type="checkbox"/> 4

**5. Making video or voice calls (e.g. Zoom, Skype, WhatsApp)**

I already did this activity <b>prior</b> to the pandemic	<input type="checkbox"/> 1	I increased this activity <b>during</b> pandemic began	<input type="checkbox"/> 3
I started doing it <b>during</b> the pandemic	<input type="checkbox"/> 2	I decreased this activity <b>during</b> the pandemic	<input type="checkbox"/> 4



**Q81. In relation to each of these activities, will you...**

Tick all that apply.

**1. Sending and receiving emails**Continue to do this online once the pandemic restrictions have lifted  1Stop doing this online once the pandemic restrictions have lifted  2**2. Finding information about goods and services**Continue to do this online once the pandemic restrictions have lifted  1Stop doing this online once the pandemic restrictions have lifted  2**3. Finances** (e.g. banking, paying bills)Continue to do this online once the pandemic restrictions have lifted  1Stop doing this online once the pandemic restrictions have lifted  2**4. Grocery shopping**Continue to do this online once the pandemic restrictions have lifted  1Stop doing this online once the pandemic restrictions have lifted  2**5. Making video or voice calls** (e.g. Zoom, Skype, WhatsApp)Continue to do this online once the pandemic restrictions have lifted  1Stop doing this online once the pandemic restrictions have lifted  2**Q82. Did you receive help or training to complete any of the above activities online during the pandemic?**1. Yes  Go to Q832. No  Go to Q84**Q83. Who did you receive help or training from?** Tick all that apply.Family member  1Online training course  5Friend  2Charitable organisation  6Neighbour  3Other (please specify):  7Book/magazine  4

**Q84. Since the start of the pandemic (March 2020), have you bought any of the following to help you do more online?** Tick all that apply.

New broadband package <input type="checkbox"/> 1	New or upgraded mobile data package <input type="checkbox"/> 4
Upgraded broadband package <input type="checkbox"/> 2	None of the above <input type="checkbox"/> 5
New device (laptop, tablet or mobile) <input type="checkbox"/> 3	

## Digital exclusion

If you answered 'Every day', 'once a week', 'once a month' or 'every three months' at Q76, then skip the Digital exclusion section. There are many reasons why people do not use the Internet. Next are a few questions to help us understand your situation.

**Q85. I do not or rarely access the Internet because...** Tick all that apply.

I cannot afford it <input type="checkbox"/> 1	I am concerned about privacy <input type="checkbox"/> 6
I do not have broadband access in my area <input type="checkbox"/> 2	I am concerned about scams <input type="checkbox"/> 7
I am not interested in using the Internet <input type="checkbox"/> 3	I do not know how to use smartphones <input type="checkbox"/> 8
I do not need the Internet <input type="checkbox"/> 4	I do not know how to use a laptop or desktop computer <input type="checkbox"/> 9
I am concerned about Internet security <input type="checkbox"/> 5	

**Q86. Would you like to use the Internet?**

1. Yes <input type="checkbox"/> Go to Q87	2. No <input type="checkbox"/> Go to Q88
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**Q87. If yes, what support would help you to use the Internet?** Tick all that apply.

Skills and training on using computers <input type="checkbox"/> 1	Affordable mobile data packages <input type="checkbox"/> 5
Broadband access in my local area <input type="checkbox"/> 2	More information about what the Internet can offer me <input type="checkbox"/> 6
Affordable devices (computers, tablets, laptops) <input type="checkbox"/> 3	Training about Internet security and safeguarding against scams <input type="checkbox"/> 7
Affordable broadband packages <input type="checkbox"/> 4	

## Health behaviour and health service engagement

This set of questions asks you about your health, your health behaviours and your health concerns.

The information you provide will help inform health policy debate and to understand more about how health services can be developed as we recover from the COVID-19 pandemic so please bear with them. Thank you.

### Health behaviours

#### Q88. What is your current weight?

Please state weight in stones/lbs or kg.

Stones  Pounds  OR  kg

#### Q89. What is your height?

Feet  Inches  OR  cm

#### Q90. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

Please state number from 0–7 days.

0  1  2  3  4  5  6  7

#### Q91. How many portions (80g serving) of fruit and vegetables do you typically have per day?

##### Fruit and vegetable portion guide:

**1 portion:** 1 piece of fruit, such as 1 banana, 1 apple, 1 pear or 1 orange

**1 portion:** 2 or more small fruit, as 2 plums, 2 satsumas, 2 kiwi fruit, 3 apricots or 7 strawberries

**1 portion:** 1 large slice of melon or pineapple

**1 portion:** 3 heaped tablespoons of cooked vegetables (excluding potatoes)

Please state number from 0–5+ portions per day.

0  1  2  3  4  5  More than 5 portions per day

portions per day    portions per day    portions per day    portions per day    portions per day    portions per day    portions per day

**Q92. Do you, or have you ever smoked** (including cigars, pipes and hand-rolled cigarettes)?

Yes, I smoke daily	<input type="checkbox"/> 1	I used to smoke occasionally but don't smoke at all now	<input type="checkbox"/> 4
Yes, I smoke occasionally	<input type="checkbox"/> 2	I have never smoked	<input type="checkbox"/> 5
I used to smoke daily but don't smoke at all now	<input type="checkbox"/> 3		

**Q93. Thinking about all kinds of alcoholic drinks, how often have you had an alcoholic drink of any kind over the past 12 months?**

Almost every day	<input type="checkbox"/> 1	Once or twice a month	<input type="checkbox"/> 5
5 or 6 days a week	<input type="checkbox"/> 2	Once every couple of months	<input type="checkbox"/> 6
3 or 4 days a week	<input type="checkbox"/> 3	Once or twice a year	<input type="checkbox"/> 7
Once or twice a week	<input type="checkbox"/> 4	Not at all in the last 12 months	<input type="checkbox"/> 8

**Q94. How many units of alcohol do you drink on a typical day?**

Please state number of units per typical day.

<b>Units of alcohol guide</b>			
<b>Wine</b> (ABV 12%)	<b>Beer, Lager, Cider</b>	<b>Spirits</b>	<b>Pre-mixed drink/ Alcopop</b>
<b>Small glass</b> (125mls) 1.5 units	<b>1 x pint</b> (ABV 3.6%) 2 units	25ml (ABV 40%) 1 unit	<b>1 x 275 ml bottle</b> (ABV 5.5%) 1.5 units
<b>Standard glass</b> (175ml) 2.1 units	<b>1 x pint</b> (ABV 5.2%) 3 units		
<b>Large glass</b> (250ml) 3 units	<b>1 x 330ml bottle</b> (ABV 5%) 1.7 units		
	<b>1 x 440ml can</b> (ABV 4.5%) 2 units		

Please state number of units per typical day:

## General health

**Q95.** Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

1. Yes  Go to Q96

98. Don't know  Go to Q97

2. No  Go to Q97

99. Prefer not to say  Go to Q97

**Q96.** Does your condition or illness reduce your ability to carry out day-to-day activities?

Yes, a lot  1

Yes, a little  2

Not at all  3

**Q97.** Have you, or any friends or family members that are close to you ever been diagnosed with cancer?

Tick all that apply.

Yes, myself  1

Yes, but would prefer not to say who  4

Yes, family member  2

No  5

Yes, a close friend  3

**Q98.** Has your GP or a medical professional ever told you that you had any of the following health conditions?

Tick all that apply.

COVID-19  1

Dementia/Alzheimer's disease  4

Cancer  2

Heart disease  5

Diabetes  3

Stroke  6

**Q99. How often do you worry about...**

**1. Your health in general**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**2. Getting COVID-19**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**3. Getting cancer**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**4. Getting diabetes**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**5. Getting dementia/Alzheimer's disease**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**6. Getting heart disease**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

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**7. Having a stroke**

1. Never

Go to Q101

2. Sometimes

Go to Q100

3. Often

Go to Q100

4. Very often

Go to Q100

If you have answered 'Sometimes/Often/Very Often' – then please answer the next question, otherwise skip next question.

**Q100. Which one of the following health conditions do you worry about having the most?**

Tick one only.

COVID-19	<input type="checkbox"/>	1	Heart disease	<input type="checkbox"/>	5
Cancer	<input type="checkbox"/>	2	A stroke	<input type="checkbox"/>	6
Diabetes	<input type="checkbox"/>	3	Don't know	<input type="checkbox"/>	98
Dementia/Alzheimer's disease	<input type="checkbox"/>	4	Prefer not to say	<input type="checkbox"/>	99

**Health engagement****Q101. Since start of the pandemic (March 2020), would you say you have contacted your GP (either by phone or video call, etc.) more or less than before the pandemic?**

More	<input type="checkbox"/>	1	Just the same	<input type="checkbox"/>	2	Less	<input type="checkbox"/>	3
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**Q102. Since start of the pandemic (March 2020), was there any time when you needed medical (including dental) care but it was delayed or cancelled?**

1. Yes	<input type="checkbox"/>	Go to Q103	2. No	<input type="checkbox"/>	Go to Q105
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If 'Yes' please answer the next two questions.

If you answered 'No', please skip to cancer screening section.

**Q103. What type(s) of care or health services were delayed or cancelled?**

Tick all that apply.

Major surgery (requiring a hospital stay of one or more nights)	<input type="checkbox"/>	1	Psychological/counselling services	<input type="checkbox"/>	7
Public health or Community Nurse	<input type="checkbox"/>	2	Getting medications	<input type="checkbox"/>	8
Minor surgery as an outpatient or day case	<input type="checkbox"/>	3	Hearing services	<input type="checkbox"/>	9
Occupational therapy	<input type="checkbox"/>	4	Dental care	<input type="checkbox"/>	10
Seeing your General Practitioner	<input type="checkbox"/>	5	Respite services	<input type="checkbox"/>	11
Physiotherapy services	<input type="checkbox"/>	6	Optician	<input type="checkbox"/>	12
			Other	<input type="checkbox"/>	13

**Q104. Why was your care or health service appointment delayed or cancelled?**

Tick one only.

I could not afford it	<input type="checkbox"/>	1	I was afraid to go due to risk of COVID-19	<input type="checkbox"/>	6
I could not get an appointment	<input type="checkbox"/>	2	I was afraid to go in general	<input type="checkbox"/>	7
The clinic/hospital/doctor's office cancelled	<input type="checkbox"/>	3	I was embarrassed to go	<input type="checkbox"/>	8
The clinic/hospital/doctor's office rescheduled	<input type="checkbox"/>	4	Other, please specify:	<input type="checkbox"/>	9
I decided it could wait	<input type="checkbox"/>	5	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

**Cancer screening**

For the next two questions A (bowel screening) is for all participants, and B (breast) and C (cervical) are for women only.

**Q105. Before the outbreak of the COVID-19 pandemic in March 2020 and as part of the NHS cancer screening programmes, had you ever...****A. Completed an at home poo/stool test?**

Yes, once	Yes, more than once	Never	Not sure	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Had a mammogram (x-ray of your breasts)?**

Yes, once	Yes, more than once	Never	Not sure	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Had a cervical smear test (sample of cells taken from your cervix)?**

Yes, once	Yes, more than once	Never	Not sure	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q106.** If you were sent an invitation to take part in one of the NHS cancer screening programmes (bowel, breast, and cervical) within the next two months, how likely would you be to take part?

**A. A poo/stool sample test to complete at home as part of the NHS Bowel Cancer Screening Programme**

Very likely <input type="checkbox"/>	Likely <input type="checkbox"/>	Neither likely or unlikely <input type="checkbox"/>	Not likely <input type="checkbox"/>	Not at all likely <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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**B. A clinic appointment for a mammogram (x-ray of your breast tissue) as part of the NHS Breast Cancer Screening Programme**

Very likely <input type="checkbox"/>	Likely <input type="checkbox"/>	Neither likely or unlikely <input type="checkbox"/>	Not likely <input type="checkbox"/>	Not at all likely <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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**C. An appointment at your GP practice to have a cervical smear test (sample of cells taken from your cervix) as part of the NHS Cervical Screening Programme**

Very likely <input type="checkbox"/>	Likely <input type="checkbox"/>	Neither likely or unlikely <input type="checkbox"/>	Not likely <input type="checkbox"/>	Not at all likely <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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If answered 'Not at all likely' or 'Not likely' to the above question, please answer the following question.

**Q107. A. Bowel Cancer Screening**

If you answered 'Not at all likely' or 'Not likely' to Q106, for what reasons are you unlikely to take part in the Bowel Cancer Screening Programme? Tick all that apply.

I would rather not know if I have cancer	<input type="checkbox"/>	1
The test is too difficult/disgusting/painful/uncomfortable	<input type="checkbox"/>	2
I worry if test was positive, I would not get the treatment I need due to the pandemic	<input type="checkbox"/>	3
I am concerned I would get COVID-19 from doing this test(s)	<input type="checkbox"/>	4
I do not believe the test(s) are accurate	<input type="checkbox"/>	5
I feel well and therefore doing the test is not necessary	<input type="checkbox"/>	6
I have other more important health concerns to focus on	<input type="checkbox"/>	7
I am already under regular review for my health	<input type="checkbox"/>	8
Don't know	<input type="checkbox"/>	98
Prefer not to say	<input type="checkbox"/>	99

**Q108. B. Breast Cancer Screening**

If you answered 'Not at all likely' or 'Not likely' to Q106, for what reasons are you unlikely to take part in the Breast Cancer Screening Programme? Tick all that apply.

I would rather not know if I have cancer	<input type="checkbox"/>	1
The test is too difficult/disgusting/painful/uncomfortable	<input type="checkbox"/>	2
I worry if test was positive, I would not get the treatment I need due to the pandemic	<input type="checkbox"/>	3
I am concerned I would get COVID-19 from doing this test(s)	<input type="checkbox"/>	4
I do not believe the test(s) are accurate	<input type="checkbox"/>	5
I feel well and therefore doing the test is not necessary	<input type="checkbox"/>	6
I have other more important health concerns to focus on	<input type="checkbox"/>	7
I am already under regular review for my health	<input type="checkbox"/>	8
Don't know	<input type="checkbox"/>	98
Prefer not to say	<input type="checkbox"/>	99

**Q109. C. Cervical Screening**

If you answered 'Not at all likely' or 'Not likely' to Q106, for what reasons are you unlikely to take part in the Cervical Screening Programme? Tick all that apply.

I would rather not know if I have cancer	<input type="checkbox"/>	1
The test is too difficult/disgusting/painful/uncomfortable	<input type="checkbox"/>	2
I worry if test was positive, I would not get the treatment I need due to the pandemic	<input type="checkbox"/>	3
I am concerned I would get COVID-19 from doing this test(s)	<input type="checkbox"/>	4
I do not believe the test(s) are accurate	<input type="checkbox"/>	5
I feel well and therefore doing the test is not necessary	<input type="checkbox"/>	6
I have other more important health concerns to focus on	<input type="checkbox"/>	7
I am already under regular review for my health	<input type="checkbox"/>	8
Don't know	<input type="checkbox"/>	98
Prefer not to say	<input type="checkbox"/>	99

**Q110.** Thinking about how you've felt during the pandemic, how much do you agree or disagree with the following statements about delaying or not seeking help from a medical professional even if you felt unwell or had symptoms?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I worry about wasting the healthcare professional's time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I find it difficult to get an appointment with a particular healthcare professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am worried about catching COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I prefer to speak with my GP face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I worry about putting extra strain on the NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I worry my symptoms might be related to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is easier for me to discuss my health problem remotely (for example by phone, email or video call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I worry about the impact on my employment from taking time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have little trust in healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I worry more about getting healthcare for my current health than I do about possibly catching COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have continued to access healthcare for my current health conditions during the pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have little confidence in healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Nothing puts me off or delays me in seeking medical attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Economic activity

This set of questions asks you about your behaviour and attitudes around working and spending.

The information you provide will inform economic policy debate and help understand more about how the pandemic has affected the way people work and spend, so please bear with them. Thank you.

## Employment

Please answer this section if you answered at Q14 that you are currently employed, i.e., paid employee, self-employed, in unpaid work or studying full time.

### Q111. Which of the following best describes the industry you currently work in?

Accommodation and food services activities	<input type="checkbox"/>	1	Other service activities	<input type="checkbox"/>	12
Administrative and support service activities	<input type="checkbox"/>	2	Professional, scientific and technical activities	<input type="checkbox"/>	13
Agriculture, forestry and fishing	<input type="checkbox"/>	3	Public administration, defence and social security	<input type="checkbox"/>	14
Arts, entertainment and recreation	<input type="checkbox"/>	4	Real estate activities	<input type="checkbox"/>	15
Construction	<input type="checkbox"/>	5	Repair of motor vehicles and motorcycles	<input type="checkbox"/>	16
Education	<input type="checkbox"/>	6	Tourism	<input type="checkbox"/>	17
Electricity, gas, steam and air conditioning supply	<input type="checkbox"/>	7	Transportation and storage	<input type="checkbox"/>	18
Financial and insurance activities	<input type="checkbox"/>	8	Water supply, sewerage, waste management & remediation activities	<input type="checkbox"/>	19
Human health and social work activities	<input type="checkbox"/>	9	Wholesale and retail trade	<input type="checkbox"/>	20
Manufacturing	<input type="checkbox"/>	10	Not applicable	<input type="checkbox"/>	97
Mining and quarrying	<input type="checkbox"/>	11			

**Q112. How many hours per week do you normally work?**

Tick one option.

0–2 hours	<input type="checkbox"/>	1	16–20 hours	<input type="checkbox"/>	5	36–40 hours	<input type="checkbox"/>	9
3–5 hours	<input type="checkbox"/>	2	21–25 hours	<input type="checkbox"/>	6	41–45 hours	<input type="checkbox"/>	10
6–10 hours	<input type="checkbox"/>	3	26–30 hours	<input type="checkbox"/>	7	45–48 hours	<input type="checkbox"/>	11
11–15 hours	<input type="checkbox"/>	4	31–35 hours	<input type="checkbox"/>	8	48+ hours	<input type="checkbox"/>	12

**Q113. During the pandemic were you an essential worker?** Tick one option.

1. Yes	<input type="checkbox"/>	Go to Q114	98. Don't know	<input type="checkbox"/>	Go to Q115
2. No	<input type="checkbox"/>	Go to Q115	86. Prefer not to say	<input type="checkbox"/>	Go to Q115

**Q114. How much do you agree with the following statements?**

Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I have felt anxious about the dangers of catching COVID-19 at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have felt anxious about the dangers of catching COVID-19 going to and from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q115. Did you change to home working during the pandemic?**

Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	Prefer not to say	<input type="checkbox"/>	99
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**Q116. Do you currently work from home?**

1. Yes	<input type="checkbox"/>	Go to Q117	99. Prefer not to say	<input type="checkbox"/>	Go to Q123
2. No	<input type="checkbox"/>	Go to Q123			

**Q117. Are you working from home more or less than before the pandemic?**1. More than  Go to Q1182. Less than  Go to Q1193. About the same  Go to Q120**Q118. How many **more** hours per week are you working from home compared to pre pandemic?**

0–48 hours:

**Q119. How many **fewer** hours per week are you working from home?**

0–48 hours:

**Q120. To what extent do you agree with the following statements?****I like working from home because...** Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. It reduces the risk of catching infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am closer to family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't need to commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have more control over pace of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q121. To what extent do you agree with the following statements?****I do not like working from home because...** Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Lack of social interaction/loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nowhere suitable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Difficulty in concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No distinction between home and work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technology difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q122.** Thinking about your return to a physical workplace rather than working from home, please indicate your agreement or disagreement with the following statements?

Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
1. I am worried I will catch COVID-19 from working in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am worried I will give COVID-19 to my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am worried my work colleagues will contract COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am worried I will catch COVID-19 from public transport to and from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q123.** What proportion of your working time would you prefer to spend working from home?

Percentage of working time spent working from home:

## Childcare

The next two questions are only for those in employment/studying and those with children under 18. Please answer these questions in the context of the preceding employment questions. If you are not in employment or do not have children under 18, please go to Q126.

**Q124.** Would this require a change in your childcare arrangements?

Yes	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 98
No	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 99

**Q125. What sources of childcare would you use more or less of?**

Tick all that apply.

	Less of	The same	More of	Not applicable
1. Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q126. After the COVID-19 pandemic do you expect to spend more or less of your time...**

Tick all that apply.

	Less of	The same	More of	Not applicable
1. Looking after your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Looking after your grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Undertaking leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Consumption****Q127. What is your estimate of the total monthly income after tax of your entire household?**

(Include all wages/salaries, pensions and benefits and any other sources of income).

Less than £1,000 <input type="checkbox"/> 1	£4,000 – £4,999 <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 98
£1,000 - £1,999 <input type="checkbox"/> 2	£5,000 – £5,999 <input type="checkbox"/> 6	Prefer not to say <input type="checkbox"/> 99
£2,000 – £2,999 <input type="checkbox"/> 3	£6,000 – £6,999 <input type="checkbox"/> 7	
£3,000 – £3,999 <input type="checkbox"/> 4	More than £7,000 <input type="checkbox"/> 8	



**Q128.** Overall, how do you feel your **current** financial situation compares to before the first official lockdown was announced on the 23rd March 2020?

1. Much worse off	<input type="checkbox"/> Go to Q130	4. A little better off	<input type="checkbox"/> Go to Q129
2. A little worse off	<input type="checkbox"/> Go to Q130	5. Much better off	<input type="checkbox"/> Go to Q129
3. About the same	<input type="checkbox"/> Go to Q131	99. Prefer not to say	<input type="checkbox"/> Go to Q131

**Q129.** What do you intend to do with your increased savings?

Tick all that apply.

Spend a lot soon to bring my savings down to what they were before the pandemic	<input type="checkbox"/> 1
Spend my savings down gradually to what they were before the pandemic	<input type="checkbox"/> 2
Invest my savings in property/paying down my mortgage	<input type="checkbox"/> 3
Invest my savings in stocks and shares or other (non-housing) assets	<input type="checkbox"/> 4
Other	<input type="checkbox"/> 5
Prefer not to say	<input type="checkbox"/> 99

**Q130.** What funds have you used to support you and your family during the pandemic?

Tick all that apply.

I covered all expenses using household income	<input type="checkbox"/> 1	I took out a commercial loan	<input type="checkbox"/> 6
I relied on benefit income e.g. Universal Credit, state pension	<input type="checkbox"/> 2	I sold some of my personal goods	<input type="checkbox"/> 7
I relied on funds I received from the furlough scheme	<input type="checkbox"/> 3	I increased my mortgage	<input type="checkbox"/> 8
I arranged a loan from family/friends	<input type="checkbox"/> 4	I arranged a rent or mortgage holiday	<input type="checkbox"/> 9
I ran down my savings	<input type="checkbox"/> 5	Other	<input type="checkbox"/> 10
		Prefer not to say	<input type="checkbox"/> 99

**Q131. Thinking about your spending habits compared with what they were before the pandemic, please indicate your agreement or disagreement with the following statements?**

Answer on the scale 'Strongly disagree' to 'Strongly agree'.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I spend more purchasing goods online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I do not spend so much on socialising, nights out etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I will take more of my holidays in the UK rather than overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I will set aside some money in case there is another pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q132. Relative to your spending before the pandemic, do you expect that you will be spending more or less in the following locations?**

	Much less	A bit less	The same	A bit more	A lot more
1. At home (i.e. online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within a mile of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within five miles of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Leisure activities and transport

**Q133.** How often, if at all, do you expect to do the following activities over the coming year?

### 1. Go to the cinema

Twice a month or more <input type="checkbox"/>	About once a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	About once or twice a year <input type="checkbox"/>	Less than once a year <input type="checkbox"/>	Never <input type="checkbox"/>
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### 2. Eat out of the house

Twice a month or more <input type="checkbox"/>	About once a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	About once or twice a year <input type="checkbox"/>	Less than once a year <input type="checkbox"/>	Never <input type="checkbox"/>
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### 3. Go to a museum or art gallery

Twice a month or more <input type="checkbox"/>	About once a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	About once or twice a year <input type="checkbox"/>	Less than once a year <input type="checkbox"/>	Never <input type="checkbox"/>
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### 4. Go to the theatre, opera or concert

Twice a month or more <input type="checkbox"/>	About once a month <input type="checkbox"/>	Every few months <input type="checkbox"/>	About once or twice a year <input type="checkbox"/>	Less than once a year <input type="checkbox"/>	Never <input type="checkbox"/>
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**Q134.** Would you like to do any of the following activities more often but feel that, for whatever reason, you cannot?

	Yes	No
1. Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>
2. Eat out of the house	<input type="checkbox"/>	<input type="checkbox"/>
3. Go to a museum or art gallery	<input type="checkbox"/>	<input type="checkbox"/>
4. Go to the theatre, opera or concert	<input type="checkbox"/>	<input type="checkbox"/>

Reference ID:

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**Q135. How many hours of television (including streaming) do you watch on an ordinary day or evening during the week, that is Monday to Friday?**

Please write in hours from 0–24.

Hours per day watching TV (Monday–Friday):

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## Thank you

Thank you for taking part in our study. Your responses are of value to us and will help us understand more about older people in Scotland and the impact of the pandemic on your lives. This is hugely important for policy planning and has implications for social and healthcare service delivery. With your input we will be able to produce research that will help policymakers and services to take into consideration the experiences of older people.

We will send you our end of study report, if you have given consent for us to re-contact you (see page 04).

### What do to do now?

Please put this questionnaire into the **freepost** envelope we provided. If you no longer have the envelope then you can use an envelope of your own and send it to **Freepost HAGIS** free of charge.



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