

## NISRA CORONAVIRUS (COVID-19) OPINION SURVEY QUESTIONNAIRE SPECIFICATION PHASE 7

### Household grid: Name, Age, Sex

#### MarStt

What is ^(name's) marital status? Is it . . .

1. Single, that is, never married and never registered in a civil partnership
2. Married
3. In a registered civil partnership
4. Separated, but still legally married
5. Divorced
6. Widowed
7. Separated, but still legally in a civil partnership
8. Formerly in a civil partnership which is now legally dissolved
9. Surviving partner from a civil partnership

#### LivTog

May I just check, (are you) is ^(name) currently living with someone in this household as a couple?

1. Yes - opposite sex couple
2. Yes - same sex couple
3. No

Starting with a few questions about your feelings on aspects of your life, for each question please answer on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. There are no right or wrong answers.

**MCZ\_1** Overall, how satisfied are you with your life nowadays?

**MCZ\_2** Overall, to what extent do you feel that the things you do in your life are worthwhile?

**MCZ\_3** Overall, how happy did you feel yesterday?

**MCZ\_4** On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

**COV\_1** ASK ALL

How often do you feel lonely...

1. Often/always
2. Some of the time
3. Occasionally
4. Hardly ever
5. Never?

**COV\_2** ASK ALL

To what extent do you agree with the following statement?

If I needed help, there are people who would be there for me.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

**DEPEND1** ASK ALL

Do you have responsibility for the care of a child?

1. Yes
2. No

**DEPEND2** ASK ALL

Do you have responsibility for the care of a person with a disability?

1. Yes
2. No

**DEPEND3** ASK ALL

Do you have responsibility for the care of a dependant elderly person?

1. Yes
2. No

**COV\_3** ASK ALL

Is there anyone living with you who is sick, disabled, or over 70 whom you look after or give special help to?

1. Yes
2. No

**GenHeal5** How is your health in general? Would you say it was...

1. Very Good
2. Good
3. Fair
4. Bad
5. or very Bad?

**Hlongill** ASK ALL

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

1. Yes
2. No

**REDACT** ASK IF Hlongill = Yes

Does your condition(s) or illness(es) reduce your ability to carry out day to day activities?

1. Yes, a lot
2. Yes, a little
3. Not at all

**COV\_4** ASK ALL

Thinking about your health, do you currently have any of the following health conditions, problems or illnesses?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Alzheimer's disease or dementia
2. Angina or long-term heart problem
3. Asthma
4. Autism spectrum disorder (ASD) or Asperger's (Asperger syndrome)
5. Cancer
6. Chronic obstructive pulmonary disease (COPD) or long-term lung problem
7. Diabetes
8. Epilepsy or other conditions that affect the brain
9. High blood pressure
10. Kidney or liver disease
11. Stroke or cerebral haemorrhage or cerebral thrombosis
12. Rheumatoid arthritis
13. Other (please specify)
14. None of these

**COV\_4Sp** ASK IF COV\_4 = Other

Please specify the other condition(s), problem(s) or illness(s) that you currently have

**COV\_Medic.** ASK ALL

Since the start of the coronavirus (COVID-19) outbreak, access to medical care for existing health conditions and check ups has been reduced or put on hold. For example, out-patient hospital treatment, dentist, opticians, podiatrists, audiologists, physiotherapists, cancer treatment, counselling. Before the coronavirus (COVID-19) outbreak, were you receiving medical care for any long-term mental or physical health condition, problem or illness?

1. Yes
2. No

**COV\_AfMedic.** ASK IF Cov\_Medic = 1

Since the coronavirus (COVID-19) outbreak have you been able to access the same level of medical care for any long-term mental or physical health condition, problem or illness?

1. Yes, treatment started or continued as normal [Include telephone and video call appointments]
2. Yes, treatment started or continued but was reduced
3. Treatment for some, but not all health conditions [Include telephone and video call appointments]
4. No, treatment was cancelled
5. No, not receiving treatment
6. Not applicable

**COV\_Reduce.** ASK IF Cov\_AfMedic = 2 OR 3 OR 4

What effect, if any, has reduced access to treatment or no treatment had on any of your long-term mental or physical health conditions, problems or illnesses?

1. My health has improved
2. My health has stayed the same
3. My health has gotten worse
4. Other (please specify)

**COV\_ReduceSp.** ASK IF COV\_Reduce = Other

Please specify the other effects that reduced access to treatment or no treatment has had. STRING[200]

**COV\_5** ASK IF COV\_4 = Cancer

Are you currently having treatment for your cancer?

1. Yes, chemotherapy
2. Yes, radiotherapy
3. Yes, other
4. No

**COV\_NewPro** ASK ALL

In the past seven days, have you had any new or worsening health problems?

1. Yes
2. No

**COV\_Prof** ASK IF COV\_NewPro=1 (Yes)

Have you sought any professional health advice for these health problems?

1. Yes
2. No

**COV\_NoProfA** ASK IF COV\_Prof = 2 (No)

Why did you not seek any professional health advice for these health problems?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I was concerned about catching the coronavirus (COVID-19) while receiving care
2. I was concerned about spreading the coronavirus (COVID-19) to others
3. I wanted to avoid putting pressure on the NHS
4. I did not think it was serious enough to seek advice
5. I was concerned about leaving home
6. I did not know how to access help
7. I was not able to access help
8. I thought help was unavailable
9. Other (please specify)
10. None of the above (\* EXCLUSIVE CODE \*)

**COV\_NoProfSp** ASK IF COV\_NoProfA= Other

Please specify the reasons you did not seek professional health advice for these health problems...STRING[200]

**COV\_Intro8** ASK ALL

The next questions are about how comfortable you feel at present about using different types of healthcare services. For example, out-patient hospital treatment, dentist, opticians, podiatrists, audiologists, physiotherapists, cancer treatment or counselling.

**COV\_PhonHP** ASK ALL

At this time, how comfortable or uncomfortable would you be about seeking advice on the phone from a health professional?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**COV\_Virtual** ASK ALL

At this time, how comfortable or uncomfortable would you be about attending an online appointment with a health professional?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**COV\_PerHP** ASK ALL

At this time, how comfortable or uncomfortable would you be about attending an appointment in person with a health professional?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**COV\_HospAp** ASK ALL

At this time, how comfortable or uncomfortable would you be about attending a hospital appointment if your doctor asked you to?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**COV\_AandE** ASK ALL

At this time, how comfortable or uncomfortable would you be about attending Accident and Emergency (A&E) if you had an urgent health concern?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**Paidwork**

Did you do any paid work in the 7 days ending Sunday the ^(date), either as an employee or as self-employed?

1. Yes
2. No

**Anywork** ASK IF Paidwork = No

**Did you . . .**

1. Have a job or business you were away from, or
2. Were you waiting to take up a job already obtained
3. Were you looking for work, or
4. Were you intending to look for work, but were prevented by temporary sickness or injury
5. Were you on a government training scheme?
6. None of these

**UnpaidO** ASK IF ((anywork = 2 OR 3 OR 4 OR 6)

Did you do any unpaid work in the seven days ending Sunday the ^(date) for any business that YOU own?

1. Yes
2. No

**Unpaidr** ASK IF (unpaid = no)

... or that a relative owns?

1. Yes
2. No

**last4wk** ASK IF (anywork = 2 OR 3 OR 4 OR 6)

Thinking of the 4 weeks ending Sunday the ^(date), were you looking for any kind of paid work or government training scheme at any time in those 4 weeks?

1. Yes
2. No

**If place** ASK IF (last4wk = yes)

If a job or a place on a government scheme had been available in the week ending Sunday the ^ (date) would you have been able to start in the next two weeks?

1. Yes
2. No

**Nreason** ASK IF (last4wk = no) OR (ifplace = no)

What was the main reason you did not seek any work in the last 4 weeks, or would not be able to start in the next 2 weeks?

1. Student
2. looking after family/home
3. temporarily sick or injured
4. long-term sick or disabled
5. retired from paid work
6. other reason
7. waiting to take up a job already obtained

**COV\_C6** ASK ALL

In the last seven days, have you been officially diagnosed with the Coronavirus (COVID-19) by a medical professional?

1. Yes
2. No

**COV\_C7** ASK IF COV\_C6 = 2

In the past seven days, have you had Coronavirus (COVID-19) symptoms? (Symptoms include; a high temperature, a new continuous cough, or loss or change to your sense of smell or taste)

1. Yes
2. No

**COV\_C8** ASK ALL

In the past seven days, has anyone else in your household had Coronavirus (COVID-19) symptoms?

(Symptoms include; a high temperature, a new continuous cough, or loss or change to your sense of smell or taste)

1. Yes
2. No
3. Not applicable



**COV\_C9** ASK ALL

How worried or unworried are you about the effect that Coronavirus (COVID-19) is having on your life right now?

1. Very worried
2. Somewhat worried
3. Neither worried nor unworried
4. Somewhat unworried
5. Not at all worried

**COV\_C10M** ASK IF COV\_C9 = 1 OR 2

In which way is Coronavirus (COVID-19) affecting your life?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. My health is being affected
2. My work is being affected
3. Schools and universities are being affected
4. My household finances are being affected
5. My well-being is being affected (for example, boredom, loneliness, anxiety and stress)
6. My relationships are being affected
7. My caring responsibilities are being affected
8. My access to paid or unpaid care is being affected
9. Availability of groceries, medication and essentials are being affected (for example, shops running low on stock)
10. Access to groceries, medication and essentials are being affected (for example, not being able to shop as often, depending on others to shop for me)
11. Transport is being affected
12. Personal travel plans are being affected (for example, holidays and gap year)
13. Work travel plans are being affected
14. Life events are being affected (for example, weddings and funerals)
15. I am unable to make plans
16. Other (please specify)

**COV\_C10MSp** ASK IF COV\_C10M = Other

Please specify the other ways in which Coronavirus (COVID-19) is affecting your life...STRING[200]

**COV\_C11** ASK IF COV\_C10M > 1 option

Of the worries you told us about, which one are you most concerned about?  
[feed forward the options from above if more than one selected], Other

**COV\_C12M** ASK IF COV\_C10M = 2 (WORK)

In the past seven days, how has your work been affected?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Increase in hours worked (for example, over-time)
2. Decrease in hours worked (for example, place of work closed or reduced opening times or availability of work)
3. I have been furloughed (this is where your employer has kept you on the payroll if they are unable to operate, or have no work for you to do because of Coronavirus (COVID-19))
4. Temporary closure of own business (include potential closure and actual closure)
5. Permanent closure of own business (include potential closure and actual closure)
6. Redundancy
7. Asked to take leave (Include paid and unpaid leave)
8. Unable to take leave
9. Working long hours with no breaks or reduced breaks
10. Finding working from home difficult
11. I am worried about my health and safety at work
12. Asked to work from home
13. I have to work around childcare
14. I have to work around other caring responsibilities
15. Other (please specify)

ASK IF COV\_C12M = Other

**COV\_C12MSp**

Please specify the other ways in which Coronavirus (COVID-19) has affected your work...STRING[200]

**COV\_C13M** ASK IF COV\_C10M = 4 (HOUSEHOLD FINANCES)

In the past seven days, how have your household finances been affected?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Reduced income
2. Use of my savings to cover living costs
3. Unable to save as usual
4. Had to borrow money or use credit (For example, using credit cards, overdrafts, or taking out loans, including borrowing from friends, family, neighbours or other personal connection)
5. Delay to sick pay
6. Delay to State welfare benefits (for example, Universal Credit)
7. Had to use food banks
8. Struggling to pay bills (for example, food, energy)
9. Care costs increased (For example, childcare, social care)
10. Providing financial support to friends and family
11. Pension value is being affected by economic instability
12. Savings value is being affected by economic instability
13. Other (please specify)

**COV\_C13MSp** ASK IF COV\_C13M = Other

Please specify the other ways in which Coronavirus (COVID-19) has affected your household finances...STRING[200]

**COV\_C28M** ASK IF COV\_C10M = 7 (CARING RESPONSIBILITIES)

In the past seven days, how have your caring responsibilities been affected?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I am spending more time caring for others
2. I am unable to care for someone I usually support (for example, unable to spend as much time as would like to or unable to travel to them)
3. I am having to organise remote support for someone vulnerable (for example, online grocery shopping)
4. Paid care support is reduced (for example, childcare, respite care, social care support)
5. Other (please specify)

**COV\_C28MSp** ASK IF COV\_C28M = Other

Please specify the other ways in which Coronavirus (COVID-19) has affected your caring responsibilities...STRING[200]

**COV\_C29M** ASK IF COV\_C10M = 5 (WELLBEING)

In the past seven days, how has your well-being been affected?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Spending too much time alone
2. Spending too much time with others in household
3. No one to talk to about my worries
4. Strain on my personal relationships
5. Strain on my work relationships
6. Feeling stressed or anxious
7. Feeling bored
8. Feeling lonely
9. Finding working from home difficult
10. Making my mental health worse
11. Unable to exercise as normal
12. Feeling worried about the future
13. Other (please specify)

**COV\_C29MSp** ASK IF COV\_C29M = Other

Please specify the other ways in which Coronavirus (COVID-19) has affected your wellbeing...STRING[200]

**COV\_Term.** ASK IF Depend1 = Yes

Did the children or young people in your household return to school when the new term began?

1. Yes
2. No
3. None of the children or young people in my household will be school age in the next term... (\*\* EXCLUSIVE CODE \*\*)

**COV\_WorSch.** ASK IF COV\_Term <> Option 3 "None of the children..."

How concerned or unconcerned are you about the children or young people in your household being back in school?

1. Very concerned
2. Somewhat concerned
3. Neither concerned nor unconcerned
4. Somewhat unconcerned
5. Not at all concerned

**COV\_WhatCon.** ASK IF COV\_WorSch <5 OR Don't Know

What are your concerns about the children or young people in your household being back in school?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I am concerned because a member of the household is or has been shielding
2. I am concerned about social distancing not being enforced
3. I am concerned about sending the children or young people back before there is a vaccine
4. I am concerned about them catching the coronavirus (COVID-19) at school
5. I am concerned about them spreading the coronavirus (COVID-19)
6. I am concerned about how prepared their school will be for keeping pupils safe
7. I am concerned about the availability of transport to school
8. I am concerned about the possibility of them catching the coronavirus (COVID19) while on transport to school
9. I am concerned about the impact on mental health and well-being due to the changes in schools because of the coronavirus (COVID-19)
10. Other (please specify) OR
11. None of the above...(\*\* EXCLUSIVE CODE \*\*)

**COV\_WhatConSp.** ASK IF COV\_WhatCon = Other

Please specify your other concerns about the children or young people in your household being back in school...STRING[200]

**COV\_ReaSch.** ASK IF CovTerm = No

There may be many reasons for not sending children and young people back to school. Which of the following reasons describes why the children or young people in your household did not go back to school?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I am concerned because a member of the household is or as been shielding
2. I am concerned about social distancing not being enforced
3. I am concerned about sending the children or young people back before there is a vaccine
4. I am concerned about them catching the coronavirus (COVID-19) at school
5. I am concerned about them spreading the coronavirus (COVID-19)
6. I am concerned about how prepared their school will be for keeping pupils safe
7. I am concerned about the availability of transport to school
8. I am concerned about the possibility of them catching the coronavirus (COVID19) while on transport to school
9. I am concerned about the impact on mental health and well-being due to the changes in schools because of the coronavirus (COVID-19)
10. I have decided to home educate my child
11. Other (please specify) OR
12. None of the above...(\*\* EXCLUSIVE CODE \*\*)

**COV\_ReaSchSp.** ASK IF COV\_ReaSch = Other

Please specify the other reasons why the children or young people in your household did not go back to school.

**COV\_SchTra** ASK IF COV\_Term = Yes

If your child/children is eligible for free home to school transport, what is the main mode of travel to school your child is taking?

INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE MENTIONED, PROBE FOR MAIN METHOD.

1. Bus
2. Train
3. Taxi provided by Education Authority
4. Taxi sourced independently
5. Walking
6. Cycling
7. Private car
8. My child/children is not eligible for free home to school transport
9. Other

**COV\_SchTraSp**(IF COV\_SchTra=Oth)Please specify other mode of travel used

**COV\_FSM.** ASK IF COV\_Term = Yes

Was your child/children entitled to free school meals in September?

1. Yes
2. No

**COV\_FSMY1.** ASK IF COV\_FSM = Yes

Did your child/children take a free school meal in September?

1. Yes
2. No

**COV\_FSMY2.** ASK IF COV\_FSMY1 = Yes

Were you content with the school meal or packed lunch arrangements in school?

1. Yes
2. No

**COV\_FSMY3.** ASK IF COV\_FSMY2 = No

Why were you not content with the school meal or packed lunch arrangements in school? READ OUT ALL ANSWER CATEGORIES & CODE ALL THAT APPLY

1. A hot meal option was not available
2. Only a limited menu was available
3. I was not happy with the dining location
4. It identified my child as receiving a free school meal
5. Other

**COV\_FSMN1.** ASK IF COV\_FSM = No

Did your child/children purchase lunch in school in September?

1. Yes
2. No

**COV\_FSMN2.** ASK IF COV\_FSMN1 = Yes

Were you content with the lunch arrangements in school?

1. Yes
2. No

**COV\_FSMN3.** ASK IF COV\_FSMN2 = No

Why were you not content with the lunch arrangements in school?

READ OUT ALL ANSWER CATEGORIES & CODE ALL THAT APPLY

1. A hot meal option was not available
2. Only a limited menu was available
3. I was not happy with the dining location
4. The lunch did not represent value for money
5. Other

**COV\_C31** ASK ALL

How worried or unworried are you that Coronavirus (COVID-19) is affecting your friends and family?

1. Very worried
2. Somewhat worried
3. Neither worried nor unworried
4. Somewhat unworried
5. Not at all worried

**COV\_C38** ASK ALL

How long do you think it will be before your life returns to normal?

1. Less than one month
2. 1 to 3 months
3. 4 to 6 months
4. 7 to 9 months

5. 10 to 12 months
6. More than a year
7. Never

**COV\_IntroC3** The next set of questions are about the UK economy and your household finances in view of the general economic situation.

**COV\_C39** ASK ALL

How do you expect the financial position of your household to change over the next 12 months?

1. Get a lot better
2. Get a little better
3. Stay the same
4. Get a little worse
5. Get a lot worse

**COV\_C40** ASK ALL

How do you expect the general economic situation in this country to develop over the next 12 months?

1. Get a lot better
2. Get a little better
3. Stay the same
4. Get a little worse
5. Get a lot worse

**COV\_BillBe.** ASK ALL

How easy or difficult was it to pay your usual household bills before the coronavirus (COVID-19) outbreak?

1. Very easy
2. Easy
3. Neither easy nor difficult
4. Difficult
5. Very difficult
6. Not applicable



**COV\_BillAf.** ASK ALL

How easy or difficult has it been to pay your usual household bills since the coronavirus (COVID-19) outbreak?

1. Very easy
2. Easy
3. Neither easy nor difficult
4. Difficult
5. Very difficult
6. Not applicable

**COV\_Debt.** ASK ALL

Borrowing or using credit includes credit cards, overdrafts, or taking out loans, borrowing from friends, family, neighbours or other personal connections. Have you had to borrow more money or use more credit than usual since the coronavirus (COVID-19) outbreak?

1. Yes
2. No

**COV\_Money** ASK IF COV\_Debt = Yes

How much more money have you borrowed or spent using credit since the coronavirus (COVID-19) outbreak?

1. Less than £250
2. £250 to £499
3. £500 to £749
4. £750 to £999
5. £1,000 to £1,999
6. £2,000 to £2,999
7. £3,000 to £3,999
8. £4,000 to £4,999
9. £5,000 to £9,999
10. £10,000 to £24,999
1. £25,000 or more

**COV\_Mortgage.** ASK ALL

Have you received a mortgage payment holiday since the coronavirus (COVID-19) outbreak?

1. Yes
2. No
3. Not applicable

**Cov\_ShopE ASK ALL**

Since the coronavirus pandemic (Covid-19), when buying items such as food and toiletries have you shopped around at different places to compare price and quality more or less than usual?

1. A lot more than usual
2. A little since more than usual
3. The same as usual
4. A little less than usual
5. A lot less than usual

**Cov\_ShopN ASK ALL**

Since the coronavirus pandemic (Covid-19), when buying non-essential items such as clothes and toys have you shopped around at different places to compare price and quality more or less than usual?

1. A lot more than usual
2. A little since more than usual
3. The same as usual
4. A little less than usual
5. A lot less than usual

**Cov\_ShopEMsp ASK IF Cov\_ShopE = Option 4 or 5 (a little less or a lot less)**

Why have you shopped around to compare the price and quality of items like food and toiletries less than before?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I have been too busy
2. I have been too worried about other things to think about shopping around as much
3. When I have been going out to the shops I have felt safer buying everything in one place, or fewer places
4. I have found it easier to buy items where my payment details are already set up with the supplier
5. I have found it easier to buy items where my delivery details are already set up with the supplier
6. I am choosing to buy more from suppliers that I already knew provided cheap delivery or free delivery, or a subscription delivery [e.g. include subscription for Amazon Prime]
7. There are fewer places (online and on the high-street) open or selling what I want than before
8. It has been harder to compare the quality of goods with social distancing restrictions in place in shops
9. Other (specify)

**COV\_ShopYSp** ASK IF COV\_ShopNwhy = Other

Please specify the other reasons why you have shopped around less than before to compare the price and quality for these items...STRING[200]

**Cov\_ShopNwhy** Ask if Cov\_ShopN= a little less or a lot less

Why have you shopped around to compare the price and quality of non-essential items such as clothes, toys and other things less than before?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. I have been too busy
2. I have been too worried about other things to think about shopping around as much
3. When I have been going out to the shops I have felt safer buying everything in one place, or fewer places
4. I have found it easier to buy items where my payment details are already set up with the supplier
5. I have found it easier to buy items where my delivery details are already set up with the supplier
6. I am choosing to buy more from suppliers that I already knew provided cheap delivery or free delivery, or a subscription delivery [For example, include subscription for Amazon Prime, ASOS]
7. There are fewer places (online and on the high-street) open or selling what I want than before
8. It has been harder to compare the quality of goods with social distancing restrictions in place in shops
9. Other (specify)

**COV\_ShopNWsp** ASK IF COV\_ShopNwhy = Other

Please specify the other reasons why you have shopped around less than before to compare the price and quality for these items

**COV\_IntroC5**

The next questions are about self-isolation, which is defined as staying at home because you have symptoms or have been in contact with someone who has symptoms.

**COV\_C47** ASK ALL

In the past seven days, have you self-isolated because of the Coronavirus (COVID-19) outbreak?

1. Yes
2. No

**COV\_C48** ASK ALL

In the past seven days, has anyone else living in your household self-isolated because of the Coronavirus (COVID-19) outbreak?

1. Yes
2. No
3. Not applicable

**COV\_IntroC6**

The next question is about Social distancing, which is defined as trying to avoid contact with other people (keeping at least 2 metres (3 steps) from others).

**COV\_C51** ASK ALL

In the past seven days, have you avoided contact with older people or other vulnerable people because of the Coronavirus (COVID-19) outbreak?

1. Yes
2. No

**COV\_C52** ASK IF COV\_C51 = 1

Do you have care responsibilities for any of the people you may have had to avoid contact with?

1. Yes
2. No

**COV\_AvCon** ASK ALL

In the past seven days, how often have you stayed at least two metres away from other people when outside your home?

1. Always
2. Often
3. Sometimes
4. Not very often
5. Never

**COV\_IntroC7**

Now we would like you to think about how people are supporting each other during the Coronavirus (COVID-19) outbreak. The following statements are about you and your local community.

**COV\_C54** ASK ALL

If I need help, other local community members would support me during the Coronavirus (COVID-19) outbreak.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

**COV\_C57** ASK ALL

How safe or unsafe do you feel in your home since the Coronavirus (COVID-19) outbreak?

1. Very safe
2. Safe
3. Neither safe nor unsafe
4. Unsafe
5. Very unsafe

**COV\_SafUnA** ASK ALL

How safe or unsafe do you feel when outside your home due to the coronavirus (COVID-19) outbreak?

1. Very safe
2. Safe
3. Neither safe nor unsafe
4. Unsafe
5. Very unsafe

**COV\_C63** ASK ALL

Do you think people are doing things to help others more, about the same, or less since the Coronavirus (COVID-19) outbreak?

1. More
2. About the same
3. Less

**COV\_IntroC7.** ASK ALL

The following questions are about volunteering.

**COV\_VOL1.** ASK ALL

During the Coronavirus outbreak have you carried out any voluntary work or activity? This may include unpaid work in, for example, collecting and delivering medical supplies or groceries, helping in a community or faith based organisation, arts, culture, sport, education, neighbourliness, youth, environmental, health, direct care and animal welfare?

INTERVIEWER: IF ASKED 'DIRECT CARE' REFERS TO PERSONAL CARE SUCH AS WASHING, DRESSING FOR SOMEONE, EITHER OUTSIDE OR IN ADDITION TO ONE'S IMMEDIATE FAMILY, WHO MAY BE FRAIL OR SICK

1. Yes – I volunteered with an organisation
2. Yes – I volunteered but not with an organisation
3. No

**COV\_VOL2.** ASK IF COV\_VOL1 = Yes (Option 1 or 2)

Did you ever volunteer prior to the Coronavirus outbreak?

1. Yes
2. No

**COV\_VOL3.** ASK IF COV\_VOL1 = Yes (Option 1 or 2)

Are you planning to continue volunteering in the future?

1. Yes
2. No

**COV\_StopNI** ASK ALL

The Health Service in Northern Ireland has released an App called StopCOVIDNI which will help contact tracing and stop the spread of COVID-19.

Have you downloaded the StopCOVIDNI app?

1. Yes
2. No

**COV\_StopLike** ASK IF COV\_StopNI = No

How likely or unlikely are you to download the StopCOVIDNI app?

1. Very likely
2. Fairly likely
3. Neither likely nor unlikely
4. Fairly unlikely
5. Very unlikely

**COV\_StopWhy** ASK IF COV\_StopLike = Unlikely OR Very Unlikely

Why are you unlikely to download the StopCOVIDNI app?

INTERVIEWER : DO NOT READ OUT ANSWER CATEGORIES BUT CODE ALL REASONS MENTIONED

1. I'm concerned about my privacy and confidentiality;
2. I'm concerned about how my information could be used or shared;
3. Don't want to know if I have been around someone with COVID-19;
4. Don't have a smart phone or tablet to download the app;
5. Can't be bothered/not interested;
6. Haven't heard of the app/don't know anything about the app;
7. Don't believe in COVID19/I think it's a hoax
8. Other – please specify

**COV\_StopWhySp** ASK IF COV\_StopWhy = Other

Please specify the other reasons why you are unlikely to download the StopCOVIDNI app....STRING [200]

**COV\_C72** ASK ALL

Do you feel like you have enough information about how to protect yourself from the Coronavirus (COVID-19)?

1. Yes
2. No

**COV\_UKInfo** ASK ALL

Do you feel like you have enough information about government plans for easing restrictions due to the coronavirus (COVID-19) outbreak?

1. Yes
2. No

**COV\_GovM2.** ASK ALL

To what extent do you support or oppose the easing of stay-at-home measures put in place in the country where you live?

1. Strongly support
2. Tend to support
3. Neither support nor oppose
4. Tend to oppose
5. Strongly oppose

**COV\_HomVis.** ASK ALL

In the past seven days, have you had family or friends visit you at your home?

1. Yes
2. No

**COV\_Social.** ASK ALL

In the past seven days, how many people have you met up with to socialise?  
0...99

**COV\_MetDis.** ASK IF (COV\_Social > 0 OR Don't know)

In the past seven days, when you have met up with people, how often have you maintained social distancing?

1. Always
2. Often
3. Sometimes
4. Not very often
5. Never

**COV\_Intro3a** ASK ALL

The next questions are about 'support bubbles' or 'extended households'. We refer to both as 'support bubbles' here. This is where your household can choose to join together with one other household to provide support and help avoid loneliness. All those in a support bubble are able to spend time together inside each other's homes, including overnight, without needing to stay socially distanced.

**COV\_BubbleA** ASK ALL

Have you formed a 'support bubble' with another household?

1. Yes
2. No

**COV\_Many** ASK IF COV\_BubbleA = 1 (Yes)

In the past seven days, how many times have you visited the other household in their home or had members of the other household visit your home? 0...99

**COV\_MaxInd** ASK ALL

In the past seven days, what is the maximum number of other households you have socialised with indoors at the same time? (Please don't include households that are part of your support bubble)

1. 1 household
2. 2 households
3. 3 households
4. 4 households
5. 5 households
6. 6 households
7. More than 6 households
8. Not applicable, I have not visited with any other households indoors



**COV\_MaxOut** ASK ALL

In the past seven days, what is the maximum number of other households you have socialised with outdoors at the same time? (Please don't include households that are part of your support bubble)

1. 1 household
2. 2 households
3. 3 households
4. 4 households
5. 5 households
6. 6 households
7. More than 6 households
8. Not applicable, I have not visited with any other households outdoors

**COV\_VisFam** ASK ALL

Do you see or visit family members living outside your household more, less or about the same as you did before the coronavirus outbreak?

1. More
2. Less
3. The same
4. Not applicable [I don't normally visit family members]

**COV\_VisFrie** ASK ALL

Do you see or visit friends more, less or about the same as you did before the coronavirus outbreak?

1. More
2. Less
3. The same
4. Not applicable [I don't normally visit friends]

**COV\_Leave** ASK ALL

At this time, how comfortable or uncomfortable do you feel about leaving your home due to the coronavirus (COVID-19 outbreak)?

1. Very comfortable
2. Comfortable
3. Neither comfortable nor uncomfortable
4. Uncomfortable
5. Very uncomfortable
6. Not applicable

**COV\_HomRe** ASK ALL

In the past seven days, have you left your home for any reason?

1. Yes
2. No

**COV\_C84M** ASK IF Cov\_HomRe = Yes

In the past seven days, for what reasons have you left your home?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Key worker, travelling to and from work
2. Non-key worker, travelling to and from work
3. For voluntary work
4. Meeting up with people in a public place
5. Meeting up with people in a personal place (for example, visiting family and friends at their home or yours)
6. Taking part in a regular indoor activity (for example, attending an exercise class or place of worship)
7. To take children to or from school (or for other activities)
8. For one form of exercise a day, for example a run, walk, or cycle – alone or with members of your household
9. Visit a tourist attraction
10. Shopping for basic necessities (for example food and medicine)
11. Any medical need, or to provide care or to help a vulnerable person
12. To run errands (for example, pay bills, withdraw money from bank, visit post office)
13. Travel within the UK for holidays or short breaks
14. Travel outside of the UK for work
15. Travel outside of the UK for holidays or short breaks
16. Other (please specify)
17. None of the above

**COV\_C84MSp** ASK IF COV\_C84M = Other

Please specify the reasons you have left your home STRING[200]

**COV\_Crowd.** ASK IF COV\_HomRe = yes

In the past seven days, have any of the places you've visited been crowded?

1. Yes
2. No

**COV\_WrkCon.** ASK IF COV\_C84M = travelled to/from work – option 1 or 2.

In the past seven days, have you done any paid work requiring direct physical contact with other people?

1. Yes
2. No

**COV\_WrkPPE.** ASK IF COV\_C84M = travelled to/from work– option 1 or 2.  
Personal protective equipment, or PPE, may include gloves, face masks or face shields. In the past seven days, how often have you used PPE while at work?

1. Always
2. Often
3. Sometimes
4. Not very often
5. Never

**COV\_SocDis.** ASK IF COV\_C84M = travelled to/from work  
In the past seven days, how often have you stayed at least two metres away from other people while at work?

1. Always
2. Often
3. Sometimes
4. Not very often
5. Never

**COV\_WashH** ASK IF Cov\_HomRe = Yes  
In the past seven days, how often did you wash your hands with soap and water straight away after returning home from a public place?

1. Always
2. Often
3. Sometimes
4. Not very often
5. Never

**COV\_Cover.** ASK ALL  
To what extent do you support or oppose rules making it mandatory to wear face coverings in shops and supermarkets?

1. Strongly support
2. Tend to support
3. Neither support nor oppose
4. Tend to oppose
5. Strongly oppose

**COV\_FacCov** ASK ALL  
In the past seven days, have you used a face covering when outside your home to help slow the spread of the coronavirus (COVID-19)?

1. Yes
2. No

**COV\_FacSitu** ASK IF COV\_FacCov = 1 (yes)

In which situation have you used a face covering in the past seven days?

READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. While travelling on public transport
2. While at work
3. While shopping
4. While walking or exercising outdoors
5. While meeting someone from outside your household
6. While doing errands (for example, going to the Post Office or the bank)
7. Other (please specify)

**COV\_FacSituSp** ASK IF **COV\_FacSitu**= Other

Please specify in which other situations you have used a face covering in the past seven days...STRING[200]

**COV\_Wear** ASK ALL

In the next seven days, how likely or unlikely are you to wear a face covering when outside your home to help slow the spread of the coronavirus (COVID-19)?

1. Very likely
2. Fairly likely
3. Neither likely nor unlikely
4. Fairly unlikely
5. Very unlikely
6. Not applicable

**COV\_Police** ASK ALL

How strict or lenient do you think the police should be in enforcing rules to help reduce the spread of the coronavirus (COVID-19)? For example, rules on social distancing, lockdown measures and wearing face coverings.

1. Very strict
2. Strict
3. Neither strict nor lenient
4. Lenient
5. Very lenient

**COV\_Enforce** ASK ALL

How strict or lenient do you think the police are in enforcing rules to help reduce the spread of the coronavirus (COVID-19)?

1. Very strict
2. Strict
3. Neither strict nor lenient
4. Lenient
5. Very lenient

**COV\_TravPer** ASK ALL

In the past seven days, which modes of transport have you used for personal travel?  
READ OUT ALL ANSWER CATEGORIES AND CODE ALL THAT APPLY

1. Private car or van
2. Car-pooling or lift sharing (for example sharing a similar journey with others in the same car)
3. Bus, minibus or coach
4. Taxi minicab
5. Bicycle
6. On foot
7. Motorcycle, scooter or moped
8. Train
9. Other (please specify)
10. Not applicable

**COV\_TravPerSp** ASK IF COV\_TravPer = Other

Please specify the other modes of transport you have used for personal travel.

**ETHNIC** What is your ethnic group?

1. White
2. Irish Traveller
3. White and Black Caribbean
4. White and Black African
5. White and Asian
6. other Mixed/Multiple background
7. Indian
8. Pakistani
9. Bangladeshi
10. Chinese
11. Other Asian background
12. African
13. Caribbean
14. Other Black/African/Caribbean
15. Arab
16. Any other ethnic background

**relq2** What is your religion?

1. No religion
2. Catholic
3. Presbyterian
4. Church of Ireland
5. Methodist
6. Baptist
7. Free Presbyterian
8. Brethren
9. Protestant - not specified

10. Christian - not specified
11. Buddhist
12. Hindu
13. Jewish
14. Muslim
15. Sikh
16. Any other religion, please describe

**relq2ot** (ASK IF relq2 = other) Please describe your religion.

**Natind** How would you describe your national identity?

PLEASE CHOOSE ALL THAT APPLY

1. British
2. Irish
3. Northern Irish
4. English
5. Scottish
6. Welsh
7. Other

**Natindo** (ASK IF Natind = other) Please describe...STRING[60]

**VoucherName** ASK ALL

We have now reached the end of the questionnaire. Thank you for taking part. Could I please record your full name now, so we know who to address the **£20 voucher** to, when we post it out?...STRING

## **ONSFollow ASK ALL**

Thank you for taking part in NISRA's COVID-19 Opinion Survey.

To understand more about the coronavirus (COVID-19), the UK Government and the Northern Ireland Executive have asked the Office for National Statistics and the University of Oxford to run a new study into the virus.

The results from this study will be used to help work out the best way to manage the COVID-19 pandemic in the UK and Northern Ireland.

The study aims to work out how many people have had COVID-19, either with or without symptoms. You may have already seen or heard some results on the news from the pilot study which is currently being carried out in England.

What does the study involve?

Anyone who takes part in the NISRA COVID-19 Opinion Survey is being given the opportunity to participate in the NI Covid-19 Infection Survey.

Who should take part? We would like you, and anyone else in your household, including children aged 2 years and over to take part. Participation in this study is entirely voluntary. Even if you do not want to take part, anyone else in your household can do so if they wish, so please share this information with the whole household. As a token of appreciation, everyone who does the first part of the study will be offered a £50 voucher. Further incentives will be offered over the course of the study. I can record now if you want to be part of this Study.

If you do, NISRA will provide your contact details to ONS who will write to you directly and provide you with all of the information you need to know about the study.

Please be assured that the information you provide is protected by law and will be treated as confidential. Thank you for your time

1. Agree to follow up
2. Disagree to follow up

## **RecallP ASK IF ONSFollow = Disagree to follow up**

We may in the future invite you to take part in other surveys, either carried out by ourselves or one of our research partners. If we do, we will write to inform you and you will be free to decide at the time whether you want to take part.

1. Objection
2. No objection