

## COVID – 19

The next few questions are about the coronavirus (Covid-19) outbreak that began in February 2020.

INTERVIEWER: Press 1 and [Enter] to continue.

*IF not had positive test in either covid study*

*[(IFFW[spno].CvTestB <> 1)]*

**HECvTstA**

[^Have you/has [^Name]] had any kind of coronavirus (Covid-19) test?

INTERVIEWER PLEASE EXCLUDE ANY ANTIBODY TESTS FOR ADDITIONAL INFORMATION PLEASE PRESS F9

F9: An antibody test is a blood test to check if you've had coronavirus (COVID-19) before or been vaccinated. The test detects your body's response to the virus or vaccination but cannot tell you if you had COVID-19 infection at the time of the test. In the past, you may have been invited to a 'serology study' aiming to collect information on exposure to COVID-19. This study involved study members providing a blood sample which was then tested for COVID-19 antibodies. Please do not answer this question based on the results of a serology study or any other antibody test you may have done.

1. Yes
2. No

END OF FILTER

*IF had Covid test [(HECvTestA=1)]*

**HECvTstB**

What was the result of [^your/[Name]'s] coronavirus (Covid-19) test?"

INTERVIEWER: WHERE MORE THAN ONE TEST, CODE 'POSITIVE' IF ANY WERE POSITIVE.

READ OUT IF NECESSARY

1. Positive
2. Negative
3. Inconclusive
4. Waiting for results

END OF FILTER

*If had Covid in COVID surveys*

*[(IFFW[spno].CvTestB=1)]*

**HECvConf**

Our records show that [^you/he/she] [^have/has] told us before that [^you/he/she] [^have/has] had a positive test for coronavirus (Covid-19).

CODE 1 BELOW UNLESS RESPONDENT SPONTANEOUSLY DISPUTES THIS RECORD.

1. Yes
2. No

END OF FILTER

*IF confirmed that had COVID in COVID surveys or had a positive test since*

*[HeCvTstb = 1 or HECvconf=1]*

**HECvSym**

When [^you/[^Name]] had COVID-19, did [^you/he/she] have symptoms?

1. Yes
2. No

**HECvHosp**

[^Have you/Has he/ Has she] had to stay in hospital for treatment due to coronavirus (Covid-19)?"

1. Yes
2. No

END OF FILTER

*IF confirmed that had symptoms*

[HECvSym = 1]

### **HECvSymE**

SHOW CARD C1

Which of the following would best describe [^your/his/her] experience of symptoms?  
INTERVIEWER: If they have caught COVID-19 more than once, please ask them to answer about the longest episode of illness they experienced.

1. My symptoms were worse at the beginning (the first 1-2 weeks) and then got better
2. My symptoms were worse at the beginning (the first 1-2 weeks) and then mostly got better but some lingered
3. After the first 1-2 weeks, my symptoms got better but then the same symptoms kept/ keep coming back
4. After the first 1-2 weeks, my symptoms got better but I then developed new symptoms
5. Most of my symptoms lasted for 2-3 weeks
6. Most of my symptoms lasted for 4-12 weeks
7. Most of my symptoms lasted for more than 12 weeks
8. SPONTANEOUS: Had COVID very recently so cannot answer |

END OF FILTER

### **HECvLong**

Have [^you/he/she] been told by a doctor that [^you/he/she] [^have/has] any long-standing illness or disability caused by coronavirus (COVID-19)?

INTERVIEWER: IF QUERIED BY RESPONDENT WHY WE ARE ASKING THIS:  
"COVID-19 has been linked to several long-lasting conditions despite the severity of the infection (whether someone was symptomatic or asymptomatic)"

1. Yes
2. No

*IF have any long-standing illness or disability caused by COVID*

[(HECvLong=1)]

### **HECvLCon**

SHOW CARD C2

Please indicate what new condition, illness or disability [^your/his/her] doctor has linked to coronavirus/COVID-19?

1. Fatigue
2. A blood clot in the leg, heart lung or brain
3. Cough
4. Shortness of breath
5. Chest tightness
6. A lung condition
7. Loss of sense of smell
8. Difficulty concentrating

9. Brain fog
10. Headaches
11. Depression and anxiety
12. A heart condition
13. Another condition affecting the mind or brain
14. A condition affecting the nervous system excluding the brain
15. Joint pains
16. Diarrhoea
17. Other – please specify \_\_\_\_\_

**[Code maximum 17 out of 17 possible responses]**

| Description  | Variable | Archive    |
|--|----------|------------|
| Fatigue  | HECvLCon | HECvLConFA |
| A blood clot in the leg, heart lung or brain                 | HECvLCo2 | HECvLConBC |
| Cough  | HECvLCo3 | HECvLConCG |
| Shortness of breath  | HECvLCo4 | HECvLConSB |
| Chest tightness  | HECvLCo5 | HECvLConCT |
| A lung condition   | HECvLCo6 | HECvLConLC |
| Loss of sense of smell                                       | HECvLCo7 | HECvLConLS |
| Difficulty concentrating                                     | HECvLCo8 | HECvLConDC |
| Brain fog  | HECvLCo9 | HECvLConBF |
| Headaches  | HECvLC10 | HECvLConHD |
| Depression and anxiety                                       | HECvLC11 | HECvLConDE |
| A heart condition  | HECvLC12 | HECvLConHC |
| Another condition affecting the mind or brain                | HECvLC13 | HECvLConMB |
| A condition affecting the nervous system excluding the brain | HECvLC14 | HECvLConNS |
| Joint pains  | HECvLC15 | HECvLConJP |
| Diarrhoea  | HECvLC16 | HECvLConDH |
| Other  | HECvLC17 | HECvLConOT |

*IF type of condition = other*  
*[(HECvLongCon = Other)]*

**HECvLCnO**

INTERVIEWER: Enter name of other condition, illness or disability.  
 String 1000

END OF FILTER

**HECvLLim**

Does this illness or disability limit [<sup>^</sup>your/his/her] activities in any way?

1. Yes
2. No

END OF FILTER

**HECvVac**

[<sup>^</sup>Have you/ has he/ has she] been offered a vaccine for coronavirus/COVID-19?

INTERVIEWER: CODE (1) EVEN IF ONLY HAD 1 DOSE OF VACCINE SO FAR.

1. Yes, I have been vaccinated
2. Yes, but I am waiting to be vaccinated
3. Yes, but I have decided not to be vaccinated
4. No, I have not been offered a vaccination

*IF Yes, I have been vaccinated*  
[[IF HECvVac=1]]

**HECvBVac**

[^Have you/ has he/ has she] received a booster vaccine for coronavirus/COVID-19?

1. Yes
2. No

END OF FILTER