

Record IDEAL-2 ID number here

Since we last saw you for the IDEAL study, we have all been through the coronavirus outbreak. First we had the lockdown where everyone had to stay at home, and then things opened up again but with some ongoing restrictions. I would like to talk about how the coronavirus outbreak has affected you and find out how you are doing at the moment. Most of the questions have fixed responses, and I am going to read each response to you after each question, please tell me which of the options you think best applies to you. Please be as honest and as accurate as you can throughout. There are no "right" or "wrong" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

Later on there is a question about the medication that you have been prescribed. If you have a prescription handy it would be useful to get this before we start the survey.

To start with I have a few questions about where you are living.  
Can you tell me your current address?

	Correct	Incorrect	Not given/partially given
P_Q1_1_inc. Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_Q2_1_inc. Town/City	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P\_Q1\_2\_inc. What is the name/number of your house and what street do you live on?  
**(If partial say: you said [the street name], do you know the number you live at?etc)**

- ☐ Both number and street correct
- ☐ Number and/or street incorrect

P\_Q2\_2\_inc. What Town/City do you live in?

**(If partial say: you said [the area of the city], what Town/City do you live in?  
etc)**

- ☐ Town/City correct
- ☐ Town/City incorrect

P\_Q3\_1\_inc. Can I check - have you moved home since the time of the last IDEAL visit which was about a year ago?

- ☐ Yes
- ☐ No

P\_Q3\_2\_inc. Are you living in a care home or nursing home?

- ☐ Yes
- ☐ No

P\_Q3\_3\_inc. Can you tell me where you are living at the moment?

**(If "other", prompt to make sure that the location is not one of the other responses)**

- ☐ Own home
- ☐ Relative's home
- ☐ Sheltered accommodation
- ☐ Other (specify)

P\_Q4\_inc. Does anyone else live there with you?

- ☐ Yes
- ☐ No

P\_Q5\_inc. Who else lives there with you? Is there anyone else living there?**(Click all that apply)**

- ☐ Spouse/partner
- ☐ Other family (ask participant for details)
- 

- ☐ Other non-family (ask participant for details)
- 

One additional thing – can you tell me today’s date?  
**(Do not score as correct if exact date is out by one day)**

	Correct	Incorrect	Not given
Day of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exact date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P\_Q6\_1\_inc. What day of the week is it today?

- ☐ Day of the week correct
- ☐ Day of the week incorrect/not known

P\_Q7\_1\_inc. What is the exact date today?  
**(Only score as correct if exact correct date is given)**

- ☐ Exact date correct
- ☐ Exact date incorrect/not known

P\_Q8\_1\_inc. What month is it?

- ☐ Month correct
- ☐ Month incorrect/not known

P\_Q9\_1\_inc. What year are we in?

- ☐ Year correct
- ☐ Year incorrect/not known

The next set of questions are about how the coronavirus outbreak has affected you.

P\_Q10\_inc. Have you had the coronavirus?

- ☐ Yes
- ☐ No

P\_Q11\_inc. Were you tested for for coronavirus?

- ☐ Yes
- ☐ No

P\_Q12\_inc. Were you treated in hospital for coronavirus?

- ☐ Yes
- ☐ No

P\_Q13\_inc. Has anyone close to you had the virus?

**(If already mentioned tick appropriate box)**

- ☐ Yes (If participant says someone has died, respond appropriately)
- ☐ No

P\_Q14\_inc. Overall, how do you feel the coronavirus outbreak has affected you?  
Have you received the coronavirus vaccine?

**(Prompts: life during lockdown, keeping occupied at home, activities undertaken, impact on confidence, restrictions since lockdown)**

P\_Q15\_inc. **(If not already clear)** What have been the most difficult aspects of the coronavirus outbreak for you?

**(Prompts: life during lockdown, keeping occupied at home, activities undertaken; impact on confidence; restrictions since lockdown)**

P\_Q16\_1\_inc. **(If not already mentioned)** Have there been any positive aspects or benefits of the coronavirus outbreak?

**(If already mentioned tick appropriate box)**

- ☐ Yes
- ☐ No

P\_Q16\_2\_inc. What were/have been the positive aspects or benefits of the coronavirus outbreak?

**(If positive aspects have already been mentioned ask if there are any others)**

P\_Q17\_inc. How worried, if at all, have you been about having enough food during the coronavirus outbreak?

- ☐ Not at all worried
- ☐ Not very worried
- ☐ Somewhat worried
- ☐ Very worried
- ☐ Extremely worried

P\_Q18\_inc. Overall how well do you feel you have coped since the coronavirus outbreak?

- ☐ Very well
- ☐ Fairly well
- ☐ Not very well

P\_Q19\_inc. How do you feel your financial situation now compares to before the coronavirus outbreak?

- ☐ Much worse off
- ☐ A little worse off
- ☐ About the same
- ☐ A little better off
- ☐ Much better off

P\_Q20\_inc. How easy or difficult was it to keep yourself occupied at home during the coronavirus lockdown?

- ☐ Very easy
- ☐ Fairly easy
- ☐ Not very easy

P\_Q21\_inc. Can you think of anything that would have made the situation more manageable and/or help you cope better?

Now I'm going to ask a few questions about how you feel generally about your life at the moment.

P\_Q22\_inc. On a scale of zero to 10, where zero is “not at all” and 10 is “very”, how satisfied are you with your life nowadays?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

P\_Q23\_inc. On a scale of zero to 10, where zero is “not at all” and 10 is “very”, to what extent do you feel the things you do in your life are worthwhile?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

P\_Q24\_inc. When you think about your life as a whole, everything together, how do you feel about your life? Would you say it is poor, fair, good or excellent?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

P\_Q25\_inc. How would you rate your quality of life in the **last two weeks**?

- ☐ Very good
- ☐ Good
- ☐ Neither poor nor good
- ☐ Poor
- ☐ Very poor

I'm now going to ask you some questions about your mood.

P\_Q26\_inc. In the **last two weeks**, how much of the time have you felt cheerful and in good spirits?

- ☐ All of the time
- ☐ Most of the time
- ☐ More than half of the time
- ☐ Less than half of the time
- ☐ Some of the time
- ☐ At no time



P\_Q27\_inc. On a scale of zero to 10, where zero is “not at all” and 10 is “very”, how happy overall did you feel **yesterday**?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

P\_Q28\_inc. On a scale of zero to 10, where zero is “not at all” and 10 is “very”, how anxious overall did you feel **yesterday**?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

EQ-5D question removed in line with user agreement

P\_Q30\_inc. Do you feel sad or depressed?

- ☐ Yes
- ☐ No

P\_Q31\_inc. Are you basically satisfied with your life?

- ☐ Yes
- ☐ No

P\_Q32\_inc. Do you feel lonely?

- ☐ Never
- ☐ Hardly ever
- ☐ Occasionally
- ☐ Some of the time
- ☐ Often or always

I'm now going to ask you to indicate the extent to which you agree or disagree with the following statements.

**(Only read once)**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
P_Q33_inc. Overall, I expect more good things to happen to me than bad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_Q34_inc. I am still the same person as I have always been?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now I'd like to talk about the contact you have with other people.

P\_Q35\_inc. Is there a carer taking part?

- ☐ Yes
- ☐ No

This question is about the **current** relationship between you and [Carer].

P\_Q36\_inc. Generally how well do you and [Carer] get along together?

- ☐ Extremely well
- ☐ Very well
- ☐ Well
- ☐ Quite well
- ☐ Not too well
- ☐ Not well at all

P\_Q37\_inc. Thinking of the person closest to you, **currently** how well do you get along together? **(If they have difficulty thinking of someone they consider they are close to, you may need to ask things like "What about a neighbour that visits you? etc.)**

- ☐ Extremely well
- ☐ Very well
- ☐ Well
- ☐ Quite well
- ☐ Not too well
- ☐ Not well at all

P\_Q38\_inc. Considering the people to whom you are **related either by birth, marriage or adoption**, how many relatives do you see or hear from at least **once a month**?  
(Prompt: make sure that the participant has included their spouse/partner in this number if they live together, or if they live with someone currently)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐  11 or more (write number in space provided)

P\_Q39\_inc. Has this changed since the coronavirus outbreak began?

- ☐ Yes
- ☐ No

P\_Q40\_inc. What is different about it now?

P\_Q41\_inc. How satisfied are you with the support you receive from **family**?

**(Ensure that/remind the participant is answering only about family members)**

- ☐ Very satisfied
- ☐ Slightly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know (only record if said spontaneously and prompting does not elicit other response)

P\_Q42\_inc. Considering all of your **friends** including those who live in your neighbourhood, how many friends do you see or hear from at least **once a month**?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐  11 or more (write number in space provided)

P\_Q43\_inc. Has this changed since the coronavirus outbreak?

- ☐ Yes
- ☐ No

P\_Q44\_inc. What is different about it now?

P\_Q45\_inc. How satisfied are you with the support you receive from **friends**?

**(Ensure that/remind the participant is answering only about friends)**

- ☐ Very satisfied
- ☐ Slightly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know (only record if said spontaneously and prompting does not elicit other response)

P\_Q46\_inc. Do you have access to the internet at home?

- ☐ Yes
- ☐ No

P\_Q47\_inc. Do you use the internet?

- ☐ Yes
- ☐ No

In what way do you use the internet?

**(Click as many as apply)**

- ☐ P\_Q48\_1\_inc. Sending and/or receiving emails
- ☐ P\_Q48\_2\_inc. Telephoning over the internet (e.g. Skype, Facetime, Whatsapp)
- ☐ P\_Q48\_3\_inc. Social networking (e.g. using Facebook, Twitter, Instagram)
- ☐ P\_Q48\_4\_inc. Reading online news
- ☐ P\_Q48\_5\_inc. Playing or downloading entertainment (e.g. games, films, music, TV)
- ☐ P\_Q48\_6\_inc. Buying groceries
- ☐ P\_Q48\_7\_inc. Buying household or electronic items (e.g. books, toys, games, tablets, mobile phones, cameras)
- ☐ P\_Q48\_8\_inc. Organising home repair and maintenance services (e.g. plumbers, electricians, gardeners)
- ☐ P\_Q48\_9\_inc. Booking and organising travel services (e.g. holidays and flights)
- ☐ P\_Q48\_10\_inc. Making an appointment with a doctor or other health practitioners
- ☐ P\_Q48\_11\_inc. Selling goods or services (e.g. via websites such as eBay)
- ☐ P\_Q48\_12\_inc. Internet banking
- ☐ P\_Q48\_13\_inc. Visiting websites or online forums that offer peer support
- ☐ P\_Q48\_14\_inc. Visiting websites or online forums that offer practical advice for people with memory problems or similar difficulties
- ☐ P\_Q48\_15\_inc. Visiting non-profit organisations' websites (e.g. Alzheimer's Society, Age UK)
- ☐ P\_Q48\_16\_inc. Visiting health-related websites (e.g. NHS Choices, local NHS services)
- ☐ P\_Q48\_17\_inc. Other (please specify)

P\_Q48\_17\_oth\_inc

P\_Q49\_inc. Has your internet use changed since the coronavirus outbreak started?

- ☐ Yes
- ☐ No

P\_Q50\_inc. How has your use of the internet changed since the coronavirus outbreak?  
(Prompt: more or less now? different sites? etc.)

P\_Q51\_inc. Do you use a smartphone?

- ☐ Yes
- ☐ No

P\_Q52\_inc. In what ways do you use your smartphone?  
Has this changed since the coronavirus outbreak started?

EQ-5D questions removed in line with user agreement



The next few questions are about help that you may have received in your home.  
P\_Q55\_inc. In the **last 3 months** have relatives or friends regularly helped you with tasks you had difficulty with or could not do?

☐ Yes

☐ No

P\_Q56\_inc. Thinking about an **average week**, and about all such friends or relatives, for how many **hours** do they usually help you with these tasks?

**(Do not read out the below options, wait for the participant to give response and select the most appropriate response, or prompt participant if not clear)**

☐ Less than one hour

☐ 1-4 hours

☐ 5-8 hours

☐ 9-14 hours

☐ 15-22 hours

☐ 23-30 hours

☐ 31-49 hours

☐ 50-99 hours

☐ 100 hours or more

☐  Other (write exact number of hours in space provided)

In the **last 3 months**, have you used any of these services?

**(Click all that apply)**

- ☐ P\_Q57\_1\_inc. Home care/home help/a support worker
- ☐ P\_Q57\_2\_inc. Meals on wheels (including Wiltshire Farm Foods etc.)
- ☐ P\_Q57\_3\_inc. An incontinence laundry service
- ☐ P\_Q57\_4\_inc. A cleaner/cleaning service
- ☐ P\_Q57\_5\_inc. Has there been someone to stay with you so [carer] can have a break/respite
- ☐ P\_Q57\_6\_inc. Has there been someone to support [carer]
- ☐ P\_Q57\_7\_inc. Have there been any other services (please specify)

P\_Q57\_7\_oth\_inc

P\_Q58\_inc. Did any of these kinds of help you were receiving stop due to coronavirus?

- ☐ Yes
- ☐ No

Which ones stopped due to coronavirus?

- ☐ P\_Q59\_1\_inc. Home care/home help/a support worker
- ☐ P\_Q59\_2\_inc. Meals on wheels (including Wiltshire Farm Foods etc.)
- ☐ P\_Q59\_3\_inc. An incontinence laundry service
- ☐ P\_Q59\_4\_inc. A cleaner/cleaning service
- ☐ P\_Q59\_5\_inc. Has there been someone to stay with you so [carer] can have a break/respite
- ☐ P\_Q59\_6\_inc. Has there been someone to support [carer]

P\_Q59\_7\_inc. Which of these other services stopped due to coronavirus?

**(Record only those that have stopped)**

P\_Q59\_7\_oth\_inc

P\_Q60\_inc. Have any started again now?

☐ Yes

☐ No

Which ones have started again now?

☐ P\_Q61\_1\_inc. Home care/home help/a support worker

☐ P\_Q61\_2\_inc. Meals on wheels (including Wiltshire Farm Foods etc.)

☐ P\_Q61\_3\_inc. An incontinence laundry service

☐ P\_Q61\_4\_inc. A cleaner/cleaning service

☐ P\_Q61\_5\_inc. Has there been someone to stay with you so [carer] can have a break/respite

☐ P\_Q61\_6\_inc. Has there been someone to support [carer]

P\_Q61\_7\_inc. Which of these other services have started up again?

**(Record only those that have started up again)**

P\_Q61\_7\_oth\_inc

P\_Q62\_inc. Did you get any extra help at home during the coronavirus outbreak that you were not having before?

☐ Yes

☐ No

P\_Q63\_inc. Ask for details about extra help at home during the coronavirus outbreak that they were not having before.

P\_Q64\_inc. Has this extra help at home continued?

☐ Yes

☐ No

P\_Q65\_inc. Which extra help has continued?

Now I'm going to ask you some questions about social groups or organisations you may belong to.

Which of these activities do you attend? Do you attend...

**(Click all that apply)**

- ☐ P\_Q66\_1\_inc. Political parties
- ☐ P\_Q66\_2\_inc. Trade unions (including student unions)
- ☐ P\_Q66\_3\_inc. Environmental groups
- ☐ P\_Q66\_4\_inc. Tenants, residents' groups or neighbourhood watch
- ☐ P\_Q66\_5\_inc. Evening classes
- ☐ P\_Q66\_6\_inc. University of the Third Age (U3A)
- ☐ P\_Q66\_7\_inc. Other adult learning
- ☐ P\_Q66\_8\_inc. Arts, music or singing group
- ☐ P\_Q66\_9\_inc. Memory cafe or group
- ☐ P\_Q66\_10\_inc. Charity, voluntary or community group
- ☐ P\_Q66\_11\_inc. Group for older people (e.g. lunch club)
- ☐ P\_Q66\_12\_inc. Youth group (e.g. scouts/guides/youth club)
- ☐ P\_Q66\_13\_inc. Women's Institute, Townswomen's Guild
- ☐ P\_Q66\_14\_inc. Social club (Rotary, working men's club)
- ☐ P\_Q66\_15\_inc. Sports club, gym, exercise/dance group
- ☐ P\_Q66\_16\_inc. Religious group
- ☐ P\_Q66\_17\_inc. Other group or organisation; please specify:

P\_Q66\_17\_oth\_inc

- ☐ P\_Q66\_18\_inc. None

P\_Q67\_inc. When these stopped due to coronavirus, did anyone from these groups keep in contact with you during that time?

- ☐ Yes
- ☐ No

P\_Q68\_inc. How did they keep in contact with you?

How frequently did they contact you?

Did they keep you updated with changes?

P\_Q69\_inc. Have any of these started up again now?

- ☐ Yes
- ☐ No

Which activities have started up again?

- ☐ P\_Q70\_1\_inc. Political parties
- ☐ P\_Q70\_2\_inc. Trade unions (including student unions)
- ☐ P\_Q70\_3\_inc. Environmental groups
- ☐ P\_Q70\_4\_inc. Tenants, residents' groups or neighbourhood watch
- ☐ P\_Q70\_5\_inc. Evening classes
- ☐ P\_Q70\_6\_inc. University of the Third Age (U3A)
- ☐ P\_Q70\_7\_inc. Other adult learning
- ☐ P\_Q70\_8\_inc. Arts, music or singing group
- ☐ P\_Q70\_9\_inc. Memory cafe or group
- ☐ P\_Q70\_10\_inc. Charity, voluntary or community group
- ☐ P\_Q70\_11\_inc. Group for older people (e.g. lunch club)
- ☐ P\_Q70\_12\_inc. Youth group (e.g. scouts/guides/youth club)
- ☐ P\_Q70\_13\_inc. Women's Institute, Townswomen's Guild
- ☐ P\_Q70\_14\_inc. Social club, (Rotary, working men's club)
- ☐ P\_Q70\_15\_inc. Sports club, gym, exercise/dance group
- ☐ P\_Q70\_16\_inc. Religious group

P\_Q70\_17\_inc. Which of these other group or organisations have started up again?**(Record only those that have started up again)**

P\_Q70\_17\_oth\_inc

P\_Q71\_1\_inc. Before the coronavirus outbreak, did you normally go to a day centre?

- ☐ Yes
- ☐ No

P\_Q71\_2\_inc. When this closed due to coronavirus, did anyone keep in touch with you?

- ☐ Yes
- ☐ No

P\_Q71\_3\_inc. Has it restarted now?

- ☐ Yes
- ☐ No

Now I'm going to ask you about how much you get out and about.

P\_Q72\_inc. During the **past 3 days** have you been to places outside your immediate town or community?

- ☐ Yes
- ☐ No

P\_Q73\_inc. During the **past 3 days** have you been to places outside your immediate area, but within your town or community?

- ☐ Yes
- ☐ No

P\_Q74\_inc. During the **past 3 days** have you been to places in your immediate area, beyond your own home or place of residence?

- ☐ Yes
- ☐ No

P\_Q75\_inc. During the **past 3 days** have you been to an area outside your home or place of residence, such as a garden, yard, driveway or parking space?

- ☐ Yes
- ☐ No

P\_Q76\_inc. During the **past 3 days** have you been to an area immediately outside your home or place of residence, such as your porch, patio, hallway of an apartment building, or garage?

- ☐ Yes
- ☐ No



P\_Q77\_inc. During the **past 3 days** have you been to other rooms of your home or place of residence besides the room where you sleep?

- ☐ Yes
- ☐ No

P\_Q78\_inc. Do you have a garden or outside area that you can spend time in?

- ☐ Yes
- ☐ No

P\_Q79\_inc. Do you use public transport, such as buses, trams or trains?

- ☐ Yes
- ☐ No

P\_Q80\_inc. Has your use of public transport changed since the coronavirus outbreak?

- ☐ Yes
- ☐ No

Now I'm interested to find out about your memory and thinking skills.

P\_Q81\_inc. Compared to other people of your age, how would you describe your day-to-day memory?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

P\_Q82\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to remember everyday things?

- ☐ Yes
- ☐ No

P\_Q82\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q83\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to remember recent events?

- ☐ Yes
- ☐ No

P\_Q83\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q84\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to concentrate?

- ☐ Yes
- ☐ No

P\_Q84\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q85\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to say what you want to say?

- ☐ Yes
- ☐ No

P\_Q85\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q86\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to plan ahead?

- ☐ Yes
- ☐ No

P\_Q86\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q87\_1\_inc. Since the coronavirus outbreak, have you noticed any changes in your ability to make decisions?

- ☐ Yes
- ☐ No

P\_Q87\_2\_inc. Is this better or worse than before the coronavirus outbreak?

- ☐ Better than before
- ☐ Worse than before

P\_Q88\_inc. Since the coronavirus outbreak, do you feel you get confused more often?

- ☐ Yes
- ☐ No

Next i'm going to ask you to remember some words.

I'm going to read a list of words for you to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them.

**(Read each word with a one second gap between)**

Face Velvet Church Daisy Red

**(Click each word that was recalled)**

- ☐ P\_Q89\_1\_inc. Face
- ☐ P\_Q89\_2\_inc. Velvet
- ☐ P\_Q89\_3\_inc. Church
- ☐ P\_Q89\_4\_inc. Daisy
- ☐ P\_Q89\_5\_inc. Red
- ☐ None recalled

I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

**(Read the words again, with one second gap between each word)**

Face Velvet Church Daisy Red

**(Click each word that was recalled)**

- ☐ P\_Q90\_1\_inc. Face
- ☐ P\_Q90\_2\_inc. Velvet
- ☐ P\_Q90\_3\_inc. Church
- ☐ P\_Q90\_4\_inc. Daisy
- ☐ P\_Q90\_5\_inc. Red
- ☐ None recalled

Now we're going to ask some questions that are a little bit different. I'm going to ask you some questions about your immediate neighbourhood, by which I mean your street or surrounding area.

How much do you agree or disagree with this statement?

P\_Q91\_inc. In your neighbourhood to what extent do you agree or disagree that people are willing to help their neighbours?

- ☐ Strongly agree
- ☐ Slightly agree
- ☐ Neither agree nor disagree
- ☐ Slightly disagree
- ☐ Strongly disagree
- ☐ Don't know/No opinion (only record if said spontaneously and prompting does not elicit other response)
- ☐ Refused (only record if said spontaneously and prompting does not elicit other response)

P\_Q92\_inc. Suppose you lost your purse or wallet containing your address details, and it was found in the street by someone living in this neighbourhood. How likely is it that it would be returned to you with nothing missing?

- ☐ Very likely
- ☐ Quite likely
- ☐ Not very likely
- ☐ Not at all likely
- ☐ Don't know (only record if said spontaneously and prompting does not elicit other response)

P\_Q93\_inc. How satisfied are you with your neighbourhood as a place to live?

- ☐ Very satisfied
- ☐ Slightly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know (only record if said spontaneously and prompting does not elicit other response)

P\_Q111\_\*\_R\_inc. Now I want you to tell me as many animals as you can think of. I will tell you to stop after one minute. Are you ready? **[Repeat instructions if necessary] Prompt if no animal has been given after 15 seconds from the last word said:** Carry on.

**If needed (participant does not say anything for the first 15 seconds) you may prompt using this phrase once only:** Tell me as many animals as you can think of **Press start to start the timer. Stop after 1 minute. After 1 minute:** Please stop now.

**Write animals here:**

I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember.

**(Click all that apply)**

**(Do not prompt except to make sure that the participant has finished recalling words:** Can you remember any more? There was one more, etc.)

- ☐ P\_Q94\_1\_inc. Face
- ☐ P\_Q94\_2\_inc. Velvet
- ☐ P\_Q94\_3\_inc. Church
- ☐ P\_Q94\_4\_inc. Daisy
- ☐ P\_Q94\_5\_inc. Red
- ☐ None remembered

**Only read this once:** I will give you some hints to see if it helps you remember the words.

P\_Q94\_1\_1\_inc. One of the words was a body part

- ☐ Remembered Face
- ☐ Did not remember word
- ☐ Said nose and/or hand

P\_Q94\_2\_1\_inc. One of the words was a type of fabric

- ☐ Remembered Velvet
- ☐ Did not remember word
- ☐ Said denim and/or cotton

P\_Q94\_3\_1\_inc. One of the words was a type of building

- ☐ Remembered Church
- ☐ Did not remember word
- ☐ Said school and/or hospital

P\_Q94\_4\_1\_inc. One of the words was a type of flower

- ☐ Remembered Daisy
- ☐ Did not remember word
- ☐ Said rose and/or tulip

P\_Q94\_5\_1\_inc. One of the words was a colour

- ☐ Remembered Red
- ☐ Did not remember word
- ☐ Said blue and/or green

P\_Q94\_1\_1\_inc. Which of the following words do you think it was: nose, face, hand.

- ☐ Remembered Face
- ☐ Did not remember word

P\_Q94\_1\_1\_inc. Which of the following words do you think it was: shoulder, face, leg.

- ☐ Remembered Face
- ☐ Did not remember word

P\_Q94\_2\_1\_inc. Which of the following words do you think it was: denim, velvet, cotton.

- ☐ Remembered Velvet
- ☐ Did not remember word

P\_Q94\_2\_1\_inc. Which of the following words do you think it was: nylon, velvet, silk.

- ☐ Remembered Velvet
- ☐ Did not remember word

P\_Q94\_3\_1\_inc. Which of the following words do you think it was: church, school, hospital.

- ☐ Remembered Church
- ☐ Did not remember word

P\_Q94\_3\_1\_inc. Which of the following words do you think it was: church, library, shop.

- ☐ Remembered Church
- ☐ Did not remember word

P\_Q94\_4\_1\_inc. Which of the following words do you think it was: rose, daisy, tulip.

- ☐ Remembered Daisy
- ☐ Did not remember word

P\_Q94\_4\_1\_inc. Which of the following words do you think it was: lily, daisy, daffodil.

- ☐ Remembered Daisy
- ☐ Did not remember word



P\_Q94\_5\_1\_inc. Which of the following words do you think it was: red, blue, green.

- ☐ Remembered Red
- ☐ Did not remember word

P\_Q94\_5\_1\_inc. Which of the following words do you think it was: red, yellow, purple.

- ☐ Remembered Red
- ☐ Did not remember word

Now I'd like to ask about your health.

P\_Q95\_inc. Overall, how would you rate your health in the **past 4 weeks**?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

P\_Q96\_inc. Since the coronavirus outbreak, have you developed any new health problems?

- ☐ Yes
- ☐ No

P\_Q97\_inc. What are these new health problems?

Now we would like to know about the health care and support services that you may have used recently.

P\_Q100\_1\_inc. In the **last 3 months** have you been in contact with your GP?

- ☐ Yes
- ☐ No

Have you:

**(Click all that apply)**

- ☐ P\_Q100\_1\_1\_inc. Seen a GP at the surgery?
- ☐ P\_Q100\_2\_1\_inc. Seen a GP at home?
- ☐ P\_Q100\_3\_1\_inc. Spoken to a GP on the telephone (including where someone else spoke to the GP on your behalf)?
- ☐ P\_Q100\_4\_1\_inc. Seen a nurse at the surgery?

P\_Q100\_1\_2\_inc. In the **last 3 months** how many times have you seen a GP at the surgery? What was the reason(s) you saw the GP at the surgery?

P\_Q100\_2\_2\_inc. In the **last 3 months** how many times have you seen a GP at home?  
What was the reason(s) you were seen by a GP at home?

P\_Q100\_3\_2\_inc. In the **last 3 months** how many times have you spoken to a GP on the telephone? This can include any instances where someone else spoke to the GP on your behalf. What was the reason(s) you or someone else spoke to the GP on the telephone?

P\_Q100\_4\_2\_inc. In the **last 3 months** how many times have you seen a nurse at the surgery? What was the reason(s) you saw a nurse at the surgery?

Now we would like to know about some community health and care services that people can make use of.

In the **last 3 months** have you seen a:

**(Click all that apply)**

- ☐ P\_Q101\_1\_1\_inc. Community Nurse or District Nurse?
- ☐ P\_Q101\_2\_1\_inc. Community Psychiatric Nurse or Community Mental Health Nurse?
- ☐ P\_Q101\_3\_1\_inc. Psychiatrist
- ☐ P\_Q101\_4\_1\_inc. Social worker or care manager
- ☐ P\_Q101\_5\_1\_inc. Psychologist
- ☐ P\_Q101\_6\_1\_inc. Physiotherapist or Occupational therapist
- ☐ P\_Q101\_7\_1\_inc. Dentist
- ☐ P\_Q101\_8\_1\_inc. Optician
- ☐ P\_Q101\_9\_1\_inc. Specialist nurse (e.g. Admiral Nurse, palliative care nurse, respiratory nurse)?
- ☐ P\_Q101\_9\_oth\_inc. Record which specialist nurse they mention:

P\_Q101\_1\_2\_inc. Why did you see a Community Nurse or District Nurse?  
How many times?

P\_Q101\_2\_2\_inc. Why did you see a Community Psychiatric Nurse or  
Community Mental Health Nurse? How many times?

P\_Q101\_3\_2\_inc. Why did you see a Psychiatrist?  
How many times?

P\_Q101\_4\_2\_inc. Why did you see a Social worker or care manager?  
How many times?

P\_Q101\_5\_2\_inc. Why did you see a Psychologist?  
How many times?

P\_Q101\_6\_2\_inc. Why did you see a Physiotherapist or Occupational therapist?  
How many times?

P\_Q101\_7\_2\_inc. Why did you see a Dentist?  
**(Prompt for dental work done, check up, fillings etc.)**  
How many times?

P\_Q101\_8\_2\_inc. Why did you see an Optician?  
**(Prompt whether regular check up or emergency work etc.)**  
How many times?

P\_Q101\_9\_2\_inc. Why did you see "specialist nurse"? How many times?

P\_Q102\_1\_inc. Have you avoided seeking help for any health issues because of the coronavirus?

☐ Yes

☐ No

P\_Q102\_2\_inc. Why did you avoid seeking help for any health issues because of the coronavirus?

P\_Q103\_1\_inc. In the **last 3 months** have you been to hospital as an outpatient or day patient to see a specialist, attend a clinic or go to A&E?

- ☐ Yes
- ☐ No

P\_Q103\_2\_inc. What was the reason for using the service?

How many times did you attended the service?

How long was the stay?

P\_Q104\_1\_inc. In the **last 3 months** have you had to stay in hospital as an in-patient overnight or longer?

- ☐ Yes
- ☐ No

P\_Q104\_2\_inc. What was the reason for going to the hospital?

How many times have you attended the hospital?

P\_Q105\_1\_inc. In the **last 3 months** have you had to stay in a nursing home or care home?

- ☐ Yes
- ☐ No

P\_Q105\_2\_inc. What was the reason for staying in a nursing home or care home?  
How many days do you stay at the nursing home or care home?

I'm going to ask about prescribed medications now, so if you have a prescription handy that would be really helpful.

P\_Q106\_inc. How many different **prescribed** medications do you take?

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐  15 or more (Write number in box)

P\_Q107\_Meds\_\*\_\*\_inc. Can you tell me the names of these medications, dosage, and how often you take them?

**(Write name of medication (i.e. Donepezil), dosage (i.e. 10mg) and frequency (choose from the drop down menu i.e. once daily)**

**(If they take the same medication but in different dosages or frequencies, i.e. Donepezil 10mg once a day and Donepezil 5mg twice a week, add these as separate entries)**

	Medication name	Dosage	Frequency
	Medication name	Dosage	
1	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
5	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
6	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
7	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
8	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
9	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
10	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
11	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
12	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
13	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
14	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>



P\_Q107\_Meds\_\*\_\*\_inc. (Write name of medication (i.e. Donepezil), dosage (i.e. 10mg) and frequency (choose from the drop down menu i.e. once daily) (If they take the same medication but in different dosages or frequencies, i.e. Donepezil 10mg once a day and Donepezil 5mg twice a week, add these as separate entries)

	Medication name Medication name	Dosage Dosage	Frequency
15	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
16	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
17	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
18	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
18	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
20	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
21	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
22	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
23	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
24	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
25	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
26	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
27	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾
28	<input type="text"/>	<input type="text"/>	<input type="text"/> ▾

P\_Q107\_Meds\_\*\_\*\_inc. (Write name of medication (i.e. Donepezil), dosage (i.e. 10mg) and frequency (choose from the drop down menu i.e. once daily) (If they take the same medication but in different dosages or frequencies, i.e. Donepezil 10mg once a day and Donepezil 5mg twice a week, add these as separate entries)

	Medication name	Dosage	Frequency
	Medication name	Dosage	
29	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
30	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
31	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
32	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
33	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
34	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
35	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
36	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
37	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
38	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
39	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
40	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
41	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
42	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

P\_Q108\_1\_inc. Have your healthcare needs been affected by the coronavirus outbreak – for example, appointments postponed or planned operations delayed?

- ☐ Yes
- ☐ No

P\_Q108\_2\_inc. In what ways have your healthcare needs been affected by the coronavirus outbreak?

P\_Q109\_1\_inc. Did any healthcare services you were already receiving stop due to coronavirus?

☐

Yes

☐

No

P\_Q109\_2\_inc. What healthcare services stopped due to coronavirus?

**(Ask for details, like what services stopped, when they stopped, etc? Were they replaced by phone services? prompt: Are there any others?)**

P\_Q109\_3\_inc. What impact did these healthcare services stopping have on you?

Thank you for answering all these questions and telling me about your experiences. The main aim of the study is to develop resources that can help to support people in the future as we learn to live with coronavirus.

P\_Q110\_inc. Is there anything else you'd like to tell me about, that we haven't covered?