TILDA COVID-19 QUESTIONNAIRE CONSENT FORM

tilda
The Irish Longitudinal Study on Ageing

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Please tick the below boxes and sign at the end of the page if you agree to answer a COVID-19 Questionnaire.

1: General	**Tick**
I confirm that I have read and understood the **TILDA COVID-19** Information Leaflet for this study.	
I understand that this study **is entirely voluntary**, and I can stop my participation at any time without giving a reason.	
I understand that I will not be paid for taking part in this study.	
I know how to contact the research team if I need to.	
I agree to take part in this research study having been fully informed of the risks and benefits.	
I agree to being contacted by TILDA to follow up on my participation in this study, provided I have not stated I wish to withdraw completely from the study.	

2: Data processing	**Tick**
I agree to allow personal information about me to be shared with third parties such as national and international hospitals and academic research institutions for research on ageing, as described in the Information Leaflet, in a **CODED** manner. *(Study ID used, not name/address)*	
I understand that personal information about me, including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation.	
I understand that there are no direct benefits to me from participating in this study.	

3: Retention of information for future research	**Tick**
I agree to my personal information being stored for possible future research related to the current study on ageing. I understand any future research must be approved by a Research Ethics Committee.	
I understand that I will not be paid for any future uses or outcomes from the processing of my personal information.	

To be completed by the Participant.

Name (Block Capitals)

Address

Signature

Today's Date

INSTRUCTIONS

This questionnaire is a part of The Irish Longitudinal Study on Ageing (TILDA). We greatly value your participation in our study, and we hope that you will find this questionnaire interesting to complete. Your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this ☑

Or circling an answer like this 1 2 (3) 4 5

Or writing a number in a box like this 3

Sometimes you will find an instruction telling you which questions to answer next, like this

YES ☐

NO ☑ IF 'NO' GO TO QUESTION 1

HOW TO RETURN THIS QUESTIONNAIRE

Please post the questionnaire back in the prepaid envelope provided.

If you have any questions about the questionnaire, please feel free to call us at 01 896 2509.

Gender:

Age at last birthday:

Today's Date:

D	D	/	M	M	/	Y	Y

Section 1

1.1. Since the outbreak of the COVID-19 pandemic, how often did you do the following activities, as compared to before the outbreak? Not at all, less often, about the same, or more often?

Please tick one box per line	Not at all	Less often	About the same	More often
Leave your home	☐	☐	☐	☐
Go grocery shopping	☐	☐	☐	☐
Travel to visit family members	☐	☐	☐	☐
Travel to visit friends	☐	☐	☐	☐
Attend religious services outside your home	☐	☐	☐	☐
Exercise at home	☐	☐	☐	☐
Walk outside your home for more than 20 minutes	☐	☐	☐	☐
Do hobbies, crafts, or puzzles	☐	☐	☐	☐
Watch TV, Netflix, stream movies, or shows	☐	☐	☐	☐
Volunteer	☐	☐	☐	☐
Do garden work or home repairs	☐	☐	☐	☐
Read books, magazines, or newspapers (in print or online)	☐	☐	☐	☐
Meet with social groups on Zoom or other online video conference sites	☐	☐	☐	☐

1.2. People have been asked to socially distance when outside meaning that they stay at least two metres apart from others.

	Always	Often	Sometimes	Never
Did you keep distance to others **when you went outside** your home?	☐	☐	☐	☐

1.3. We are interested in learning about people's behaviours during the COVID-19 pandemic. Can you please tell us if you did or did not do the following during the lockdown phase?

Please tick one box per line	Yes	No
Did you wash your hands more frequently than usual?	☐	☐
Did you use special hand sanitiser or disinfection fluids?	☐	☐
Did you pay special attention to covering coughs and sneezes?	☐	☐
Did you take any drugs or medicine as a prevention against COVID-19?	☐	☐
Did you wear a protective face mask when outside the home, around other people?	☐	☐

1.4. On a scale of 1-10, to what extent have you changed your behavior in response to the government recommendations? (Please circle a number from 1 = no change to behavior to 10 = a lot).

Please circle one number per line

At home	1	2	3	4	5	6	7	8	9	10	N/A
At work	1	2	3	4	5	6	7	8	9	10	N/A
In outdoor public places (parks etc.)	1	2	3	4	5	6	7	8	9	10	N/A
Indoor public places (supermarkets, garages, other retail outlets etc.)	1	2	3	4	5	6	7	8	9	10	N/A

1.5. How many other people did you share your accommodation with during the COVID-19 pandemic?

Number of people aged 18 years and older:	
Number of people aged less than 18 years:	

1.6. Does the property you are currently living in have any of the following?

Please tick one box per line	Yes	No
A garden	☐	☐
A roof terrace or large balcony	☐	☐
Other private outdoor space	☐	☐
Other shared outdoor space	☐	☐
None of these	☐	☐

1.7. Did you change where you live because of the COVID-19 pandemic?

Please circle one answer Yes No **If "No" please go to question** 1.8

1.7.1 If you did change where you live because of the COVID-19 pandemic, where did you move to?

Please tick all that apply

To own home	☐	To a friend's home	☐
To a child's / stepchild's home	☐	To a health care facility (incl. nursing home)	☐
To a home of some other family member	☐	Other, specify	☐

Specify: _____

1.8. Did you have someone move in with you because of the COVID-19 pandemic?

Please circle one answer Yes No **If "No" please go to question** 2.1

1.8.1. If someone did move in with you because of the COVID-19 pandemic, what was the relationship of this person to you?

Please tick all that apply

Spouse / partner	☐	Grandchild(ren)	☐	Parent(s)	☐
Other relative(s)	☐	Sibling(s)	☐	Friend / neighbour(s)	☐
Son(s) or daughter(s)	☐	Carer	☐	Other, specify: _____	

Section 2

2.1. During the lockdown phase of the COVID-19 pandemic, how often did you have personal contact (that is, face to face) with the following people from outside your home?

Please tick one box per line	Daily	Several times a week	About once a week	Less often	Never		
Children	☐	☐	☐	☐	☐	☐	Not applicable
Parents	☐	☐	☐	☐	☐	☐	Not applicable
Other relatives	☐	☐	☐	☐	☐	☐	Not applicable
Neighbours / friends	☐	☐	☐	☐	☐	☐	Not applicable

2.2. During the lockdown phase of the COVID-19 pandemic, how often did you have contact by phone, email or any other electronic means with the following people from outside your home?

Please tick one box per line	Daily	Several times a week	About once a week	Less often	Never		
Children	☐	☐	☐	☐	☐	☐	Not applicable
Parents	☐	☐	☐	☐	☐	☐	Not applicable
Other relatives	☐	☐	☐	☐	☐	☐	Not applicable
Neighbours / friends	☐	☐	☐	☐	☐	☐	Not applicable

2.3. Do you smoke at the present time?

Please circle one answer Yes No **If "No" please go to question** 2.4

2.3.1. What do you smoke?

Please tick one box

- Cigarettes ☐
- Pipe ☐
- Cigars or cigarillos ☐
- E-cigarettes or tank\ clearomizers ☐
- I do not smoke ☐

2.3.2. How many cigarettes/pipes/cigars/e-cigarettes do you smoke on average per day?

_____

2.3.3. Since the COVID-19 outbreak, has the amount you smoke?

Please tick one box	Decreased	Remained the same	Increased	I do not smoke
	☐	☐	☐	☐

2.4. Since the COVID-19 outbreak, how often have you drunk any alcoholic beverages, such as beer, cider, wine, spirits or cocktails?

Please tick one box

Daily	☐	2-3 days a month	☐
4-6 days a week	☐	Once a month	☐
2-3 days a week	☐	Never	☐
Once a week	☐		

2.5. Since the COVID-19 outbreak, has the amount of alcohol you consume?

Please tick one box	Decreased	Remained the same	Increased	I do not drink alcohol
	☐	☐	☐	☐

The next set of questions will ask you about the time you spent being physically active <u>in the last 7 days.</u>

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think ***only*** about those physical activities that you did for at least 10 minutes at a time**.**

2.6. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ Number of days per week

☐ No I have not done any vigorous physical activities

2.6.1. How much time did you usually spend doing these **vigorous** physical activities on one of those days?

_____ hours per day _____ minutes per day

2.7. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads or bicycling at a regular pace? **Do not include walking**

_____ Number of days per week

☐ No I have not done any moderate physical activities

2.7.1 How much time did you usually spend doing these **moderate** physical activities on one of those days?

_____ hours per day _____ minutes per day

2.8. Now think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise, or leisure

_____ Number of days per week

☐ No I have not done any walking

2.8.1. How much time did you usually spend **walking** on one of those days?

_____ hours per day _____ minutes per day

2.9. Which of the following statements best describes the food eaten in your household in the last week?

Please tick one box

You always had enough of the kinds of foods you wanted to eat	☐
You had enough to eat, but not always the kinds of food you wanted	☐
You sometimes did not have enough to eat	☐
You often did not have enough to eat	☐

Section 3

3.1. What colour are your eyes?

Please tick one box

Amber	☐	Green	☐	Blue	☐
Hazel	☐	Brown	☐	Red	☐
Grey	☐	Don't Know	☐		

3.2. Would you say your health during the COVID-19 pandemic was...

Please tick one box	Excellent	Very Good	Good	Fair	Poor
	☐	☐	☐	☐	☐

3.3. What about your emotional or mental health during the COVID-19 pandemic? Was it...

Please tick one box	Excellent	Very Good	Good	Fair	Poor
	☐	☐	☐	☐	☐

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

Please circle one number

1 = not at all satisfied 10 = completely satisfied	1	2	3	4	5	6	7	8	9	10	N/A

3.5. The next questions are about how you felt about different aspects of your life during the COVID-19 pandemic. For each one, please say how often you felt that way.

Please tick one box per line	Often	Some of the time	Hardly ever or never
How often do you feel you lack companionship?	☐	☐	☐
How often do you feel left out?	☐	☐	☐
How often do you feel isolated from others?	☐	☐	☐
How often do you feel in tune with the people around you?	☐	☐	☐
How often do you feel lonely?	☐	☐	☐

3.6. For each item in the list below, please indicate how often you have felt or behaved this way during the last 7 days?

Please tick one box per line	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
I felt depressed	☐	☐	☐	☐
I felt that everything I did was an effort	☐	☐	☐	☐
My sleep was restless	☐	☐	☐	☐
I was happy	☐	☐	☐	☐
I felt lonely	☐	☐	☐	☐
I enjoyed life	☐	☐	☐	☐
I felt sad	☐	☐	☐	☐
I could not get "going"	☐	☐	☐	☐

3.7. Here is a list of statements that people have used to describe their lives or how they feel. How often have you felt like this during the COVID-19 pandemic?

Please tick one box per line	Often	Sometimes	Rarely	Never
My age prevents me from doing the things I would like to.	☐	☐	☐	☐
I feel that what happens to me is out of my control.	☐	☐	☐	☐
I feel free to plan for the future.	☐	☐	☐	☐
I feel left out of things.	☐	☐	☐	☐
I feel that I can please myself in what I can do.	☐	☐	☐	☐
My health stops me from doing the things I want to do.	☐	☐	☐	☐
Shortage of money stops me from doing the things that I want to do.	☐	☐	☐	☐
I look forward to each day.	☐	☐	☐	☐
I feel that my life has meaning.	☐	☐	☐	☐
I enjoy being in the company of others.	☐	☐	☐	☐
I feel satisfied with the way my life has turned out.	☐	☐	☐	☐
I feel that life is full of opportunities.	☐	☐	☐	☐

3.8. Here is a list of statements that people have used to describe their lives or how they feel. Please indicate how strongly you agree or disagree with each of the following statements.

Please tick one box per line	Strongly disagree	Disagree	Disagree slightly	Agree slightly	Agree	Strongly agree
I enjoy making plans for the future and working to make them a reality.	☐	☐	☐	☐	☐	☐
My daily activities often seem trivial and unimportant to me.	☐	☐	☐	☐	☐	☐
I am an active person in carrying out the plans I set for myself.	☐	☐	☐	☐	☐	☐
I don't have a good sense of what it is I'm trying to accomplish in life.	☐	☐	☐	☐	☐	☐
I sometimes feel as if I've done all there is to do in life.	☐	☐	☐	☐	☐	☐
I live life one day at a time and don't really think about the future.	☐	☐	☐	☐	☐	☐
I have a sense of direction and purpose in my life.	☐	☐	☐	☐	☐	☐

3.9. The next four questions are also about how you have felt during the COVID-19 pandemic.

Please tick one box per line	Hardly ever	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
How often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
How often have you felt that things were going your way?	☐	☐	☐	☐	☐
How often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

3.10. For each item in the list below, please indicate how often you have felt or behaved this way during the last 7 days?

Please tick one box per line	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it is hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

3.11. Approximately how many hours do you sleep on a week night?

Hours _____

Please tick one box per line	Rarely / never	Sometimes	Most of the time
3.11.1 How often do you have trouble falling asleep?	☐	☐	☐
3.11.2 How often do you have trouble with waking up too early and not being able to fall asleep again?	☐	☐	☐

3.12. Since the COVID-19 pandemic, has the quality of any of your relationships with people outside your household changed?

Please tick one box per line	Better	Worse	About the same	Not relevant
Your children	☐	☐	☐	☐
Your grandchildren	☐	☐	☐	☐
Other family members	☐	☐	☐	☐
Your friends	☐	☐	☐	☐
Your neighbours	☐	☐	☐	☐

Section 4

4.1. Was your work affected because of the COVID-19 pandemic?

Please tick one box

Yes ☐ No ☐ No, I was not working when it started ☐

4.2. If employed or self-employed, how was your work affected?

Please tick all that apply

Had to change work days or hours ☐

Work became more risky or dangerous ☐

Work became harder ☐

Switched to working from home or working remotely ☐

If work days or hours changed: Did the total amount of work increase or decrease? Increase ☐ Decrease ☐

Other, specify: _____

4.3. If employed or self-employed, did you lose your job, were you furloughed, did you quit, or other?

Please tick one box

Lost job / laid off permanently ☐ Furloughed / laid off temporarily ☐ Quit ☐

Other, specify: _____

4.4. Are you in receipt of the COVID-19 pandemic unemployment payment of €350 per week?

Please tick one box

Yes ☐ No ☐ I do not know what this payment is ☐

4.5. Has your income gone up or down or stayed about the same because of the COVID-19 pandemic? By income we mean all sources of money including wages, salaries, pension, investment income, rental income, welfare payments etc.

Please tick one box

Income went up ☐ Income went down ☐ Income stayed about the same ☐

4.5.1. Which types of income changed?

Please tick all that apply

Earnings from work ☐ Income from business ☐

Income from retirement plan or other assets ☐ Rental income ☐

Other, specify: _____

4.6. Has your household spending gone up or down or stayed about the same?

Please tick one box

Spending went up ☐ Spending went down ☐ Spending stayed around the same ☐

4.7. Did you experience any of the following?

Please tick all that apply

Missed any regular payments on rent or mortgage ☐

Missed any regular payments on credit cards or other debt ☐

Missed any other regular payments such as utilities or insurance ☐

Could not pay medical bills ☐

Did not have enough money to buy food ☐

Not applicable ☐

4.8. Did you need to dip into your savings to cover the necessary day-to-day expenses?

Please circle one answer Yes No I have no savings to dip into

4.9. Overall, how do you feel your current financial situation compares to before the beginning of the COVID-19 pandemic?

Please tick one box	**I am much worse off**	**I am a little worse off**	**I am about the same**	**I am a little better off**	**I am much better off**
	☐	☐	☐	☐	☐

4.10. How strongly do you agree or disagree with the following statement: "I am worried about my future financial situation"?

Please tick one box	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	☐	☐	☐	☐	☐

Section 5

5.1. Did you look after anyone during the COVID-19 pandemic (including your partner or other people in your household)? (By 'look after' we mean the active provision of care)?

Please circle one answer Yes No

5.1.1. If you did look after someone, what relation is this person or people to you?

Please tick all that apply

Spouse or partner	☐	Child	☐
Grandchild	☐	Other relative	☐
Friend or neighbour	☐	Other, specify	☐

Specify: _____

5.1.2. On average, how many hours in a week did you do this?

Hours _____

5.2. In the 12 months before March 2020, did you receive any of the following state services?

Please tick all that apply

Home help (a person employed by the State to help you with household chores such as cleaning and cooking)	☐
Personal care attendant (a person employed by the State to assist you with bathing, showering, bodily care etc.)	☐
Meals-on-Wheels	☐
Home Care Package	☐
None of these	☐

5.2.1. Since the outbreak of the COVID-19 pandemic did you continue to receive any of the following state services?

Please tick one box per line	Yes, continued to receive at same frequency	Yes, but at reduced frequency	No longer received
Home help (a person employed by State to help you with household chores such as cleaning and cooking)	☐	☐	☐
Personal care attendant (a person employed by the State to assist you with bathing, showering, bodily care etc.)	☐	☐	☐
Meals-on-Wheels	☐	☐	☐
Home Care Package	☐	☐	☐

5.3. During the COVID-19 pandemic, has anyone from outside your home helped you with any of the following?

Please tick all that apply

Paying bills	☐	Delivering medicines	☐
Paying rent or mortgage	☐	Providing transport to appointments	☐
Shopping for groceries (including online shopping)	☐	Household chores, including gardening	☐
Getting in touch to check on wellbeing	☐	Other, please specify: _____	

5.4. During the COVID-19 pandemic, have you helped anyone from outside your household with any of the following?

Please tick all that apply

Paying bills	☐	Delivering medicines	☐
Paying rent or mortgage	☐	Providing transport to appointments	☐
Shopping for groceries (including online shopping)	☐	Household chores, including gardening	☐
Getting in touch to check on wellbeing	☐	Helped out with a community or charitable organisation	☐

Section 6

6.1. Since the outbreak of the COVID-19 pandemic in March 2020, was there any time when you needed medical (including dental) care, but delayed getting it, or did not get it at all?

Please circle one answer Yes No **If "No" please go to question** 6.2

6.1.1. Why did you delay or not get that care?

Please tick all that apply

I could not afford it	☐	I could not get an appointment	☐
The clinic / hospital / doctor's office cancelled	☐	The clinic / hospital / doctor's office rescheduled	☐
I decided it could wait	☐	I was afraid to go	☐

Other, please specify: _____

6.1.2. What type(s) of care or health services did you delay?

Please tick all that apply	Yes	No		Yes	No
Major Surgery (requiring a hospital stay of one or more nights)	☐	☐	Public health or Community Nurse	☐	☐
Minor Surgery as an outpatient or day case	☐	☐	Occupational therapy	☐	☐
Seeing your General Practitioner	☐	☐	Physiotherapy services	☐	☐
Getting a prescription filled	☐	☐	Psychological/counselling services	☐	☐
Getting medications	☐	☐	Hearing services	☐	☐
Dental care	☐	☐	Respite services	☐	☐
Optician	☐	☐	Other	☐	☐

6.2. Did you avail of a telephone or online appointment from any of the following?

Please tick all that apply	Yes	No
General practitioner	☐	☐
Pharmacist	☐	☐
Hospital doctor	☐	☐
Any other health professional	☐	☐
Other, please specify: _____		

6.3. Since the outbreak of the COVID-19 pandemic in March 2020, was there any time when you wanted to purchase any of the following but were unable to do so?

Item	Yes	No	Did not need	If unable to purchase, what was the reason		
				Too expensive	Not available in shops	Could not access shops
Soap	☐	☐	☐	☐	☐	☐
Hand sanitiser	☐	☐	☐	☐	☐	☐
Protective face mask	☐	☐	☐	☐	☐	☐
Protective gloves	☐	☐	☐	☐	☐	☐

6.4. Since the outbreak of the COVID-19 pandemic in March 2020, have you started or stopped taking any prescribed medications?

Please tick one box

- No, I am taking the same medications ☐
- Yes, I have stopped taking a prescribed medication ☐
- Yes, I have started taking a new prescribed medication ☐

6.4.1 Since the outbreak of the COVID-19 pandemic in March 2020, if you did start or stop taking a prescribed medication, what was the reason?

Please tick one box

Doctor's advice	☐	Pharmacist's advice	☐
Could not afford the medication	☐	Could not get medication from the pharmacy	☐
Personal decision	☐	Not applicable	☐

6.4.2. Since the outbreak of the COVID-19 pandemic in March 2020, have you started taking any health supplements?

Please tick all that apply

Multi-vitamin	☐	Zinc	☐	Vitamin C	☐
Iron	☐	Vitamin D	☐	Folic Acid	☐
Fish Oil	☐	Any B Vitamins, specify: _____		Other, specify: _____	

Section 6

7.1. On an average day, how often did you read, watch, or listen to news on COVID-19?

Please tick one box

Several times a day	☐	About how many times? _____
Once per day	☐	
Less than once per day	☐	
Never	☐	

7.2. Which of the following sources of COVID-19 news did you listen to, read, or watch?

Please tick all that apply

National radio (RTE, Newstalk, Today FM)	☐	Facebook	☐	Local radio	☐
Irish television (RTE, TG4, Virgin Media)	☐	Twitter	☐	WhatsApp	☐
Other television e.g. BBC, SKY	☐	www.gov.ie	☐	www.hse.ie	☐
National newspapers (print/online)	☐	Local newspapers (print/online)	☐		

7.3. Please rate your level of trust in the following media and social media on information on COVID-19 (1 = don't trust at all to 10 = trust completely)

Please circle one number per line

National radio	1	2	3	4	5	6	7	8	9	10	N/A
Local radio	1	2	3	4	5	6	7	8	9	10	N/A
Irish television (RTE, TG4, Virgin Media)	1	2	3	4	5	6	7	8	9	10	N/A
Other television e.g. BBC, SKY	1	2	3	4	5	6	7	8	9	10	N/A
National newspapers (print/online)	1	2	3	4	5	6	7	8	9	10	N/A
Local newspapers (print/online)	1	2	3	4	5	6	7	8	9	10	N/A
Facebook	1	2	3	4	5	6	7	8	9	10	N/A
WhatsApp	1	2	3	4	5	6	7	8	9	10	N/A
www.gov.ie	1	2	3	4	5	6	7	8	9	10	N/A
www.hse.ie	1	2	3	4	5	6	7	8	9	10	N/A

7.4. Do you find the official Irish government guidance on COVID-19 easy to understand?

Please tick one box	Extremely easy	Somewhat easy	Somewhat difficult	Extremely difficult
	☐	☐	☐	☐

7.5. How would you rate your knowledge about COVID-19?

Please tick one box	Extremely good	Somewhat good	Neither good nor bad	Somewhat bad	Extremely bad
	☐	☐	☐	☐	☐

Section 8

8.1. How do you feel about the way people aged 70 and over have been treated by the general public in the following settings?

Please tick one box per line	Very negatively	Negatively	Neither negatively nor positively	Positively	Very positively
Public spaces (parks, walkways etc)	☐	☐	☐	☐	☐
Shops	☐	☐	☐	☐	☐
In your local community	☐	☐	☐	☐	☐

8.2. Have you personally experienced negative attitudes or behaviour towards you on the basis of your age from any of the following?

Please tick all that apply	
Your family	☐
People in your local community	☐
Younger people	☐
Health professionals providing services	☐
Those providing services in the financial sector (eg banking, insurance etc)	☐
Social care service providers	☐
Other older people	☐
In shops	☐

8.3. Do you agree with the government's decision to ask all adults aged 70 years and older to self-isolate in their home, commonly referred to as cocooning?

Please tick one box	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	☐	☐	☐	☐	☐

Section 9

9.1. Overall, on a scale from 1 to 10, how concerned are you about the COVID-19 pandemic?

Please circle one number	Least concerned									Most concerned
	1	2	3	4	5	6	7	8	9	10

9.2. Have you or anyone close to you experienced any of the following symptoms during the COVID-19 pandemic?

Please tick all that apply	Symptoms experienced by YOU			Symptoms experienced by someone close to YOU	
	Yes	No		Yes	No
Shortness of breath	☐	☐	Shortness of breath	☐	☐
Cough	☐	☐	Cough	☐	☐
Fever	☐	☐	Fever	☐	☐
Sore throat	☐	☐	Sore throat	☐	☐
Diarrhoea	☐	☐	Diarrhoea	☐	☐
Loss of sense of smell or taste	☐	☐	Loss of sense of smell or taste	☐	☐
Nausea or vomiting	☐	☐	Nausea or vomiting	☐	☐
Muscle or joint pain	☐	☐	Muscle or joint pain	☐	☐
None of these	☐	☐	None of these	☐	☐

9.3. Do you think that you have or have had COVID-19?

Please tick one box

Yes, confirmed by a positive test	☐	Yes, suspected by a doctor but not tested	☐
Yes, my own suspicions	☐	No, confirmed by a negative test	☐
No, not to my knowledge	☐		

9.3.1. If you were diagnosed with COVID-19, were you admitted to a hospital because of the virus?

Please circle one answer	Yes	No	**If "No" please go to question** 9.4

If yes, when was that?	Month	M M	Day	D D

How many nights did you spend in hospital? _____

Please circle one answer

Were you on oxygen to help you breath while you were in hospital? Yes No

9.4. Has anyone in your household other than yourself been diagnosed with COVID-19? If yes, what is their relationship to you?

Please tick all that apply

Spouse / partner	☐	Son(s) or daughter(s)	☐	Friend(s) / neighbour(s)	☐
Parent(s)	☐	Grandchild(ren)	☐	Carer	☐
Sibling(s)	☐	Other relative(s)	☐	Other, specify: _____	

9.5. Have you been in close contact with anyone with COVID-19?

Please tick one box

- Yes, I was in contact with a confirmed/tested COVID-19 case ☐
- Yes, I was in contact with a suspected COVID-19 case ☐
- No, not to my knowledge ☐

9.6. Tragically, many people have already lost loved ones due to COVID-19. Has anyone close to you, such as a family member or friend, died with COVID-19?

Please circle one answer Yes No

9.6.1. If sadly, someone you know has died with COVID-19, what was their relationship to you?

Please tick all that apply

Spouse / partner	☐	Son(s) or daughter(s)	☐	Friend(s) / neighbour(s)	☐
Parent(s)	☐	Grandchild(ren)	☐	Carer	☐
Sibling(s)	☐	Other relative(s)	☐	Other, specify: _____	

Final Section

We now come to the end of the questionnaire. There were a lot of detailed questions about a difficult time. Now, we want to give you the opportunity to tell us in your own words, how you would describe the general impact that the COVID-19 pandemic has had on your life during this period.

Finally, what is it that you are looking most forward to do once COVID-19 ends?