Informed Consent

Welcome to the research study!

Thank you for being willing to complete this survey. We think this will take you between 10 and 15 minutes to complete. You can see your progress from the % bar at the bottom.

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Page Submit: 0 seconds
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(2) About you

First we would like to know more about you.

Are you:
- Male
- Female
- Non-binary
- Do not wish to state
- Other (Please specify below)

What age are you (in years)?

What is your ethnicity?
- White (includes any White background)
- Asian or Asian British (includes any asian background, for example Bangladeshi, Chinese, Indian, Pakistani)
- Black, African, Caribbean or Black British (includes any Black background)
- Mixed or Multiple ethnic group (includes any Mixed background)
- Another ethnic group (includes any other ethnic group, for example Arab). Please specify below:

Which one best describes your Asian background?
Which one best describes your Black, African or Caribbean background?
- African
- Caribbean
- Other (Please specify)

Which one best describes your Mixed background?
- Asian & White
- Black African & White
- Black Caribbean & White
- Other (Please specify)

Which one best describes your White background?
- British, English, Northern Irish, Scottish, or Welsh
- Irish
- Irish Traveller or Gypsy
- Other (Please specify)

Do you live -
- On your own
- With one other person
- With more than one person

Do you have caring responsibilities (for example, you may have caring responsibilities for children or other people in your life)?
- Yes
- No

Do you have any existing physical and/or mental health conditions?

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In what country are you currently living?

Please select:

Have you moved country since experiencing social isolation?

- Yes
- No

In what country were you living then?

Please select:

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- Page Submit: 0 seconds
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(3) Social Isolation

Most of us have experienced a period of social distancing, by keeping space between ourselves and other people who we are not living with. Some people have also needed to socially isolate, by staying at home, and staying away from other people in your home. Others have felt socially isolated due to their living situations.

Since the start of the pandemic, have you socially isolated from others inside or outside your household OR felt socially isolated?

- Yes
- No

Have you been unwell or ill when you have felt socially isolated?

- Yes
- No

Do you think this might have been due to Covid-19?

- Yes (Please provide details in the text box below)
- No
What do you think was the cause of your illness?

What happened that made you think it might be Covid-19? (Pick all that apply)

- I was tested for Covid-19 and it was positive
- I had a high temperature
- I had a continuous cough
- I had a loss or change in my sense of taste and/or smell
- Other people thought I had Covid-19
- My symptoms matched those described in the media
- Other – please specify

In what month do you think you started having Covid-19 symptoms?

Please choose a month:

When you had Covid-19 symptoms, were you looked after by (Please read each carefully and choose one option):

<table>
<thead>
<tr>
<th></th>
<th>Yes, I was looked after as much as I needed</th>
<th>Yes, some of my needs were met</th>
<th>I did not need help</th>
<th>I wasn’t able to get all the help I needed</th>
<th>No, I wasn’t able to get any of the help I needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and/or Friends</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your GP or general doctor</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Were you admitted to a hospital?

- Yes
- No

Was this in (select all that apply):
A general ward?
A ward for people with COVID-19?
Intensive care?

About how long were you in a general ward?
Select number of days: 

About how long were you in a ward for people with Covid-19?
Select number of days: 

About how long were you in Intensive care?
Select number of days: 

Have you recovered from the symptoms of Covid-19?
Yes
No

About how many weeks did you feel it took to recover?

What symptoms or difficulties do you still have? Please click all that apply:

- High Temperature
- Cough
- Difficulty breathing
- Loss or change in sense of taste and/or smell
- Walking/getting around
- Difficulty taking care of yourself
- Difficulty taking care of your home
- Other (if you would like to provide further information to explain your response, please use the box below)

- Fatigue

How much does this difficulty bother you:

- High Temperature
- Cough
- Difficulty breathing

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
COVID-19 pandemic could be described as a very stressful life event. You may have had feelings, thoughts and memories associated with stress caused by the pandemic.

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then select one of the buttons to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss or change in sense of taste and/or smell</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fatigue</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Walking/getting around</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Difficulty taking care of yourself</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Difficulty taking care of your home</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (if you would like to provide further information to explain your response, please use the box below)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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Page Submit: 0 seconds
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Having strong physical reactions when something reminded you of the stressful experience?

Avoiding memories, thoughts, or feelings related to the stressful experience?

Avoiding reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?

Trouble remembering important parts of the stressful experience?

Having strong negative feelings about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

Blaming yourself or someone else for the stressful experience or what happened after it?

Having strong negative feelings such as fear, horror, anger, guilt or shame?

Loss of interest in activities that you used to enjoy?

Feeling distant or cut off from other people?

Trouble experiencing positive feelings (for example, being unable to feel happiness or having loving feelings for people close to you)?

Irritable behaviour, angry outbursts, or acting aggressively?

Taking too many risks or doing things that could cause you harm?

Being ‘superalert’ or watchful or on guard?

Feeling jumpy or easily startled?

Having difficulty concentrating?

Trouble falling or staying asleep?

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(5) Loneliness
Below is a list of some of the things people feel in isolation. Please read each carefully and choose an option to indicate how frequently you have experienced them in past few months.

In the past few months, how much have you experienced these?

<table>
<thead>
<tr>
<th>Options</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experience a general sense of emptiness</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are plenty of people I can lean on when I have problems</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are many people I can trust completely</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are enough people I feel close to</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I miss having people around me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I often feel rejected</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

At this point in time, do you feel that you need help to support your health and wellbeing?

- ○ Yes
- ○ No

What do you feel that you need help with? Please tell us in the box below.

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