



Wave 4 COVID-19 Questionnaire Phase 2: Confidential

Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA)

IDS-TILDA ID NUMBER:

GENDER: FEMALE MALE

FOR OFFICE USE ONLY

INTERVIEW DATE: / /

INTERVIEWER ID NUMBER:

By

**Mary McCarron, Andrew P. Allen, Darren McCausland, Margaret Haigh,
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**We also wish to acknowledge the contribution of the Inclusive
Research Network and the IDS-TILDA Steering Committee and
Scientific Advisory Board.**

Any use of any part of this questionnaire should acknowledge the source of the questions: The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing 2021.

COVID-19



PIN Number: W _____

Date: _____

Preamble: Is it OK if we ask you some questions about how you've been getting on during the COVID-19 pandemic? This questionnaire is a part of the intellectual disability supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA). We really appreciate you taking part in this study. We hope you will find this questionnaire interesting to complete, and your answers are extremely important to us. Please remember your participation is voluntary and you can skip over any questions you'd prefer not to answer.

How will these questions be answered?

Please ✓ one box only

Self-Report only	<input type="checkbox"/>
Self-Report with support	<input type="checkbox"/>
Proxy only	<input type="checkbox"/>

SECTION 1: HEALTH AND COVID-19

The first questions are about [your/his/her] health and COVID-19.

1.1 Would you say [your/his/her] health during the COVID-19 pandemic was...

Please ✓ one box only

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

(TILDA COVID/ELSA/HRS)

1.2

For each of the following, please indicate whether the pandemic has affected [you/Rname] or a person in [your/his/her] home in the way described. Since the coronavirus disease pandemic began in March 2020, what has changed for [you/him/her] or [your/his/her] family or people [you/he/she] live(s) with?

Please ✓ (can ✓ both “yes, me” and “yes, person in home”)

	Yes, me	Yes, person in home	No	N/A	Unable to understand and	Unclear response	Don't know	Refused to answer
Increase in health problems not related to this disease (COVID-19)								
Less physical activity or exercise								
Overeating or eating more unhealthy foods (e.g. junk foods)								
More time sitting down or being sedentary								
Got less medical care than usual								

From Epidemic-Pandemic Impacts Inventory (EPII, Grasso et al., 2020)

1.3

Have/has [you/Rname] had any symptoms of COVID-19?

Please ✓ one box only

Yes	
No (Skip to Q.1.5)	
Unable to understand (Skip to Q.1.5)	
Unclear response (Skip to Q.1.5)	
Don't know (Skip to Q.1.5)	
Refused to answer (Skip to Q.1.5)	

(First IDS-TILDA COVID-19 questionnaire)

1.4

If [you/Rname] do/does/did have symptoms, which ones do/does/did [you/Rname] have?

Please ✓ all that apply

Fever	
Chills	
Cough	
Shortness of breath or difficulty breathing	
Aches and pains	
Fatigue	
Headache	
Sore throat	
Feeling sick	
Vomiting	
Diarrhoea	
Loss of sense of smell	
Loss of sense of taste	
Confusion	
Disorientation	
Change in mood	
Change in behaviour/way [you/Rname] act(s)	
Congestion or runny nose	
Other	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If other, please specify:

(First IDS-TILDA COVID-19 questionnaire, updated for new symptoms indicated by HSE)

1.5 [Have/Has] [you/Rname] been tested for COVID-19?

Please ✓ one box only

Yes, and testing completed	
No, not invited for testing (Skip to Q.1.10)	
Invited but did not consent for testing (Skip to Q.1.10)	
Invited and testing commenced but not completed (Skip to Q.1.10)	
Unable to understand (Skip to Q.1.10)	
Unclear response (Skip to Q.1.10)	
Don't know (Skip to Q.1.10)	
Refused to answer (Skip to Q.1.10)	

(First IDS-TILDA COVID-19 questionnaire)

1.6 If yes, how many times were/was [you/Rname] tested?

Please ✓ one box only

Once	
Twice	
Three times	
More than three times	
Don't know	
Not applicable	

(First IDS-TILDA COVID-19 questionnaire)

1.7

If [you/Rname] were/was tested, please indicate if the test was positive (+) or negative (-)

Please ✓ all that apply

	+	-
First test		
Second test		
Third test		
Fourth test		
Not applicable		
Unable to understand		
Unclear response		
Don't know		
Refused to answer		

(First IDS-TILDA COVID-19 questionnaire)

1.8

If [you/Rname] tested positive for COVID-19, how long did the symptoms last for?

Please ✓ one box only

Less than a week (Skip to Q.1.10)	
1-2 weeks (Skip to Q.1.10)	
3-5 weeks (Skip to Q.1.10)	
6-8 weeks (Skip to Q.1.10)	
9-11 weeks (Skip to Q.1.10)	
12 weeks or more (Skip to Q.1.10)	
I haven't recovered, and symptoms have lasted for 12 weeks or less	
I haven't recovered, and symptoms have lasted for longer than 12 weeks	
N/A: had no symptoms (Skip to Q.1.10)	
Unable to understand (Skip to Q.1.10)	
Unclear response (Skip to Q.1.10)	
Don't know (Skip to Q.1.10)	
Refused to answer (Skip to Q.1.10)	

1.9

If [you/Rname] haven't/hasn't fully recovered from COVID-19, please specify symptoms that [you/Rname] still [have/has] –

Please ✓ all that apply:

Fever	
Chills	
Cough	
Shortness of breath or difficulty breathing	
Aches and pains	
Fatigue	
Headache	
Sore throat	
Feeling sick	
Vomiting	
Diarrhoea	
Loss of sense of smell	
Loss of sense of taste	
Confusion	
Disorientation	
Change in mood	
Change in behaviour/way [you/Rname] act(s)	
Change in memory or thinking/brain fog	
Congestion or runny nose	
Other	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If other, please specify:

1.10

If any of the following people had COVID-19, did [you/Rname] come into contact with any of them around the time they tested positive for COVID-19?:

Please ✓ all that apply

Support workers/care workers	<input type="checkbox"/>
Someone [you/Rname] lives with (in a group setting)	<input type="checkbox"/>
A family member	<input type="checkbox"/>
N/A: none had COVID	<input type="checkbox"/>
N/A: they tested positive for COVID, but [you/Rname] did not come into contact with them	<input type="checkbox"/>
Other	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

If other, please specify:

(Adapted from TILDA/HRS)

SECTION 2: RESPONDING TO COVID-19

The next questions are about changes [you/he/she] may have made to the way [you/he/she] [live/lives] because of COVID-19 and the lockdown.

2.1 Did [you/Rname] need to move from [your/his/her] usual home due to the COVID-19 crisis?

Please ✓ one box only

Yes	
No	
Not applicable	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If Yes, what was the reason?

(First IDS-TILDA COVID-19 questionnaire, HRS/TILDA COVID-19)

2.2 If [you/Rname] tested positive, and/or had symptoms, did [you/Rname] or [your/his/her] carer have a plan in place to manage the self-isolation as per official COVID-19 guidelines?

For example, did [you/Rname] stay away from other people?

Please ✓ one box only

Yes	
No	
Not applicable	
Unable to understand	
Unclear response	

	<table border="1"> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table> <p>(First IDS-TILDA COVID-19 questionnaire)</p>	Don't know		Refused to answer											
Don't know															
Refused to answer															
2.3	<p>If [you/Rname] tested positive, and/or had symptoms of COVID-19, [were/was] [you/Rname] hospitalised?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No (Skip to Q.2.6)</td> <td></td> </tr> <tr> <td>Not applicable (Skip to Q.2.6)</td> <td></td> </tr> <tr> <td>Unable to understand (Skip to Q.2.6)</td> <td></td> </tr> <tr> <td>Unclear response (Skip to Q.2.6)</td> <td></td> </tr> <tr> <td>Don't know (Skip to Q.2.6)</td> <td></td> </tr> <tr> <td>Refused to answer (Skip to Q.2.6)</td> <td></td> </tr> </table> <p>(First IDS-TILDA COVID-19 questionnaire)</p>	Yes		No (Skip to Q.2.6)		Not applicable (Skip to Q.2.6)		Unable to understand (Skip to Q.2.6)		Unclear response (Skip to Q.2.6)		Don't know (Skip to Q.2.6)		Refused to answer (Skip to Q.2.6)	
Yes															
No (Skip to Q.2.6)															
Not applicable (Skip to Q.2.6)															
Unable to understand (Skip to Q.2.6)															
Unclear response (Skip to Q.2.6)															
Don't know (Skip to Q.2.6)															
Refused to answer (Skip to Q.2.6)															
2.4	<p>If admitted to hospital because of symptoms of COVID-19 or testing positive for COVID-19, how many days did [you/Rname] spend in hospital?</p> <p><input type="text"/> day(s)</p> <table border="1"> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table> <p>(First IDS-TILDA COVID-19 questionnaire)</p>	Unable to understand		Unclear response		Don't know		Refused to answer							
Unable to understand															
Unclear response															
Don't know															
Refused to answer															
2.5	<p>If admitted to hospital because of symptoms of COVID-19 or testing positive for COVID-19, did [your/his/her] treatment require admission to intensive care?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Not applicable</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> </table>	Yes		No		Not applicable		Unable to understand		Unclear response		Don't know			
Yes															
No															
Not applicable															
Unable to understand															
Unclear response															
Don't know															

	<table border="1"> <tr> <td>Refused to answer</td> <td></td> </tr> </table> <p>(First IDS-TILDA COVID-19 questionnaire)</p>	Refused to answer													
Refused to answer															
2.6	<p>Since the coronavirus disease pandemic began, has [your/Rname's] entire household been quarantined for a week or longer?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Not applicable</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>	Yes		No		Not applicable		Unable to understand		Unclear response		Don't know		Refused to answer	
Yes															
No															
Not applicable															
Unable to understand															
Unclear response															
Don't know															
Refused to answer															
2.7	<p>Since the coronavirus disease pandemic began, [have/has] [you/Rname] limited physical closeness with a loved one due to concerns of infection?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Not applicable</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table> <p>From Epidemic-Pandemic Impacts Inventory (EPII, Grasso et al., 2020)</p>	Yes		No		Not applicable		Unable to understand		Unclear response		Don't know		Refused to answer	
Yes															
No															
Not applicable															
Unable to understand															
Unclear response															
Don't know															
Refused to answer															
2.8	<p>Did [you/Rname] receive the accessible version of the (official Irish government) guidance on COVID-19?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No, but received other information/guidance (Skip to Q.3.1)</td> <td></td> </tr> <tr> <td>No, did not receive information/guidance (Skip to Q. 3.1)</td> <td></td> </tr> </table>	Yes		No, but received other information/guidance (Skip to Q.3.1)		No, did not receive information/guidance (Skip to Q. 3.1)									
Yes															
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No, did not receive information/guidance (Skip to Q. 3.1)															

	Not applicable (Skip to Q.3.1)																	
	Unable to understand (Skip to Q.3.1)																	
	Unclear response (Skip to Q.3.1)																	
	Don't know (Skip to Q.3.1)																	
	Refused to answer (Skip to Q.3.1)																	
2.9	<p>Do/does/did [you/Rname] find the accessible version of the (official Irish government) guidance on COVID-19 easy or difficult to understand?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Extremely easy</td> <td></td> </tr> <tr> <td>Somewhat easy</td> <td></td> </tr> <tr> <td>Somewhat difficult</td> <td></td> </tr> <tr> <td>Extremely difficult</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>		Extremely easy		Somewhat easy		Somewhat difficult		Extremely difficult		Unable to understand		Unclear response		Don't know		Refused to answer	
Extremely easy																		
Somewhat easy																		
Somewhat difficult																		
Extremely difficult																		
Unable to understand																		
Unclear response																		
Don't know																		
Refused to answer																		

SECTION 3: INFECTION CONTROL BEHAVIOURS

We are interested in learning about what people have been doing (behaviour) during the pandemic that can help to reduce the spread of COVID-19.

3.1 Can you tell us if [you/Rname] did or did not do the following since the start of the first lockdown in March 2020 please?

Please ✓ one box per line

	Always	Often	Sometimes	No	N/A	Unable to understand	Unclear response	Don't know	Refused to answer
i. People have been asked to socially distance when outside, meaning that they stay at least two metres apart from others. Do [you/Rname] keep [your/his/her] distance when you go outside [your/his/her] home?									
ii. Do [you/Rname] wash [your/his/her] hands more frequently than usual?									
iii. Do [you/Rname] use special hand sanitiser or disinfection fluids?									
iv. Do [you/Rname] pay special attention to									

	covering coughs and sneezes?									
	v. Do [you/Rname] wear a protective face mask when outside the home, around other people?									

(TILDA COVID-19 questionnaire)

SECTION 4: MENTAL HEALTH DURING COVID-19 PANDEMIC AND LOCKDOWN

The next questions are about how [you/Rname] have/has been feeling during the pandemic.

4.1 How has [your/his/her] mood and emotional or mental health been during the COVID-19 pandemic? Has it been...?

Please ✓ one box only

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

(Adapted from TILDA COVID/ELSA/HRS)

4.2 Have/has [you/Rname] felt stressed/anxious about any of the following during the COVID-19 period?

Please ✓ all that apply

Fear of getting COVID-19	<input type="checkbox"/>
Fear of peers/friends getting COVID-19	<input type="checkbox"/>
Fear of family members getting COVID-19	<input type="checkbox"/>
Isolation	<input type="checkbox"/>
Not being able to do usual activities	<input type="checkbox"/>
Not seeing friends	<input type="checkbox"/>
Not seeing family	<input type="checkbox"/>

Change in staff	
Not being in [my/his/her] own room or home	
No stress/anxiety	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	
Other	

If other, please specify:

(First IDS-TILDA COVID-19 questionnaire)

4.3	Over the last <u>two weeks</u>, how often have you been bothered by any of the following problems? [Self-report only]								
	Please ✓ one box per line								
		Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)	Unable to understand	Unclear response	Don't know	Refused to answer
	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								
(GAD-7)									

4.4	Do you worry a lot? [Self-report only]
	Yes
	No (Skip to Q.4.6)
	Unable to understand (Skip to Q.4.6)
	Unclear response (Skip to Q.4.6)
	Don't know (Skip to Q.4.6)
	Refused to answer (Skip to Q.4.6)

4.5	Do you worry about the following things?:							
	Please ✓ one box per line							
		No	Sometimes	A lot	Unable to understand	Unclear response	Don't know	Refused to answer
	Do you worry about your family and friends?							
	Do you worry about the future?							
	Do you worry about being ill?							
	Do you worry about doing something new?							
	Do you worry about what you are doing tomorrow?							

	Do you worry about dying?								
(Glasgow Anxiety Scale, Mindham and Espie 2003)									
4.6	Since the start of the first lockdown in March 2020, have you ever felt lonely? [Self-report only]								
Please ✓ one box only									
Yes									
No (Skip to Q.4.8)									
Unable to understand (Skip to Q.4.8)									
Unclear response (Skip to Q.4.8)									
Don't know (Skip to Q.4.8)									
Refused to answer (Skip to Q.4.8)									
4.7	Since the start of the first lockdown in March 2020, how often have you felt lonely? [Self-report only]								
Please ✓ one box only									
Most of the time									
Some of the time									
Hardly ever/never									
Unable to understand									
Unclear response									
Don't know									
Refused to answer									
4.8	Since the start of the first lockdown in March 2020, have you ever felt left out? [Self-report only]								
Please ✓ one box only									
Yes									
No (Skip to Q.4.10)									
Unable to understand (Skip to Q.4.10)									
Unclear response (Skip to Q.4.10)									

	Don't know (Skip to Q.4.10)															
	Refused to answer (Skip to Q.4.10)															
4.9	<p>Since the start of the first lockdown in March 2020, how often have you felt left out? Would you say...[Self-report only]</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Most of the time</td> <td></td> </tr> <tr> <td>Some of the time</td> <td></td> </tr> <tr> <td>Hardly ever/never</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>		Most of the time		Some of the time		Hardly ever/never		Unable to understand		Unclear response		Don't know		Refused to answer	
Most of the time																
Some of the time																
Hardly ever/never																
Unable to understand																
Unclear response																
Don't know																
Refused to answer																
4.10	<p>Since the start of the first lockdown in March 2020, did you find it difficult to make friends? [Self-report only]</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No (Skip to Q.4.12)</td> <td></td> </tr> <tr> <td>Unable to understand (Skip to Q.4.12)</td> <td></td> </tr> <tr> <td>Unclear response (Skip to Q.4.12)</td> <td></td> </tr> <tr> <td>Don't know (Skip to Q.4.12)</td> <td></td> </tr> <tr> <td>Refused to answer (Skip to Q.4.12)</td> <td></td> </tr> </table>		Yes		No (Skip to Q.4.12)		Unable to understand (Skip to Q.4.12)		Unclear response (Skip to Q.4.12)		Don't know (Skip to Q.4.12)		Refused to answer (Skip to Q.4.12)			
Yes																
No (Skip to Q.4.12)																
Unable to understand (Skip to Q.4.12)																
Unclear response (Skip to Q.4.12)																
Don't know (Skip to Q.4.12)																
Refused to answer (Skip to Q.4.12)																
4.11	<p>Since the start of the first lockdown in March 2020, how often did you feel that you lack friendship/friends? [Self-report only]</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Most of the time</td> <td></td> </tr> <tr> <td>Some of the time</td> <td></td> </tr> <tr> <td>Hardly ever/never</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> </table>		Most of the time		Some of the time		Hardly ever/never		Unable to understand		Unclear response					
Most of the time																
Some of the time																
Hardly ever/never																
Unable to understand																
Unclear response																

	Don't know		
	Refused to answer		
4.12	Since the start of the first lockdown in March 2020, have you ever felt isolated? [Self-report only] Please ✓ one box only		
	Yes		
	No (Skip to Q.4.14)		
	Unable to understand (Skip to Q.4.14)		
	Unclear response (Skip to Q.4.14)		
	Don't know (Skip to Q.4.14)		
	Refused to answer (Skip to Q.4.14)		
4.13	Since the start of the first lockdown in March 2020, how often have you felt isolated? [Self-report only] Please ✓ one box only		
	Most of the time		
	Some of the time		
	Hardly ever/never		
	Unable to understand		
	Unclear response		
	Don't know		
	Refused to answer		
	(UCLA loneliness scale)		
4.14	Over the past <u>two weeks</u>, how often [have/has] [you/Rname] been bothered by any of the following problems... Please ✓ one box per line		
		Not at all	Several days
		More than half the days	Nearly every day
		Unable to understand	Unclear response
		Don't know	Refused to answer

	Little interest or pleasure in doing things								
	Feeling down, depressed or hopeless								
	Trouble falling asleep or staying asleep or sleeping too much								
	Feeling tired or having little energy								
	Poor appetite or overeating								
	Feeling bad about [your/his/her]s elf or that [you/he/she] [are/is] a failure or [have/has] let [your/his/her]s elf or [your/his/her] family down								
	Having trouble concentrating on things, such as reading the newspaper or watching the TV								
	Moving or speaking so slowly that other people could have noticed or the opposite, being so fidgety or restless that [you/he/she] [have/has] been moving around a lot more than usual								
	Thoughts that [you/he/she]								

would be better off dead or of hurting [your/his/her]s elf in some way									
--	--	--	--	--	--	--	--	--	--

(PHQ-9)

4.15 If [you/Rname] felt anxious, lonely or depressed, were/was [you/Rname] able to access supports for [your/his/her] mental health (e.g. counselling/seeing a psychologist/seeing a nurse or doctor)?

Please ✓ one box only

Yes	
No	
Not applicable	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If "yes", what support did [you/Rname] receive:

SECTION 5: CONTACT WITH OTHERS

The next questions are about how often [you/he/she] [have/has] been in contact with people, and any changes to [your/his/her] work or day service.

5.1 Since the start of the first lockdown in March 2020, has there been a change in the amount of time [you/Rname] spend(s) speaking with family members [you/Rname] [don't/doesn't] live with *using technology?* (e.g. on the telephone or online)

Please ✓ one box only

Yes, more contact	
Yes, less contact	
No change, the same amount of contact as before	
N/A	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

5.2 Since the start of the first lockdown in March 2020, has there been a change in how often [you/Rname] [have/has] *met up in person* (both arranged and chance meeting) with family members [you/Rname] [don't/doesn't] live with? (e.g. The amount of time [you/Rname] spend(s) speaking with them when they come to visit)

Please ✓ one box only

Yes, more contact	
Yes, less contact	
No change, the same amount of contact as before	
N/A	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

<p>5.3</p>	<p>Since the start of the first lockdown in March 2020, has there been a change in how often [you/Rname] have/has <i>written to</i> family members [you/Rname] [don't/doesn't] live with? (e.g. The amount of time [you/Rname] spend(s) writing letters, texting, emailing or contacting on social media)?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td data-bbox="284 414 1106 474">Yes, more contact</td> <td data-bbox="1106 414 1334 474"></td> </tr> <tr> <td data-bbox="284 474 1106 537">Yes, less contact</td> <td data-bbox="1106 474 1334 537"></td> </tr> <tr> <td data-bbox="284 537 1106 600">No change, the same amount of contact as before</td> <td data-bbox="1106 537 1334 600"></td> </tr> <tr> <td data-bbox="284 600 1106 663">N/A</td> <td data-bbox="1106 600 1334 663"></td> </tr> <tr> <td data-bbox="284 663 1106 725">Unable to understand</td> <td data-bbox="1106 663 1334 725"></td> </tr> <tr> <td data-bbox="284 725 1106 788">Unclear response</td> <td data-bbox="1106 725 1334 788"></td> </tr> <tr> <td data-bbox="284 788 1106 851">Don't know</td> <td data-bbox="1106 788 1334 851"></td> </tr> <tr> <td data-bbox="284 851 1106 913">Refused to answer</td> <td data-bbox="1106 851 1334 913"></td> </tr> </table>	Yes, more contact		Yes, less contact		No change, the same amount of contact as before		N/A		Unable to understand		Unclear response		Don't know		Refused to answer	
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Unable to understand																	
Unclear response																	
Don't know																	
Refused to answer																	
<p>5.4</p>	<p>Since the start of the first lockdown in March 2020, has there been a change in the amount of time [you/Rname] spend(s) speaking with friends [you/Rname] [don't/doesn't] live with <i>using technology</i>? (e.g. on the telephone or online)</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td data-bbox="284 1108 1106 1169">Yes, more contact</td> <td data-bbox="1106 1108 1334 1169"></td> </tr> <tr> <td data-bbox="284 1169 1106 1232">Yes, less contact</td> <td data-bbox="1106 1169 1334 1232"></td> </tr> <tr> <td data-bbox="284 1232 1106 1294">No change, the same amount of contact as before</td> <td data-bbox="1106 1232 1334 1294"></td> </tr> <tr> <td data-bbox="284 1294 1106 1357">N/A</td> <td data-bbox="1106 1294 1334 1357"></td> </tr> <tr> <td data-bbox="284 1357 1106 1420">Unable to understand</td> <td data-bbox="1106 1357 1334 1420"></td> </tr> <tr> <td data-bbox="284 1420 1106 1482">Unclear response</td> <td data-bbox="1106 1420 1334 1482"></td> </tr> <tr> <td data-bbox="284 1482 1106 1545">Don't know</td> <td data-bbox="1106 1482 1334 1545"></td> </tr> <tr> <td data-bbox="284 1545 1106 1608">Refused to answer</td> <td data-bbox="1106 1545 1334 1608"></td> </tr> </table>	Yes, more contact		Yes, less contact		No change, the same amount of contact as before		N/A		Unable to understand		Unclear response		Don't know		Refused to answer	
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N/A																											
Unable to understand																											
Unclear response																											
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5.7	<p>For each of the following, please indicate whether the pandemic has affected [you/Rname] or a person in [your/his/her] home in the way described.</p> <p><u>Reduced work hours or hours of day service.</u></p> <p>Please ✓ (can ✓ both "yes, me" and "yes, person in home")</p> <table border="1"> <tr> <td>Yes, me</td> <td></td> <td></td> </tr> <tr> <td>Yes, person in home</td> <td></td> <td></td> </tr> <tr> <td>No</td> <td></td> <td></td> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> <td></td> </tr> </table>			Yes, me			Yes, person in home			No			N/A			Unable to understand			Unclear response								
Yes, me																											
Yes, person in home																											
No																											
N/A																											
Unable to understand																											
Unclear response																											

	Don't know		
	Refused to answer		
5.8	Increase in verbal arguments or conflict with other adult(s) in home.		
	Please ✓ (can ✓ both "yes, me" and "yes, person in home")		
	Yes, me		
	Yes, person in home		
	No		
	N/A		
	Unable to understand		
	Unclear response		
	Don't know		
	Refused to answer		
5.9	Increase in physical conflict with other adult(s) in home.		
	Please ✓ (can ✓ both "yes, me" and "yes, person in home")		
	Yes, me		
	Yes, person in home		
	No		
	N/A		
	Unable to understand		
	Unclear response		
	Don't know		
	Refused to answer		
5.10	For each of the following, please indicate whether the pandemic has affected [you/Rname] or a person in [your/his/her] home in the way described.		
	Please ✓ for each line (can ✓ both "yes, me" and "yes, person in home")		
		Yes, me	Yes, person in home
	No	N/A	Unable to understand
	Unclear response	Don't know	Refused to answer

Separated from family or close friends									
Did not have the ability or resources to talk to family or friends while separated									
Unable to visit loved one in a care facility (e.g. nursing home, group home)									
Family celebrations cancelled or restricted									
Planned travel or vaccinations cancelled									
Religious or spiritual activities cancelled or restricted									
Unable to be with a close family member in critical condition									
Unable to attend in-person funeral or religious services for a family member or friend who died									
Unable to participate in social clubs, sports teams, or volunteer activities									
Unable to do enjoyable									

	activities or hobbies										
From Epidemic-Pandemic Impacts Inventory (EPII, Grasso et al., 2020)											

SECTION 6: LIFE EVENTS

6.1

INTRO: The following are a list of Life Events [you/Rname] may have experienced during the COVID-19 Pandemic. By a life event I mean something that would have caused significant distress in [your/his/her] life. Please indicate if [you/Rname] [have/has] gone through any of the following during the pandemic.

IWER: READ OUT AND CODE ALL THAT APPLY

			Level of stress:		
	Yes		A lot	A little	None
Change of staff in [my/his/her] home where [I/he/she] [live/lives] or day service [I/he/she] [attend/attends]					
Holiday/planned holiday cancelled					
New resident moved into [my/his/her] home					
Minor illness or injury					
Change of [my/his/her] key worker					
Problems with fellow resident					
Change at or from work or day service					
Decline or loss of mobility					
Major illness of a relative, caregiver or friend					
Moving within service organisation					
Moving from [my/his/her] family home to a service supported home (community group home/residential setting)					
Change in frequency of visits from or to family / friend					
Major illness or injury					
Loss of leisure-time activities					
Rapid loss of vision or hearing					
Problems with relative, friend, or staff					

	No longer working/unemployment														
	Death of a parent														
	Death of a sibling														
	Death of other relative														
	Death of a friend														
	Death of a significant other (other than a relative, or friend)														
	Death of a pet														
	No significant life event														
	Other														
	Any other event or change of routine which may have caused distress, please tell us:														
	(Adapted from the Life events scale Hermans et al 2012 & IDS-TILDA Study)														
6.2	<p>(If someone known to the participant has died) This is a very difficult question, so you don't have to answer it if you don't want to. Has someone [you/Rname] know(s), or someone close to [you/Rname] died with COVID-19?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No (Skip to Q.7.1)</td> <td></td> </tr> <tr> <td>Don't know (Skip to Q.7.1)</td> <td></td> </tr> <tr> <td>I don't want to answer this question (Skip to Q.7.1)</td> <td></td> </tr> </table>							Yes		No (Skip to Q.7.1)		Don't know (Skip to Q.7.1)		I don't want to answer this question (Skip to Q.7.1)	
Yes															
No (Skip to Q.7.1)															
Don't know (Skip to Q.7.1)															
I don't want to answer this question (Skip to Q.7.1)															
6.3	<p>If, sadly, someone [you/Rname] know(s) has died with COVID-19, what was their relationship to [you/Rname]?</p> <p>Please ✓ all that apply</p>														

Spouse/partner	
Friend	
Peer in residential setting	
Parent	
Carer/staff in residential setting	
Sibling	
Other relative	
Other	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If other, please specify:

(Hatton et al./ELSA/HRS)

SECTION 7: POSITIVE ASPECTS OF THE COVID-19 PERIOD

Now we are going to ask you some questions about whether there were any good things about the COVID-19 period.

7.1 Were there any good things about the COVID-19 period?

Please ✓ one box only

Yes	
No (Skip to Q.8.1)	
Unable to understand (Skip to Q.8.1)	
Unclear response (Skip to Q.8.1)	
Don't know (Skip to Q.8.1)	
Refused to answer (Skip to Q.8.1)	

(First IDS-TILDA COVID-19 questionnaire)

7.2 If there were good things during the COVID-19 period, what were they?

Please ✓ all that apply

	Me	Person in home
Developed new hobbies or activities		
More rest/relaxation		
More time/better time with staff		
Using technology to communicate		
Spending more time at home/with family		
Improved relationships with family or friends		
Being resilient/tough		
More free time		
Less doing things that challenge people close to [me/him/her]		
Saved money		

New connections made with supportive people		
Increase in exercise or physical activity		
More time in nature or outdoors		
More time doing enjoyable activities (e.g. reading books, puzzles)		
More appreciative of things usually taken for granted		
Paid more attention to personal health		
Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV)		
Volunteered time to help people in need.		
Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).		
Found greater meaning in work, employment, or school.		
More efficient or productive in work, employment, or school.		
Other		
Unable to understand		
Unclear response		
Don't know		
Refused to answer		

Other (please specify):

	(Options developed from data from first IDS-TILDA COVID-19, and from EPII, Grasso et al., 2020)
--	--

SECTION 8: FRAILITY

Now we would like to ask you some questions about feeling tired, whether you have difficulty doing certain things, your weight, and illnesses.

8.1 How much time during the past 4 weeks did [you/Rname] feel tired?

Please ✓ one box

All of the time	
Most of the time	
Some of the time	
A little of the time	
None of the time	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

8.2 Please indicate the level of difficulty [you/he/she] [have/has] with getting up from a chair after resting for a long period.

Please ✓ one box

No difficulty	
Some difficulty	
A lot of difficulty	
Cannot do at all	
N/A/could never do this	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

8.3 By [yourself/himself/herself] and not using aids, [do/does] [you/Rname] have any difficulty walking several hundred yards?

	<p>Please ✓ one box</p> <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> <tr><td>N/A/could never do this</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table>	Yes		No		N/A/could never do this		Unable to understand		Unclear response		Don't know		Refused to answer					
Yes																			
No																			
N/A/could never do this																			
Unable to understand																			
Unclear response																			
Don't know																			
Refused to answer																			
<p>8.4</p>	<p>By yourself and not using aids, [do/does] [you/Rname] have any difficulty walking up to 10 steps without resting?</p> <p>Please ✓ one box</p> <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> <tr><td>N/A/could never do this</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table>	Yes		No		N/A/could never do this		Unable to understand		Unclear response		Don't know		Refused to answer					
Yes																			
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N/A/could never do this																			
Unable to understand																			
Unclear response																			
Don't know																			
Refused to answer																			
<p>8.5</p>	<p>Please indicate the level of difficulty [you/he/she] [have/has] with climbing one flight of stairs without resting</p> <p>Please ✓ one box</p> <table border="1"> <tr><td>No difficulty</td><td></td></tr> <tr><td>Some difficulty</td><td></td></tr> <tr><td>A lot of difficulty</td><td></td></tr> <tr><td>Cannot do at all</td><td></td></tr> <tr><td>N/A/could never do this</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table>	No difficulty		Some difficulty		A lot of difficulty		Cannot do at all		N/A/could never do this		Unable to understand		Unclear response		Don't know		Refused to answer	
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Unable to understand																			
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Don't know																			
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<p>8.6</p>	<p>Please indicate the level of difficulty [you/he/she] [have/has] with walking across a room</p> <p>Please ✓ one box</p> <table border="1"> <tr><td>No difficulty</td><td></td></tr> <tr><td>Some difficulty</td><td></td></tr> <tr><td>A lot of difficulty</td><td></td></tr> <tr><td>Cannot do at all</td><td></td></tr> <tr><td>N/A/could never do this</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table>	No difficulty		Some difficulty		A lot of difficulty		Cannot do at all		N/A/could never do this		Unable to understand		Unclear response		Don't know		Refused to answer	
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<p>8.7</p>	<p>Please indicate the level of difficulty [you/he/she] [have/has] with lifting or carrying weights over 10lbs/5kgs, like a heavy bag of groceries</p> <p>Please ✓ one box</p> <table border="1"> <tr><td>No difficulty</td><td></td></tr> <tr><td>Some difficulty</td><td></td></tr> <tr><td>A lot of difficulty</td><td></td></tr> <tr><td>Cannot do at all</td><td></td></tr> <tr><td>N/A/could never do this</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table>	No difficulty		Some difficulty		A lot of difficulty		Cannot do at all		N/A/could never do this		Unable to understand		Unclear response		Don't know		Refused to answer	
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<p>8.8</p>	<p>In the past month, [have/has] [you/he/she] had any fall including a slip or trip in which [you/he/she] lost [your/his/her] balance and landed on the floor or ground or lower level?</p> <p>Please ✓ one box</p> <table border="1"> <tr><td>No</td><td></td></tr> <tr><td>Yes, once</td><td></td></tr> </table>	No		Yes, once															
No																			
Yes, once																			

Yes, twice	
Yes, once a week	
Other	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

If other number of falls, please specify:

NOTE: A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level

8.9 How much [do/does] [you/Rname] weigh with [your/his/her] clothes on but without shoes?:

Unable to understand	
Unclear response	
Don't know	
Refused to answer	

8.10 One year ago, how much did [you/he/she] weigh without shoes?

Unable to understand	
Unclear response	
Don't know	
Refused to answer	

8.11

Has the doctor diagnosed [you/him/her] with any new illness in the past 12 months (other than COVID-19)?

Please ✓ one box

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

If yes, please describe:

Adapted from SARC-F (Woo et al., 2014)
And Morely et al., FRAIL scale items in AAH:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515112/#R10>

SECTION 9: HEALTHCARE

The next questions are about going to see healthcare professionals, such as doctors or nurses.

9.1 Since the start of the first COVID-19 lockdown in March 2020, have any of the following planned appointments been cancelled?

Please ✓ one box per line

	Yes	No	N/A	Unabl e to under stand	Unclear response	I don't know	Refused to answer
A medical test/screening							
A medical operation							
An appointment where you meet a doctor/nurse in the hospital and then go home again							
An appointment with an occupational therapist							
An appointment with a physiotherapist							
Other							

If planned appointment with another healthcare professional, please specify:

--

9.2 If this was cancelled, what was the reason?

--	--

9.3	<p>Do/does [you/Rname] normally have an annual health check?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No (Skip to Q.9.5)</td> <td></td> </tr> <tr> <td>N/A (Skip to Q.9.5)</td> <td></td> </tr> <tr> <td>Unable to understand (Skip to Q.9.5)</td> <td></td> </tr> <tr> <td>Unclear response (Skip to Q.9.5)</td> <td></td> </tr> <tr> <td>Don't know (Skip to Q.9.5)</td> <td></td> </tr> <tr> <td>Refused to answer (Skip to Q.9.5)</td> <td></td> </tr> </table>	Yes		No (Skip to Q.9.5)		N/A (Skip to Q.9.5)		Unable to understand (Skip to Q.9.5)		Unclear response (Skip to Q.9.5)		Don't know (Skip to Q.9.5)		Refused to answer (Skip to Q.9.5)	
Yes															
No (Skip to Q.9.5)															
N/A (Skip to Q.9.5)															
Unable to understand (Skip to Q.9.5)															
Unclear response (Skip to Q.9.5)															
Don't know (Skip to Q.9.5)															
Refused to answer (Skip to Q.9.5)															

9.4	<p>Since the start of the first COVID-19 lockdown in March 2020, have/has [you/Rname] had [your/his/her] annual health check?</p> <p>Please ✓ one box only</p> <table border="1"> <tr> <td>Yes, in person</td> <td></td> </tr> <tr> <td>Yes, by video/phone call</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Not yet, but [I/he/she] [have/has] an appointment booked</td> <td></td> </tr> <tr> <td>I don't want a health check</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>	Yes, in person		Yes, by video/phone call		No		Not yet, but [I/he/she] [have/has] an appointment booked		I don't want a health check		Unable to understand		Unclear response		Don't know		Refused to answer	
Yes, in person																			
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I don't want a health check																			
Unable to understand																			
Unclear response																			
Don't know																			
Refused to answer																			

9.5 Did [you/Rname] see the following healthcare practitioners at least once a year before the first lockdown in March 2020?

Please ✓ one box per line

	Yes	No	N/A	Unable to understand	Unclear response	I don't know	Refused to answer
GP							
Psychiatrist							
Clinical psychologist							
Counsellor							
Social worker							
Nurse specialist							
Speech & Language therapist							
Occupational therapist							
Physiotherapist							
Other							

If other healthcare professional, please specify:

9.6 Since the start of the first lockdown in March 2020, have/has [you/Rname] seen the following healthcare practitioners?

Please ✓ one box per line

	Not seen them at all since then	Not as much	The same	More	I don't know	N/A
GP – in person						
GP – online/telephone						

Psychiatrist – in person							
Psychiatrist – online/telephone							
Clinical psychologist – in person							
Clinical psychologist – online/telephone							
Counsellor – in person							
Counsellor – online/telephone							
Social worker – in person							
Social worker – online/telephone							
Nurse specialist – in person							
Nurse specialist – online/telephone							
Speech & Language therapist – in person							
Speech & Language therapist – online/telephone							
Occupational therapist – in person							
Occupational therapist – online/telephone							
Physiotherapist – in person							
Physiotherapist – online/telephone							
Other – in person							
Other – online/telephone							

If other healthcare professional (in person), please specify:

If other healthcare professional (online/telephone), please specify:

(Adapted from Hatton et al., also similar questions in TILDA COVID-19 questionnaire)

9.7

Since the start of the first lockdown in March 2020, have you made a new healthcare appointment?

Please ✓ one box

Yes, I was able to make the new appointment(s)	<input type="checkbox"/>
No, I tried to make a new appointment but was unable to do so	<input type="checkbox"/>
No, I haven't made any new appointments	<input type="checkbox"/>
Don't understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

If you have made a new appointment, or had difficulty in making a new appointment, can you describe this:

(Added based on consultation with Inclusive Research Network (IRN), 12/March/2021)

9.8

Since the outbreak of the COVID-19 pandemic in March 2020, [have/has] [you/he/she] started, stopped or changed the dose of any of [your/his/her] prescribed medicines?

Please ✓ all that apply

Yes, I have stopped taking a prescribed medication	<input type="checkbox"/>
--	--------------------------

Yes, I have started taking a new prescribed medication	
Yes, I have changed the dose of a prescribed medication	
No, I am taking the same medications	
Don't understand	
Unclear response	
I don't know	
Refused to answer	

If so, please tell us the changes:

9.9	<p>(If “yes” to 9.8) 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?</p> <p>Please ✓ one box</p> <table border="1"> <tr> <td>Doctor's advice</td> <td></td> </tr> <tr> <td>Pharmacist's advice</td> <td></td> </tr> <tr> <td>Could not afford the medication</td> <td></td> </tr> <tr> <td>Could not get the medication from the pharmacy</td> <td></td> </tr> <tr> <td>Personal decision</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Don't understand</td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>I don't know</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>	Doctor's advice		Pharmacist's advice		Could not afford the medication		Could not get the medication from the pharmacy		Personal decision		Other		Don't understand		Unclear response		I don't know		Refused to answer	
Doctor's advice																					
Pharmacist's advice																					
Could not afford the medication																					
Could not get the medication from the pharmacy																					
Personal decision																					
Other																					
Don't understand																					
Unclear response																					
I don't know																					
Refused to answer																					

If “other”, please specify:

9.10

Since the start of the first lockdown in March 2020, have you started taking any health supplements?

Please ✓ all that apply

Multivitamin	<input type="checkbox"/>
Zinc	<input type="checkbox"/>
Vitamin C	<input type="checkbox"/>
Iron	<input type="checkbox"/>
Vitamin D	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>
Fish oil/omega	<input type="checkbox"/>
Any B supplements	<input type="checkbox"/>
Other	<input type="checkbox"/>
Don't understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

If other, please specify:

	(Adapted from TILDA COVID-19 questionnaire)
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SECTION 10: COVID-19 VACCINE

The next questions are about the COVID-19 vaccine.

10.1

Did [you/Rname] receive easy-read accessible information on the government guidelines on the COVID-19 vaccine?

Please ✓ one box only

Yes, received official government information/guidance	
No, received other information/guidance (Skip to Q.10.3)	
No (Skip to Q.10.3)	
Unable to understand (Skip to Q.10.3)	
Unclear response (Skip to Q.10.3)	
Don't know (Skip to Q.10.3)	
Refused to answer (Skip to Q.10.3)	

10.2

[Do/does/did] [you/Rname] find the accessible version of the (official Irish government) guidance on the vaccine easy to understand?

Please ✓ one box only

Extremely easy	
Somewhat easy	
Somewhat difficult	
Extremely difficult	
Unable to understand	
Unclear response	
Don't know	
Refused to answer	

10.3

[Have/has] [you/Rname] been given the vaccine?

Please ✓ one box only

Yes, first dose, only require one	
-----------------------------------	--

	<table border="1"> <tr><td>Yes, first dose, waiting for second</td><td></td></tr> <tr><td>Yes, first and second dose</td><td></td></tr> <tr><td>No (Skip to Q.10.13)</td><td></td></tr> <tr><td>Unable to understand (Skip to Q.10.13)</td><td></td></tr> <tr><td>Unclear response (Skip to Q.10.13)</td><td></td></tr> <tr><td>Don't know (Skip to Q.10.13)</td><td></td></tr> <tr><td>Refused to answer (Skip to Q.10.13)</td><td></td></tr> </table>	Yes, first dose, waiting for second		Yes, first and second dose		No (Skip to Q.10.13)		Unable to understand (Skip to Q.10.13)		Unclear response (Skip to Q.10.13)		Don't know (Skip to Q.10.13)		Refused to answer (Skip to Q.10.13)							
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Yes, first and second dose																					
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Unable to understand (Skip to Q.10.13)																					
Unclear response (Skip to Q.10.13)																					
Don't know (Skip to Q.10.13)																					
Refused to answer (Skip to Q.10.13)																					
10.4	Date of first dose: <input type="text"/>																				
10.5	Date of second dose: <input type="text"/>																				
10.6	Which vaccine did you receive? <table border="1"> <tr><td>Pfizer-BioNTech</td><td></td></tr> <tr><td>Oxford AstraZeneca</td><td></td></tr> <tr><td>Janssen</td><td></td></tr> <tr><td>Johnson & Johnson</td><td></td></tr> <tr><td>Moderna</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Unable to understand</td><td></td></tr> <tr><td>Unclear response</td><td></td></tr> <tr><td>Don't know</td><td></td></tr> <tr><td>Refused to answer</td><td></td></tr> </table> <p>Other, please specify:</p> <input type="text"/>	Pfizer-BioNTech		Oxford AstraZeneca		Janssen		Johnson & Johnson		Moderna		Other		Unable to understand		Unclear response		Don't know		Refused to answer	
Pfizer-BioNTech																					
Oxford AstraZeneca																					
Janssen																					
Johnson & Johnson																					
Moderna																					
Other																					
Unable to understand																					
Unclear response																					
Don't know																					
Refused to answer																					

10.7	<p>What does it mean for you to have had the vaccine? [Self-report only]:</p> <div data-bbox="284 376 1362 568" style="border: 1px solid black; height: 86px; width: 676px;"></div>																																																																				
10.8	<p>In rare cases, people might feel unwell after taking a vaccine. Did [you/Rname] experience any of the following after taking the vaccine?</p> <p>Please ✓ all that apply</p> <table border="1" data-bbox="284 788 1423 1951"> <thead> <tr> <th data-bbox="284 788 997 893"></th> <th data-bbox="997 788 1112 893">✓</th> <th data-bbox="1112 788 1248 893">First dose</th> <th data-bbox="1248 788 1423 893">Second dose</th> </tr> </thead> <tbody> <tr> <td data-bbox="284 893 997 999">Tenderness, swelling or redness of the arm where [you/he/she] have had the vaccine</td> <td data-bbox="997 893 1112 999"></td> <td data-bbox="1112 893 1248 999"></td> <td data-bbox="1248 893 1423 999"></td> </tr> <tr> <td data-bbox="284 999 997 1059">Itchiness where you have had the vaccine</td> <td data-bbox="997 999 1112 1059"></td> <td data-bbox="1112 999 1248 1059"></td> <td data-bbox="1248 999 1423 1059"></td> </tr> <tr> <td data-bbox="284 1059 997 1120">Feeling tired</td> <td data-bbox="997 1059 1112 1120"></td> <td data-bbox="1112 1059 1248 1120"></td> <td data-bbox="1248 1059 1423 1120"></td> </tr> <tr> <td data-bbox="284 1120 997 1180">Headache</td> <td data-bbox="997 1120 1112 1180"></td> <td data-bbox="1112 1120 1248 1180"></td> <td data-bbox="1248 1120 1423 1180"></td> </tr> <tr> <td data-bbox="284 1180 997 1240">Muscle pain</td> <td data-bbox="997 1180 1112 1240"></td> <td data-bbox="1112 1180 1248 1240"></td> <td data-bbox="1248 1180 1423 1240"></td> </tr> <tr> <td data-bbox="284 1240 997 1301">Joint pain</td> <td data-bbox="997 1240 1112 1301"></td> <td data-bbox="1112 1240 1248 1301"></td> <td data-bbox="1248 1240 1423 1301"></td> </tr> <tr> <td data-bbox="284 1301 997 1361">Nausea</td> <td data-bbox="997 1301 1112 1361"></td> <td data-bbox="1112 1301 1248 1361"></td> <td data-bbox="1248 1301 1423 1361"></td> </tr> <tr> <td data-bbox="284 1361 997 1422">Fever</td> <td data-bbox="997 1361 1112 1422"></td> <td data-bbox="1112 1361 1248 1422"></td> <td data-bbox="1248 1361 1423 1422"></td> </tr> <tr> <td data-bbox="284 1422 997 1482">Swelling of lymph glands</td> <td data-bbox="997 1422 1112 1482"></td> <td data-bbox="1112 1422 1248 1482"></td> <td data-bbox="1248 1422 1423 1482"></td> </tr> <tr> <td data-bbox="284 1482 997 1543">Sleeplessness</td> <td data-bbox="997 1482 1112 1543"></td> <td data-bbox="1112 1482 1248 1543"></td> <td data-bbox="1248 1482 1423 1543"></td> </tr> <tr> <td data-bbox="284 1543 997 1603">None of the above (Skip to Q.10.10)</td> <td data-bbox="997 1543 1112 1603"></td> <td data-bbox="1112 1543 1248 1603"></td> <td data-bbox="1248 1543 1423 1603"></td> </tr> <tr> <td data-bbox="284 1603 997 1664">Unable to understand (Skip to Q.10.10)</td> <td data-bbox="997 1603 1112 1664"></td> <td data-bbox="1112 1603 1248 1664"></td> <td data-bbox="1248 1603 1423 1664"></td> </tr> <tr> <td data-bbox="284 1664 997 1724">Unclear response (Skip to Q.10.10)</td> <td data-bbox="997 1664 1112 1724"></td> <td data-bbox="1112 1664 1248 1724"></td> <td data-bbox="1248 1664 1423 1724"></td> </tr> <tr> <td data-bbox="284 1724 997 1785">Don't know (Skip to Q.10.10)</td> <td data-bbox="997 1724 1112 1785"></td> <td data-bbox="1112 1724 1248 1785"></td> <td data-bbox="1248 1724 1423 1785"></td> </tr> <tr> <td data-bbox="284 1785 997 1845">Refused to answer (Skip to Q.10.10)</td> <td data-bbox="997 1785 1112 1845"></td> <td data-bbox="1112 1785 1248 1845"></td> <td data-bbox="1248 1785 1423 1845"></td> </tr> <tr> <td data-bbox="284 1845 997 1906">Other problem</td> <td data-bbox="997 1845 1112 1906"></td> <td data-bbox="1112 1845 1248 1906"></td> <td data-bbox="1248 1845 1423 1906"></td> </tr> </tbody> </table> <p data-bbox="284 1989 778 2024">If other problem, please specify:</p>		✓	First dose	Second dose	Tenderness, swelling or redness of the arm where [you/he/she] have had the vaccine				Itchiness where you have had the vaccine				Feeling tired				Headache				Muscle pain				Joint pain				Nausea				Fever				Swelling of lymph glands				Sleeplessness				None of the above (Skip to Q.10.10)				Unable to understand (Skip to Q.10.10)				Unclear response (Skip to Q.10.10)				Don't know (Skip to Q.10.10)				Refused to answer (Skip to Q.10.10)				Other problem			
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Other problem																																																																					

	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>														
10.9	<p>If you felt unwell after taking the vaccine, how long did this last for?</p> <p>Please ✓ one box only</p> <table border="1" data-bbox="284 757 1241 931"> <tr> <td>Less than 24 hours</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>24 to 48 hours</td> <td></td> </tr> <tr> <td>More than 48 hours</td> <td style="background-color: #cccccc;"></td> </tr> </table>	Less than 24 hours		24 to 48 hours		More than 48 hours									
Less than 24 hours															
24 to 48 hours															
More than 48 hours															
10.10	<p>Where did [you/he/she] receive the vaccine?</p> <p>Please ✓ one box only</p> <table border="1" data-bbox="284 1043 1254 1487"> <tr> <td>At home</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Another location within [your/his/her] residential setting</td> <td></td> </tr> <tr> <td>Outside [your/his/her] residential setting</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Unable to understand (Skip to Q.10.12)</td> <td></td> </tr> <tr> <td>Unclear response (Skip to Q.10.12)</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Don't know (Skip to Q.10.12)</td> <td></td> </tr> <tr> <td>Refused to answer (Skip to Q.10.12)</td> <td style="background-color: #cccccc;"></td> </tr> </table>	At home		Another location within [your/his/her] residential setting		Outside [your/his/her] residential setting		Unable to understand (Skip to Q.10.12)		Unclear response (Skip to Q.10.12)		Don't know (Skip to Q.10.12)		Refused to answer (Skip to Q.10.12)	
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Unclear response (Skip to Q.10.12)															
Don't know (Skip to Q.10.12)															
Refused to answer (Skip to Q.10.12)															
10.11	<p>Was this location convenient for [you/him/her]?</p> <p>Please ✓ one box only</p> <table border="1" data-bbox="284 1599 778 1980"> <tr> <td>Yes</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Unable to understand</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Unclear response</td> <td></td> </tr> <tr> <td>Don't know</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>Refused to answer</td> <td></td> </tr> </table>	Yes		No		Unable to understand		Unclear response		Don't know		Refused to answer			
Yes															
No															
Unable to understand															
Unclear response															
Don't know															
Refused to answer															

10.12 When [you/he/she] got the vaccine, was there someone with [you/Rname] that [you/Rname] know(s) well? (For example, a staff member or member of family?)

Please ✓ one box only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

10.13 (If no/don't know/no response to 10.3): If [you/Rname] were offered the vaccine, would [you/Rname] take it?

Please ✓ one box only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I'm not sure	<input type="checkbox"/>
Unable to understand	<input type="checkbox"/>
Unclear response	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>

(If answer is "no") Why do/does [you/Rname] not want to take the vaccine?:

(If answer is "I'm not sure") Is there a reason you're not sure?:

10.14	<p>(If “yes” to 10.13). If you know when you will be receiving the vaccine, please provide the date below:</p> <p>Date of first dose:</p> <input data-bbox="284 777 783 860" type="text"/>

<u>SECTION 11: Final questions</u>	
11.1	<p>We now come to the end of the questionnaire. There were a lot of detailed questions about a difficult time.</p> <p>[Self-report only]: 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? (For example, is there anything the government or your service could have done to make life better for you?)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.2	<p>[Self-report only]: Finally, what is it that you are looking most forward to doing once COVID-19 ends?:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

Many thanks for answering those questions for me. We really appreciate you taking the time to talk with me today.

