

Social Impact of COVID-19 Survey

Questionnaire

1a What is your age?

18-112

1b What is your sex?

Male/Female

1c What is your County of residence?

Text

1d How many people (including yourself) live in this household?

0-25

If 1d >1

1da How many children under 18 living in this household

0-XX

If 1d >1

1e Is there a household member currently in education

Yes

No

2 On a scale of 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied:

2a How satisfied are you with your life these days?

0-10

2b How satisfied are you with the financial situation of your household?

0-10

2c How satisfied are you with your personal relationships?

0-10

2d Do you feel that if you needed non-material help (e.g. somebody to talk to, help with doing something or collecting something) you could receive it from relatives, friends, neighbours or other persons that you know?

Yes

No

3a How much of the time, during the past 4 weeks, have you felt downhearted or depressed?

All, Most

Some

Little

None of the time

3b How much of the time, during the past 4 weeks, have you been very nervous?

All, Most

Some

Little

None of the time

3c How much of the time, during the past 4 weeks, have you been feeling lonely?

All, Most

Some

Little

None of the time

3d How much of the time, during the past 4 weeks, have you been happy?

All, Most

Some

Little

None of the time

4 How concerned are you about each of the following impacts of COVID-19?

4a Your own health

Not at all

Somewhat

Very

Extremely

4b Somebody else's health (e.g. friend or relative)

Not at all

Somewhat

Very

Extremely

4c Maintaining social ties

Not at all

Somewhat

Very

Extremely

If 1e=Yes

4d Impact of interrupted education

Not at all

Somewhat

Very

Extremely

If 1d>1

4e Household stress from confinement

Not at all

Somewhat

Very

If 1d>1

4f Violence in the home

Not at all

Somewhat

Very

5 Thinking of the situation since the introduction of Covid-19 restrictions:

5a Has your consumption of alcohol changed?

Increased

Decreased

No change

I don't consume alcohol

5b Has your consumption of tobacco products changed?

Increased

Decreased

No change

I don't consume tobacco

5c Has your consumption of junk food and sweets changed?

Increased

Decreased

No change

I don't consume junk food and sweets

5d Has your consumption of fresh fruit and vegetables changed ?

Increased, Decreased, No change, I don't consume fresh fruit and vegetables

5e Has your frequency of exercising changed?

Increased

Decreased

No change

I don't exercise

5f Has your time spent watching TV changed ?

Increased

Decreased

No change

I don't watch TV

5g Has your time spent on the internet changed ?

Increased

Decreased

No change

I don't spend time on the internet

5h What is your employment status?

Employed and currently engaged in work duties

Employed, in receipt of employment income, but not carrying out work duties

Unemployed

Other

if 5h = Employed & engaged

5i Are you currently working from home?

Yes

No

if 5i = Yes

5j Did you normally work from home before introduction of Covid-19 restrictions?

Yes

No

If 5k = No

5k After Covid-19 restrictions are lifted, would you like to remain working from home or return to your place of work?

Remain working from home

Return to place of work

Mixture of both

5l Which of the following best describes the impact of Covid-19 of on your household's ability to meet financial obligations (loan repayments, household bills etc)?

Major negative

Moderate negative

Minor negative

No impact

Positive impact

Too soon to tell

6.1 On a scale of 0 to 10 where 0 is 'not at all' and 10 is 'entirely', to what extent are you following the government's current advice and guidelines regarding COVID-19?

0-10

6.2 Have you been tested for COVID-19?

Yes

No

If 6.2 = Yes

6.2 Has the test returned a positive result for COVID-19

Yes

No

Don't know

Rather not say

If 6.2a ne Yes

6.3 On a scale of 0 to 10, where 0 is 'no chance' and 10 is 'a 100% chance', what do you think are your chances of getting infected with COVID-19 within the next 3 months?

0-10

If 6.2a ne Yes

6.4 If you were to become infected with COVID-19, do you believe that you would have

Mild illness

Moderate illness

More severe illness

Critical illness

Don't know

6.5 How is your health in general?

Very good

Good

Fair

Bad

Very bad

6.6 Which of the following sources of information do you use to stay informed about Covid-19? (Tick all that apply)

1. Newspapers,

2. Radio

3. Television

4. Mainstream news websites, e.g. breakingnews.ie, rte.ie

5. HSE/government agency websites

6. Social media, eg Twitter, Facebook, Whatsapp

7. Family, friends or colleagues

8. Consultations with health professionals

9. Other

If 6.6>1 option

6.7 Which of these is your main source of information to stay informed about Covid-19?

Respondent should be presented with options selected at 6g and should only be able to tick one as their main source