

Leaving home

Due to the coronavirus (COVID-19) pandemic, how comfortable do you currently feel about the following?

	Very comfortable	Slightly comfortable	Neither	Slightly uncomfortable	Very uncomfortable	N/A
Going out shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a health care setting (e.g doctors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a café, restaurant, or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling on public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having visitors inside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting inside someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to tell us anything that makes you or people you know feel uncomfortable about these activities:

Reducing the spread of coronavirus

What is your current opinion on wearing face coverings in crowded or enclosed public spaces (e.g shops or public transport) to reduce the spread of the coronavirus (COVID-19)?

Face coverings should be encouraged

Face coverings should no longer be encouraged

I have no preference.....

Depending on your previous answer, please let us know why you feel that face coverings should either be encouraged or not. If you have no preference, please skip these questions.

Why do you feel it is important to encourage face coverings in crowded or enclosed public spaces?

Why do you feel face coverings should no longer be encouraged in crowded or enclosed public spaces?

Reducing the spread of coronavirus

What influence does the following have on whether you decide to wear a face covering in a public location?

	I am more likely to wear a face covering	I am less likely to wear a face covering	This has no influence – I would wear a face covering anyway	This has no influence – I would not wear a face covering anyway
If the location is crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If most people in the location are wearing a face covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the friends or family I am with are wearing a face covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If signs at the location advises wearing a face covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about anything else that influences whether you wear a face covering:

Testing

In the past seven days have you taken a rapid lateral flow test?

- Yes
- No

In the past seven days, for which of the following reasons have you taken a rapid lateral flow test?

- Because I felt ill or had cold or flu like symptoms
- Because I was a close contact of a positive case.....
- Before meeting friends and family
- Before going to work, school or college
- I have tested at regular intervals regardless of activity
- Before seeing elderly people, or those at higher risk of illness if they get the coronavirus (COVID-19).....
- Before going to provide care or help to a vulnerable person
- Before visiting crowded and enclosed places
- For travel
- To see if I was still testing positive following a recent positive test
- Other.....

If other, please specify:

Are you provided with free rapid lateral flow tests by your employer?

- Yes
- No
- I am currently unemployed, unable to work, in full time education or retired

Testing

Do you have leftover free rapid lateral flows tests from the NHS?

- Yes.....
- No.....

If yes, how likely are you to buy rapid lateral flow tests if or when you run out?

- Very likely.....
- Fairly likely.....
- Neither.....
- Fairly unlikely.....
- Very unlikely.....
- I have already purchased rapid lateral flow tests.....
- I am eligible for free tests.....

If no, how likely are you to buy rapid lateral flow tests?

- Very likely.....
- Fairly likely.....
- Neither.....
- Fairly unlikely.....
- Very unlikely.....
- I have already purchased rapid lateral flow tests.....
- I am eligible for free tests.....

For which of the following reasons would you take a rapid lateral flow test over the next month? (Please tick all that apply)

- I would be unlikely to take a test for any reason.....
- If I felt ill or had cold or flu like symptoms.....
- If I was a close contact of a positive case.....
- Before meeting friends and family.....
- Before going to work, school or college.....
- To test at regular intervals regardless of activity.....
- Before seeing elderly people, or those at higher risk of illness if they get the coronavirus (COVID-19).....
- Before going to provide care or help to a vulnerable person.....
- Before visiting crowded and enclosed.....
- To travel.....
- Other.....
- If other, please specify:

COVID-19 infection

The most recent symptoms of COVID-19 are:

- a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste
- shortness of breath
- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick

If you were to experience any of the above symptoms, how likely would you be to stay at home until you feel better?

- Very likely.....
- Fairly likely.....
- Neither.....
- Fairly unlikely.....
- Very unlikely.....

If unlikely, we are interested to understand what would make it hard for you to stay at home:

Vaccinations

Which of the following best describes how many COVID-19 vaccinations you have had?

I have not received a vaccine	<input type="checkbox"/>
1 dose of the vaccine	<input type="checkbox"/>
2 doses of the vaccine	<input type="checkbox"/>
2 doses of the vaccine and a booster vaccine	<input type="checkbox"/>
2 doses of the vaccine and 2 booster vaccines	<input type="checkbox"/>
Other.....	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If other, please specify:	

If you have had two doses of the vaccine or more...

How likely or unlikely would you be to have a vaccine booster jab for the coronavirus (COVID-19) if one was offered to you?

	Very likely	Fairly likely	Neither	Fairly unlikely	Very unlikely	Prefer not to say
In Autumn this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every Autumn/Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At short notice if recommended to due to new COVID-19 variant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unsure or unlikely to have a vaccine booster jab...

For what reasons would you be unsure or unlikely to have a vaccine booster jab for the coronavirus (COVID-19)?

I had a bad reaction to a previous coronavirus (COVID-19) vaccine	<input type="checkbox"/>
I am worried about having a bad reaction to the vaccine booster jab	<input type="checkbox"/>
I am confused about information on whether or not I should have a vaccine booster jab	<input type="checkbox"/>
I do not think a vaccine booster jab will offer me any extra protection	<input type="checkbox"/>
I am worried about the long-term effects on my health	<input type="checkbox"/>
Other.....	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If other, please specify:	

Wellbeing

Overall, how satisfied are you with your life nowadays?

0 (Not at all)	<input type="checkbox"/>	3.....	<input type="checkbox"/>	6.....	<input type="checkbox"/>	9.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	4.....	<input type="checkbox"/>	7.....	<input type="checkbox"/>	10 (Completely)	<input type="checkbox"/>
2.....	<input type="checkbox"/>	5.....	<input type="checkbox"/>	8.....	<input type="checkbox"/>		

Overall, to what extent do you feel the things you do in your life are worthwhile?

0 (Not at all)	<input type="checkbox"/>	3.....	<input type="checkbox"/>	6.....	<input type="checkbox"/>	9.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	4.....	<input type="checkbox"/>	7.....	<input type="checkbox"/>	10 (Completely)	<input type="checkbox"/>
2.....	<input type="checkbox"/>	5.....	<input type="checkbox"/>	8.....	<input type="checkbox"/>		

Overall, how happy did you feel yesterday?

0 (Not at all)	<input type="checkbox"/>	3.....	<input type="checkbox"/>	6.....	<input type="checkbox"/>	9.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	4.....	<input type="checkbox"/>	7.....	<input type="checkbox"/>	10 (Completely)	<input type="checkbox"/>
2.....	<input type="checkbox"/>	5.....	<input type="checkbox"/>	8.....	<input type="checkbox"/>		

Overall, how anxious, nervous or on edge did you feel yesterday?

0 (Not at all)	<input type="checkbox"/>	3.....	<input type="checkbox"/>	6.....	<input type="checkbox"/>	9.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	4.....	<input type="checkbox"/>	7.....	<input type="checkbox"/>	10 (Completely)	<input type="checkbox"/>
2.....	<input type="checkbox"/>	5.....	<input type="checkbox"/>	8.....	<input type="checkbox"/>		

To what extent do you feel lonely in your daily life at the moment?

0 (Not at all)	<input type="checkbox"/>	3.....	<input type="checkbox"/>	6.....	<input type="checkbox"/>	9.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	4.....	<input type="checkbox"/>	7.....	<input type="checkbox"/>	10 (Completely)	<input type="checkbox"/>
2.....	<input type="checkbox"/>	5.....	<input type="checkbox"/>	8.....	<input type="checkbox"/>		

Is there any support or help that you or someone you know has had during the pandemic that has been particularly helpful? We are keen to understand what has been beneficial, and whether that support is still available now?

About you

What is your sex?

Female..... Male..... Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Yes..... No..... Prefer not to say

If no, please write in
your gender identity:

What is your age?

Under 18.....
18 - 24
25 - 34
35 - 44
45 - 54
55 - 64
65 - 74
75 - 84
85+.....
Prefer not to say

What is your ethnic group?

White
Asian or Asian British.....
Black, African, Caribbean or Black British
Mixed or multiple ethnic groups
Any other ethnic group.....
Prefer not to say

Do you have any conditions or illnesses that reduce your ability to carry out day-to-day activities?

Yes..... No..... Prefer not to say

What is your postcode? (This is to understand opinions across the area and will not be used to contact you)

About you

People at high risk from coronavirus include people who:

- Down's syndrome
- certain types of cancer or have received treatment for certain types of cancer
- sickle cell disease
- certain conditions affecting your blood
- chronic kidney disease (CKD) stage 4 or 5
- severe liver disease
- had an organ transplant
- certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
- HIV or AIDS and have a weakened immune system
- a condition affecting your immune system
- a rare condition affecting the brain or nerves (multiple sclerosis, motor neurone disease, Huntington's disease or myasthenia gravis)

Does anything from the above list apply to you?

Yes..... No..... Prefer not to say

Which sector do you work in?

- | | | |
|---|---|--|
| Agriculture, forestry and fishing..... <input type="checkbox"/> | Information and communication..... <input type="checkbox"/> | Education..... <input type="checkbox"/> |
| Mining, energy and water supply..... <input type="checkbox"/> | Financial and insurance activities..... <input type="checkbox"/> | Human health and social work activities..... <input type="checkbox"/> |
| Manufacturing..... <input type="checkbox"/> | Real estate activities..... <input type="checkbox"/> | Other services..... <input type="checkbox"/> |
| Construction..... <input type="checkbox"/> | Professional, scientific and technical activities... <input type="checkbox"/> | I am currently unemployed, unable to work, in full time education or retired..... <input type="checkbox"/> |
| Wholesale, retail & repair of motor vehicles . <input type="checkbox"/> | Administrative and support services..... <input type="checkbox"/> | |
| Accommodation and food services..... <input type="checkbox"/> | Public admin and defence; social security . <input type="checkbox"/> | |

Where do you mainly work?

- | | |
|--|--|
| Work from home or another remote workspace..... <input type="checkbox"/> | Both work from home and travel to work (hybrid)..... <input type="checkbox"/> |
| Travel to the workplace..... <input type="checkbox"/> | I am currently unemployed, unable to work, in full time education or retired..... <input type="checkbox"/> |

Thank you for your time.

Please return completed surveys to: Strategy Unit, First Floor West Wing Municipal Block, Civic Centre, SO14 7LY.

The information collected about you during this survey will only be used for the purposes of research. We may use it to contact you about this. We will only share your information with other organisations or council departments if we need to. The survey responses will be analysed by Southampton City Council. We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows. Please be aware that any comments given on this form may be published in reports. However, the council will endeavour to remove any references that could identify individuals or organisations. Our Privacy Policy (<http://www.southampton.gov.uk/privacy>) explains how we handle your personal data, and we can provide a copy if you are unable to access the Internet.