

BiB and BiBBS Family Questionnaire

Date _____

About your household

First we'd like to ask a bit about your home and who you are living with.

1) What is your current relationship status?

Married
 Not married but in a relationship
 Single - go to question 3
 Do not wish to answer

2) Are you currently living with your partner?

Yes
 No

3) Do any children aged 16 and under live in your home?

Yes
 No - go to question 8

4) How many children aged between 0 and 4 years live in your home?

(If none, please record '0')

5) How many children aged between 5 and 10 years live in your home?

(If none, please record '0')

6) How many children aged between 11 and 16 years live in your home?

(If none, please record '0')

7) Does your child (or children) live with you all the time?

Yes
 No - shared parenting

8) How many adults (people aged over 16 years) live in your home?

9) How many of these adults are over the age of 70?

(If none, please record '0')

10) Have you or anyone else in your household been advised by a health professional that they are high risk or vulnerable and should self-isolate for 12 weeks (that is, not leaving the house at all even for shopping) to protect themselves from coronavirus?

Yes, me
 Yes, other person
 No
(Tick all that apply)

11) Are you currently pregnant?

Yes
 No - go to question 13

12) How many weeks pregnant are you?

13) Are any other women in your household pregnant?

- Yes
- No - go to question 15

14) How many weeks pregnant are they?

Please go to the next page

Your home

15) Do you (or your household) own or rent the home you live in?

- Own it outright
 Buying it with the help of a mortgage/loan
 Part own and part rent (shared ownership)
 Rent it (includes all those who are on Housing Benefit or Local Housing Allowance)
 Live here rent-free (including rent-free in relative's/friend's property but excluding squatters)
 Squatting

16) If you rent, who is your landlord?

- Private landlord or letting agency
 Housing association, housing co-operative, charitable trust
 Local authority, local council
 Relative or friend (before you lived here) of a household member
 Employer (individual) of a household member
 Employer (company) of a household member
 Another organisation
 Don't know

17) How many bedrooms are there in your home?

18) Can you access the internet from your home (e.g. broadband / data on phone)?

- Yes
 No

19) Does your home need any major repairs doing to it right now?

- Yes
 No

20) Are all of your large electrical appliances (e.g. washing machine, fridge) in good working order?

- Yes
 No

21) Do you have any damp or mould in your home?

- Yes
 No

23) Do you have trouble with any vermin (mice or other rodents, cockroaches, etc.) in your home?

- Yes
 No

24) Does your home have an outdoor space which you and your family can use?

- Yes
 No - go to question 28

25) Is your outdoor space private or shared?

- Private
 Shared

26) Is your outdoor space a ...

- Yard
 Small garden
 Medium garden
 Large garden
 Other
 (Tick all that apply)

27) Is your outdoor space safe for your children to play in?

- Yes
 No
 Don't know

Job security of the main earner

A lot of people's work has been affected by the coronavirus lockdown. We would like to know how your family has been affected. To make it easier to answer these questions, we are asking about the person who usually contributes the most money to your household. If you and your partner contribute the same amount, please think of yourself when answering these questions.

28) Is anyone in your home classed as a 'Key Worker'?

- Yes
 No - go to question 30

29) Who is classed as a 'Key Worker'?

- Myself
 My partner
 Other household member
(Tick all that apply)

30) Who is the main earner in the household?

- Me
 My partner
 Other household member
 Me and my partner earn the same amount

31) Is the main earner in your household currently...

- Employed
 Employed but not working (on furlough)
 Self employed and working
 Self employed and not working
 Unemployed
 Don't know

32) If the main earner is currently working, are they mainly working from home, or going out to work?

- Working from home
 Going out to work

33) How much do you agree/disagree with the following statements today:

I worry about the job security of the main earner

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree

In the next 12 months, do you expect the income of the main earner is likely to be unstable and uncertain?

- Yes
 No
 Don't know

In 12 months time, do you expect the main earner to still have their job?

- Yes
 No
 Don't know

Please go to the next page

Your household essentials

The next questions are about food and money.

34) Please read each statement below and tell us whether the statement was often true, sometimes true, or never true for you or anyone in your household since the coronavirus lockdown began.

	Often true	Sometimes true	Never true	Don't know	Do not wish to answer
I have been able to buy the food I needed in the shops.	<input type="radio"/>				
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	<input type="radio"/>				
(I/we) couldn't afford to eat balanced meals.	<input type="radio"/>				

35) Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

36) If you answered 'Yes' to question 35, how often did you or other adults cut the size of meals or skip meals?

- Almost every day
- Some days but not every day
- Only 1 or 2 days
- Don't know
- Do not wish to answer

37) Did you or other adults ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

38) Were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

39) How well would you say you are managing financially right now?

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Don't know
- Do not wish to answer

40) Compared to 3 months ago, how would you say you are doing financially right now?

- Better off
- Worse off
- About the same
- Don't know
- Do not wish to answer

41) Sometimes people are not able to pay every bill when it is due. Are you currently up to date with all bills?

- Yes
- No
- Don't know
- Do not wish to answer

42) Did you know that some households can apply to take mortgage holidays or rent relief at the moment?

- Yes
 No - go to question 44

43) Are you taking the mortgage holiday or the rent relief loan at the moment?

- Yes - go to question 45
 No
 Don't know
 Do not wish to answer

44) Do you think you will take the mortgage holiday / rent relief in the next month?

- Yes
 No
 Don't know
 Do not wish to answer

45) How much do you agree/disagree with the following statements today? Please choose just one option for each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I worry about paying the rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about getting evicted / having my home repossessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to the next page

You and your family's health at the moment

Next we'd like to ask a bit about you and your family's health at the moment. We'll start by asking you about self-isolation, that is, not leaving the house at all, even for shopping. This is different from social-distancing, that is, going out as little as possible and only for essential needs.

46) Is your household currently self isolating (that is, not leaving the house at all, even for shopping)?

- Yes
 No - go to question 48

47) Why are you self isolating?

- Contact with someone with symptoms of coronavirus
 Had coronavirus symptoms yourself
 Someone in the household had symptoms of coronavirus
 To protect a vulnerable person in the household
 Other
(Tick all that apply)

48) Has your household had to self-isolate for any reason (that is, not leaving the house at all even for shopping) since the coronavirus outbreak began?

- Yes
 No - go to question 51

49) What was the reason you had to self-isolate?

- Contact with someone with symptoms of coronavirus
 Had coronavirus symptoms yourself
 Someone in the household had symptoms of coronavirus
 To protect a vulnerable person in the household
 Other
(Tick all that apply)

50) How many days did you self-isolate for?

(Number of days)

51) Do you smoke?

- Yes
 No - go to question 53

52) Over the past week have you smoked...

- About the same
 Less than usual
 More than usual

53) Do you vape or use e-cigarettes?

- Yes
 No - go to question 55

54) Over the past week have you vaped or used e-cigarettes...

- About the same
 Less than usual
 More than usual

55) Do you drink alcohol?

- Yes
 No - go to question 57

56) Over the past week have you drunk...

- About the same
 Less than usual
 More than usual

57) Which of the following best describes how you've been feeling over the past week?

- I do not worry about my health
 I occasionally worry about my health
 I spend much of my time worrying about my health
 I spend most of my time worrying about health

58) How would you describe your health generally?

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't know
 Do not wish to answer
-

We'd now like to ask you some questions about how you have been feeling since the coronavirus lock down began.

59) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60) If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not at all
 Somewhat difficult
 Very difficult
 Extremely difficult
-

Please go to the next page

61) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on an edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to the next page

Accessing services

We'd now like to ask you about whether you or a member of your household has needed to access healthcare or other related support services since the coronavirus lockdown period began. If you have needed to access the same service more than once, please think about your most recent experience.

Have you or a member of your household needed to access any of the following healthcare or other related support services, since the lockdown began:

62) Your doctor (GP) or nurse Yes
 No - go to question 63

Were you able to get an appointment with your GP or nurse? Yes
 No - go to question 63
 Haven't tried - go to question 63

Was the appointment with your GP or nurse in person or over the phone? In person
 Phone

Did you receive the support you needed? Definitely
 Mostly
 No

63) NHS 111 by telephone or online Yes
 No - go to question 64

Were you able to speak to someone, or gain advice online through NHS 111? Yes
 No - go to question 64
 Haven't tried - go to question 64

Did you receive the support you needed? Definitely
 Mostly
 No

64) Health emergency services (A&E) Yes
 No - go to question 65

Were you able to access emergency care? Yes
 No - go to question 65
 Haven't tried - go to question 65

Did you receive the support you needed? Definitely
 Mostly
 No

65) A specialist (consultant) doctor or specialist clinic (hospital outpatient) appointment Yes
 No - go to question 66

Were you able to access specialist support? Yes
 No - go to question 66
 Haven't tried - go to question 66

Was specialist support given in person or over the phone? In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

66) Mental health services

Yes
 No - go to question 67

Were you able to access support from a mental health service?

Yes
 No - go to question 67
 Haven't tried - go to question 67

Was mental health support given in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

67) A midwife

Yes
 No - go to question 68

Were you able to access support from a midwife?

Yes
 No - go to question 68
 Haven't tried - go to question 68

Did the midwife provide support in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

68) A health visitor or school nurse

Yes
 No - go to question 69

Were you able to access support from a health visitor or school nurse?

Yes
 No - go to question 69
 Haven't tried - go to question 69

Did the health visitor or school nurse provide support in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

69) Early Help or social services

Yes
 No - go to question 70

Were you able to access support from Early Help or social services?

Yes
 No - go to question 70
 Haven't tried - go to question 70

Was support from Early Help or social services provided in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

70) Pharmacy services

Yes
 No - go to question 71

Were you able to access support from a pharmacy?

Yes
 No - go to question 71
 Haven't tried - go to question 71

Was pharmacy support given in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

71) Other services e.g. charity/volunteer support

Yes
 No - go to question 72

Were you able to access support from a charity or voluntary organisation?

Yes
 No - go to question 72
 Haven't tried - go to question 72

Did the charity or voluntary organisation provide support in person or over the phone?

In person
 Phone

Did you receive the support you needed?

Definitely
 Mostly
 No

Please go to the next page

Family life

We'd now like to move on to talk about you and your family, and what you have been doing since the coronavirus lockdown began

72) How often do you currently do any kind of physical activity?

Every day
 Most days
 1 or 2 days a week
 Never - go to question 75

73) Is this more, less or about the same as you did before lockdown?

More than before
 Less than before
 About the same as before

74) How often do you do any kind of physical activity outside?

Every day
 Most days
 1 or 2 days a week
 Never

75) What was the average number of hours you slept per night in the last 7 days

(Number of hours)

If you don't have any children living with you, please go to question 87

76) How often do your children do any kind of physical activity?

Every day
 Most days
 1 or 2 days a week
 Never - go to 78

77) How often do your children do any kind of physical activity outside?

Every day
 Most days
 1 or 2 days a week
 Never

78) Do any of your children usually go to nursery?

Yes
 No - go to question 82

79) Are any of your children still going to nursery during the coronavirus lockdown?

Yes - go to question 82
 No

80) Were any of your children eligible for or offered a place at nursery?

Yes
 No - go to question 82

81) Why didn't you take up this place at nursery?

82) Do any of your children usually go to primary or secondary school?

Yes
 No - go to question 86

83) Are any of your children still going to school during the coronavirus lockdown?

Yes - go to question 86
 No

84) Were any of your children eligible for or offered a place at school?

Yes
 No - go to question 86

85) Why didn't you take up this place at school?

86) To what extent do you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel confident in my ability to support my children's learning at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I honestly believe I have all the skills necessary to be a good parent to my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your wellbeing

We'd now like to move on to talk about you and your own wellbeing and the people you have around you.

If you are single please go to question 89

87) How would you describe the quality of your relationship with your current partner?

- Excellent
- Good
- Average
- Poor
- Very poor
- Do not wish to answer

88) What are the kinds of things you struggle with in your relationship? Please answer yes or no to the following things:

No/poor communication (e.g. silent treatment)	<input type="radio"/> Yes <input type="radio"/> No
Arguments now and then about trivial matters	<input type="radio"/> Yes <input type="radio"/> No
Regular disagreements (e.g. about chores, children, finances, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Unpredictable but severe conflict	<input type="radio"/> Yes <input type="radio"/> No
Struggle with something else	<input type="radio"/> Yes <input type="radio"/> No

89) How many people can you count on in times of need?

- 0 - go to question 91
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

90) How many of these people live in your local area?
That is, within about a mile or a 20 minute walk from your home.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

91) How easy is it to get practical help from friends/family/neighbours if you should need it?

- Very difficult
- Difficult
- Possible
- Easy
- Very easy

92) How often have you felt lonely during the past week?

- None, or almost none of the time
 - Some of the time
 - Most of the time
 - All, or almost all of the time
 - Don't know
 - Do not wish to answer
-

Please turn to the last page

Your worries and concerns

The last section of the questionnaire is for you to tell us about your worries, concerns and positive experiences recently and to let us know how you would like us to contact you in the future.

93) What are your three biggest worries right now?

Worry 1:

Worry 2:

Worry 3:

94) Can you tell us about a challenge you have faced in the last two weeks?

95) Can you tell us how lockdown has made any parts of your life easier or more enjoyable?

	By phone	By post	By email	I don't want to do this
96) We would like to send you another questionnaire like this one in 2-3 months time to see how you and your family are getting on. How would you like us to send this to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide the best contact telephone number:

Please provide the best email address to contact you at: