

# Care75+ Covid-19

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Person identification number

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Assessment Date

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Care 75+ Participant ID

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(Enter Care Participant ID)

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Age in years

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(Enter an integer number of years)

## You and your household

Firstly we would like to ask a few questions about you and your home

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What is your current relationship status?

- Married/living with partner
- Single
- Widowed
- Divorced
- Prefer not to answer

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Do you currently live alone?

- Yes
- No

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How many adults (over 16 years) currently live in your home?

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(Include the person in the count.)

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How many of these are over the age of 70?

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(Include the person in the count)

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Please check the above response. The number of adults over 70 who live in your home should be less than or equal to the total number of adults who live in your home.

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Do you currently have access to the internet from your home (e.g. broadband /data on your phone)?

- Yes
- No

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Do you and your partner/spouse have an outdoor space you can all use?

- Yes
- No

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Is your outdoor space private or shared ?

- Private
- Shared

## Self-isolation and social distancing

Next we'd like to ask you if you or your spouse/partner (if applicable) are self-isolating as a result of the COVID-19 Coronavirus situation. Self-isolation is not leaving the house at all, even for shopping. This is different from social distancing, which refers to going out as little as possible and only for essential needs.

Have the terms 'self-isolation' and 'social distancing' and who they apply to, been clearly explained to you in the last few weeks? This does not include my explanation to you now.

- Yes  
 No  
 Not sure

Are you, yourself, currently self-isolating (that is not leaving the house even for shopping)?

- Yes  
 No

Why are you self-isolating?

- Contact with someone with symptoms of coronavirus  
 Had coronavirus symptoms yourself  
 To protect a vulnerable person living in the household  
 Family member advised it  
 Government advice  
 Other  
 (Tick all that apply)

What is the other reason you are self-isolating ?

\_\_\_\_\_

Is your spouse/partner currently self-isolating?

- Yes  
 No

Why is your spouse/partner self-isolating?

- Contact with someone with symptoms of coronavirus  
 Had coronavirus symptoms themselves  
 To protect a vulnerable person living in the household  
 Family member advised it  
 Government advice  
 Other  
 (Tick all that apply)

What is the other reason your partner is self-isolating ?

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## Health and Exercise

We would like to ask you a few questions related to your health, well-being and exercise.

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 the time worrying about my health  
 I spend most of the time worrying about my health

In general would you say your health is? (item from Rand 36 Item health survey (SF-36))

- Excellent  
 Very good  
 Good  
 Fair  
 Poor  
 Don't know

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How often do you currently do any kind of physical activity? (need to emphasise during current COVID-19 Coronavirus situation)

- Every day
- Most days
- 1 or 2 days a week
- Never

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

- More than before
- Less than before
- About the same as before

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

- Every day
- Most days
- 1 or 2 days a week
- Never

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### Mood questions

We would like to ask you a few questions related to your mood. How often during the past 2 weeks were you bothered by

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little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

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feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

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trouble falling or staying asleep, or sleeping too much?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

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feeling tired or having little energy?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

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poor appetite or overeating?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

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feeling bad about yourself, or that you are a failure, or have let yourself or your family down?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Unable to answer

trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all  
 Several days  
 More than half the days  
 Nearly every day  
 Unable to answer

moving or speaking so slowly that other people could have noticed. Or the opposite

- Not at all  
 Several days  
 More than half the days  
 Nearly every day  
 Unable to answer

#### General Anxiety Disorder 2-Item Scale (GAD-2)

Over the last 2 weeks how often have you been bothered by feeling nervous, anxious, or on edge?

- Not at all  
 Several days  
 More than half the days  
 Nearly every day  
 Unable to answer

Over the last 2 weeks how often have you been bothered by not being able to stop or control worrying?

- Not at all  
 Several days  
 More than half the days  
 Nearly every day  
 Unable to answer

#### Loneliness

How often have you felt lonely during the past week?

- None, almost none of the time  
 Some of the time  
 Most of the time  
 All, or almost all of the time

### Accessing services

We would now like to ask if you or your spouse/partner (if applicable) have needed to access healthcare or other related services, during the COVID-19 Coronavirus lockdown period? If you have needed to access the same service more than once, think about your most recent experience.

Have you or your partner needed to access any of the following since the lockdown began?

Have you needed to see a doctor or general practice nurse?

- Yes  
 No

Were you able to get an appointment with a doctor or general practice nurse?

- Yes  
 No  
 Haven't tried

If yes, was the appointment?

- In person  
 Over the phone

Did you receive the support you needed?

- Definitely  
 Mostly  
 No

Have you needed Emergency Services (999 or Accident and Emergency for health related incidents)?

- Yes  
 No

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Were you able to access emergency services?

Yes  
 No  
 Haven't tried

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Did you receive the support you needed?

Definitely  
 Mostly  
 No

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Have you needed to access NHS 111 by telephone/online?

Yes  
 No

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Were you able to speak to someone or gain online advise using 111?

Yes  
 No  
 Haven't tried

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Did you receive the support you needed?

Definitely  
 Mostly  
 No

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Have you needed to access a Specialist (Consultant) doctor or Specialist Clinic (hospital outpatient appointment)?

Yes  
 No

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Were you able to access specialist support?

Yes  
 No  
 Haven't tried

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

In person  
 Over the phone

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Did you receive the support you needed?

Definitely  
 Mostly  
 No

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Have you needed to access Mental Health Services?

Yes  
 No

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Were you able to access support from mental health services?

Yes  
 No  
 Haven't tried

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

In person  
 Phone  
 Online

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Did you receive the support you needed?

Definitely  
 Mostly  
 No

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Have you needed to access Pharmacy Services (including for repeat prescriptions)?

Yes  
 No

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Were you able to access support from a pharmacy?

Yes  
 No  
 Haven't tried

Was pharmacy support given in person or over the phone?

In person  
 Phone  
 Online

Did you receive the support you needed?

Definitely  
 Mostly  
 No

Have you needed to access Social Services or Council Services?

Yes  
 No

Were you able to access support from social services or council services?

Yes  
 No  
 Haven't tried

Was support given in person or over the phone?

In person  
 Phone  
 Online

Did you receive the support you needed?

Definitely  
 Mostly  
 No

Have you needed to access Other Services, for example Charity or Volunteer services?

Yes  
 No

Were you able to access support from a charity or volunteer?

Yes  
 No  
 Haven't tried

Was the charity or volunteer support given in person or over the phone?

In person  
 Phone  
 Online

Did you receive the support you needed?

Definitely  
 Mostly  
 No

Can you name any of the charities that have provided support to you during the COVID-19 Coronavirus situation?

\_\_\_\_\_

Have you been involved in volunteering yourself?

Yes  
 No

### **Food availability and shopping**

We would now like to ask you about food shopping?

Is someone in your household able to do the food shopping during this current COVID-19 Coronavirus situation (include yourself)?

Yes  
 No

If no, is there someone external to the household that is able to do the food shopping?

Yes  
 No

## Communication

We would now like to ask you a few questions about how you keep in touch with people and how you find out information about COVID-19 Coronavirus.

What methods are you using to keep in touch with family and friends during this time of COVID-19 Coronavirus?

- In person  
 Telephone  
 Text messages (using a phone)  
 Email  
 Internet tools (e.g. web cam/zoom/google hangout)  
 Other  
 (Tick all that apply)

Which main sources do you use for information about the COVID-19 Coronavirus situation?

- Friends or family  
 Television or radio programmes  
 Newspapers  
 Internet sites  
 Other

Do you feel you have had enough information about what you should or should not be doing during the COVID-19 Coronavirus situation? For example, if you should be going out and where it is acceptable to go?

- Yes  
 No  
 Unsure

## Worries, concerns and positive experiences

The last questions are about your worries, concerns or positive experiences you might have had during the COVID-19 Coronavirus situation.

Can you describe some of the main challenges you have faced because of the COVID-19 Coronavirus situation?

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What are your main concerns about the COVID-19 Coronavirus situation?

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Has the experience of lockdown during the COVID-19 Coronavirus situation made any aspects of your life easier or more enjoyable?

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## Future Contact

Future Contact

We may want to undertake some further in-depth interviews about the impact on your life from COVID-19 Coronavirus. We want to understand more about your current situation to understand how people could be better supported? Would you be happy for us to contact you again?

- Yes  
 prefer not

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Researcher

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