

# Born in Bradford BiBBS Family Questionnaire - Phase 2

Please write today's date

\_\_\_\_\_  
(dd/mm/yyyy)

If you are happy to please provide the best telephone number and email address to contact you on:

Contact telephone number:

\_\_\_\_\_

Email address:

\_\_\_\_\_

We'd like to start by asking you about the area where you live.

By your area, we mean within about a mile or 20 minute walk of your home.

	1 = Very dissatisfied	2	3	4	5 = Very satisfied
1) How satisfied or dissatisfied are you with the area you live in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) How satisfied or dissatisfied are you with the parks and green spaces in your local area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) How often do you visit Bradford's parks and green spaces?

	5 times a week or more	2 to 4 times a week	Once a week	1 to 3 times a month	Less than once a month
During the winter months (September-March)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the spring and summer months (April-August)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Thinking about your neighbourhood, to what extent do you agree with this statement:  
Other people think this is a good area.

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

5) Do children in your area have an outdoor space or facilities nearby where they can play safely?

- Yes  
 No  
 Don't know

6) How would you rate your neighbourhood as a place to bring up children?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

**Your neighbourhood continued**

7) In general, how safe or unsafe do you feel when outside in your neighbourhood?

	Very safe	Fairly safe	Neither safe or unsafe	Fairly unsafe	Very unsafe
During the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

- Can be trusted  
 Can't be too careful  
 Don't know

9) How often do you personally feel discriminated against because of your race or religion?

- Never  
 Rarely  
 Sometimes  
 Often  
 Do not wish to answer  
 Don't know

10) Since the Covid-19 pandemic do you feel discriminated against...

- More often  
 Less often  
 About the same

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

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

12) 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

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

- Very difficult  
 Difficult  
 Possible  
 Easy  
 Very Easy

14) 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

If you do not have a partner you can skip to question 16

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

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

16) Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling interested in other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had energy to spare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling loved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been interested in new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Job Security of the main earner**

A lot of people's work has been affected by coronavirus. 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.

17) Has anyone in your household lost their job since the pandemic started (e.g. since March 2020)? Please tick all that apply

- Me  
 My partner  
 Other household member

18) Who is the main earner in the household?

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

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

- Employed  
 Employed but not working (on furlough)  
 Employed on the wage subsidy scheme (e.g. working less hours with wage topped up by the Government)  
 Self employed and working  
 Self employed and not working  
 Unemployed  
 Don't know

20) 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

21) If the main earner is employed but on furlough, what do they expect to happen in November?

- Return to work on normal hours  
 Return to work on reduced hours with a loss of pay  
 Continue to be furloughed  
 Move onto the wage subsidy scheme (e.g., working less hours with wage topped up by the Government)  
 Lose their job  
 Has not been told what will happen to their job  
 Don't know  
 Other

22) How much do you agree/disagree with the following statement today:

I worry about the job security of the main earner

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

23) 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

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

- Yes  
 No  
 Don't know

## Your Household Essentials

The next questions are about food and money.

25) 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 in the last 3 months.

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

26) 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

If you answered 'Yes', how often did you or other adults cut the size of meals or skip meals?

- Every week
- Not every week but at least once a month
- Less than once a month but a few times
- Don't know
- Do not wish to answer

27) 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

28) 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

**Your Household Essentials Continued**

29) Have you or your family received any food from any of the following people/organisations? (Tick all that apply):

	Before the pandemic (Jan-Mar 2020)	During lockdown (Mar-Jun 2020)	In the last three months (Jul-Sept 2020)
Food banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free food provided by schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food provided by community organisations/allotment schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradford Street Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food from faith based organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food from friends/neighbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food from family (not living in your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered other, could you please describe \_\_\_\_\_

30) 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

31) 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

32) 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"/>

## Health

Now we would like to know a bit about your health.

- 33) How would you describe your health generally?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
  - Don't know
  - Do not wish to answer

- 34) How often do you currently do any kind of physical activity?
- Every day
  - Most days
  - 1 or 2 days a week
  - Never

- 35) How often do you do any kind of physical activity outside?
- Every day
  - Most days
  - 1 or 2 days a week
  - Never

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

\_\_\_\_\_

(Enter a number of hours)

37) Under each heading, please tick ONE box that best describes your health TODAY.

- Mobility
- I have no problems in walking about
  - I have slight problems in walking about
  - I have moderate problems in walking about
  - I have severe problems in walking about
  - I am unable to walk about

- Self-care
- I have no problems washing or dressing myself
  - I have slight problems washing or dressing myself
  - I have moderate problems washing or dressing myself
  - I have severe problems washing or dressing myself
  - I am unable to wash or dress myself

- Usual activities
- I have no problems doing my usual activities
  - I have slight problems doing my usual activities
  - I have moderate problems doing my usual activities
  - I have severe problems doing my usual activities
  - I am unable to do my usual activities

- Pain/discomfort
- I have no pain or discomfort
  - I have slight pain or discomfort
  - I have moderate pain or discomfort
  - I have severe pain or discomfort
  - I have extreme pain or discomfort

- Anxiety/depression
- I am not anxious or depressed
  - I am slightly anxious or depressed
  - I am moderately anxious or depressed
  - I am severely anxious or depressed
  - I am extremely anxious or depressed

**Health continued**

38) How worried are you about the risk of you and your child(ren) catching Covid-19 doing the following activities?

	Not at all worried	Somewhat worried	Very worried	Extremely worried
Leaving my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting parks or green spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to restaurants or cafes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting up with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren) going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39) 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

40) Have you had the flu vaccine in the last year?

- Yes  
 No  
 Don't know

41) Which of the following best describes your thoughts about getting vaccinated against coronavirus (Covid-19), once a vaccine becomes available to you?

- I've not yet thought about getting vaccinated against Covid-19  
 I'm not yet sure about getting vaccinated against Covid-19  
 I've decided I DON'T want to get vaccinated against Covid-19  
 I've decided I DO want to get vaccinated against Covid-19

What is your main reason for this?

\_\_\_\_\_

42) Which of the following best describes your thoughts about getting your child(ren) vaccinated against coronavirus (Covid-19), once a vaccine becomes available to you?

- I've not yet thought about getting my child(ren) vaccinated against Covid-19  
 I'm not yet sure about getting my child(ren) vaccinated against Covid-19  
 I've decided I DON'T want to get my child(ren) vaccinated against Covid-19  
 I've decided I DO want to get my child(ren) vaccinated against Covid-19

What is your main reason for this?

\_\_\_\_\_



**Wellbeing**

Next we would like to ask some questions about your mental health and wellbeing.

43) 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"/>

**Wellbeing continued**

44) 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 - or that you are a failure or have let yourself or your family down	<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 - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45) 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

46) Overall, to what extent do you feel that the things you do in your life are worthwhile? (Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile').

- 0 = Not at all worthwhile  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 = Completely worthwhile

**Your worries and concerns**

This section of the questionnaire is for you to tell us about your recent worries, concerns and positive experiences.

47) What are your three biggest worries right now? (Please write your biggest worry first)

Worry 1:

\_\_\_\_\_

Worry 2:

\_\_\_\_\_

Worry 3:

\_\_\_\_\_

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

\_\_\_\_\_

49) Can you tell us whether there are any parts of your life that have continued to be easier or more enjoyable since lockdown first began in March?

\_\_\_\_\_

**Your Child(ren) aged 0-4 years**

Now we are going to ask you some questions about your child(ren). When answering these questions please think about your pre-school children, aged 0-4.

50) I honestly believe I have all the skills necessary to be a good parent to my child

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

### Your Child(ren) aged 0-24 months

These questions are for babies and children aged 0 to 24 months old. If you don't have a child under 24 months please go to question 60. If you have more than one child aged 0 to 24 months, answer these questions for the child that is closest to 12 months old.

51) What is the date of birth of your baby/child:

\_\_\_\_\_ (dd/mm/yyyy)

52) Apart from yourself, who regularly looks after your baby/child when you are out? (Please answer for each person REGULARLY involved. If no one, tick the 'no' option all the way down)

	Yes	No
Partner	<input type="radio"/>	<input type="radio"/>
Baby's grandparents	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>
Paid person outside baby/child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>
Paid person inside baby/child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you answered other, could you please describe \_\_\_\_\_

If you answered 'No' to all the options above, please skip to question 56.

**Your Child(ren) aged 0-24 months continued**

53) How many hours per week does your baby/child get looked after when you are out? (Please answer for each person REGULARLY involved)

	0-10 hours	11 - 20 hours	21 - 30 hours	31 - 40 hours	41 + hours
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baby's grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person outside baby/child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person inside baby/child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54) At what age did your baby/child begin to be looked after when you are out? (Please answer for each person REGULARLY involved)

	0-12 months	13-24 months	25 - 36 months	37 - 48 months	49 + months
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baby's grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person outside baby/child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person inside baby/child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55) How satisfied are you with these arrangements?

- Very satisfied  
 Fairly satisfied  
 Not at all happy

56) Does anyone at home ever read to your baby/child?

- Yes  
 No

How often does someone at home read to your baby/child?

- Occasionally  
 Once a week  
 Several times a week  
 Once a day  
 More than once a day

57) Does anyone at home ever sing to your baby/child?

- Yes  
 No

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How often does someone sing to your baby/child?

- Occasionally
- Once a week
- Several times a week
- Once a day
- More than once a day

---

58) Does anyone at home ever play with toys with your baby/child?

- Yes
- No

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How often does someone play with toys with your baby/child?

- Occasionally
- Once a week
- Several times a week
- Once a day
- More than once a day

**Me and my baby**

59) Thinking about your feelings about your baby, choose the response for each statement that feels right to you:

	Never	Sometimes	Often	Always
I enjoy looking after my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel irritated with my baby when we are together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel affectionate towards my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my baby is being difficult or trying to upset me on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can work out what my baby needs from me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I can't do things I enjoy because of my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel the changes in my life are worth it to look after my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I miss my baby when we are not together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm looking after my baby for someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When we've been apart I look forward to seeing my baby again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy playing with my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Your Child(ren) aged 2-4 years**

These questions are for children aged between 2 and 4 years old. If you don't have a child aged 2 to 4 years old please go to question 84. If you have more than one child aged 2 to 4, please answer for the child that is closest to 2 years old.

60) What is the date of birth of your child:

\_\_\_\_\_ (dd/mm/yyyy)

61) Apart from yourself, who regularly looks after your child when you are out? (Please answer for each person REGULARLY involved. If no one, tick the 'no' option all the way down)

	Yes	No
Partner	<input type="radio"/>	<input type="radio"/>
Child's grandparents	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>
Paid person outside child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>
Paid person inside child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you answered other, could you please describe \_\_\_\_\_

If you answered 'No' to all the options above, please skip to question 65.

62) How many hours per week does your child get looked after when you are out? (Please answer for each person REGULARLY involved)

	0-10 hours	11 - 20 hours	21 - 30 hours	31 - 40 hours	41 + hours
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person outside child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person inside child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Your Child(ren) aged 2-4 years continued**

63) At what age did your baby/child begin to be looked after when you are out? (Please answer for each person REGULARLY involved)

	0-12 months	13-24 months	25 - 36 months	37 - 48 months	49 + months
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend / Neighbour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person outside child's home (e.g. child minder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid person inside child's home (e.g. nanny, baby sitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day nursery (creche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64) How satisfied are you with these arrangements?

- Very satisfied  
 Fairly satisfied  
 Not at all happy

65) How often does your child do any kind of physical activity?

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

66) How often does your child do any kind of physical activity outside?

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

67) How often does your child usually brush their teeth (or have them brushed for them if they are young) with fluoride toothpaste?

- Three or more times a day  
 Twice a day  
 Once a day  
 Less than once a day  
 Never

Compared to before the pandemic, is this...

- More  
 Less  
 About the same

**Your Child(ren) aged 2-4 years continued**

68) How often does your child eat:

	Three or more times a day	Twice a day	Once a day	Less than once a day	Never
Sugary foods (this includes chocolates, biscuits, cakes, cereals, sweet pies, pastries, sweet tarts and pies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar sweetened drinks (this includes fizzy soft drinks, fruit juice, fruit squash, sports drinks, flavoured waters, energy drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compared to before the pandemic, is this...

- More  
 Less  
 About the same

69) Please give your answers to the following questions on the basis of the child's behaviour over the last six months

	Not true	Somewhat true	Certainly true
Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many worries, often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often unhappy, down-hearted or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70) Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- No  
 Yes - minor difficulties  
 Yes - definite difficulties  
 Yes - severe difficulties

If you have answered "yes", please answer the following questions about these difficulties. If no, please skip to Q74.

71) How long have these difficulties been present?

- Less than a month  
 1-5 months  
 6-12 months  
 Over a year

72) Do the difficulties upset or distress your child?

- Not at all  
 Only a little  
 Quite a lot  
 A great deal

**Your Child(ren) aged 2-4 years continued**

73) Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74) To what extent do you agree or disagree with the following statement:

- I feel confident in my ability to support my children's learning at home
- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

- 75) How many books for children do you have in your home?
- 0-10  
 11-50  
 More than 50

- 76) Does anyone at home ever read to your child?
- Yes  
 No

- How often does someone at home read to your child?
- Occasionally  
 Once a week  
 Several times a week  
 Once a day  
 More than once a day

- 77) Does anyone at home ever teach your child a sport, dance or physical activities?
- Yes  
 No

- How often does someone at home teach your child a sport, dance or physical activities?
- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

- 78) Does your child ever play with letters at home?
- Yes  
 No

- How often does your child play with letters at home?
- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

---

79) Does anyone at home ever help your child to learn the ABC or alphabet?

- Yes  
 No

---

How often does someone at home ever help your child learn the ABC or alphabet?

- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

---

80) Does anyone at home ever help your child with numbers or counting?

- Yes  
 No

---

How often does anyone at home ever help your child with numbers or counting?

- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

---

81) Does anyone at home ever teach your child any songs, poems or nursery rhymes?

- Yes  
 No

---

How often does someone teach your child songs, poems or nursery rhymes?

- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

---

82) Does your child ever paint or draw at home?

- Yes  
 No

---

How often does your child paint or draw at home?

- Occasionally or less than once a week  
 1 or 2 days a week  
 3 times a week  
 4 times a week  
 5 times a week  
 6 times a week  
 7 times a week/constantly

---

83) Does your child use their home language more than they did before lockdown?

- Yes  
 No

**Your circumstances**

84) Can you please tell us if any of the following circumstances have changed since the first coronavirus lockdown that began in March this year?

---

Your relationship with your partner

- Yes  
 No

---

The people that you live with

- Yes  
 No

---

You have moved house

- Yes  
 No

---

If you have answered YES to any of the questions please go to the next page and tell us about your new circumstances.

It is really important that we know about your new circumstances.

If you have answered NO to all of these questions you have now finished the survey.

**New circumstances**

## IF YOUR RELATIONSHIP HAS CHANGED...

85) What is your current relationship status?

Married  
 Not married but in a relationship  
 Single  
 Do not wish to answer

86) Are you currently living with your partner?

Yes  
 No

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

Yes  
 No - shared parenting

## IF THE PEOPLE YOU LIVE WITH HAS CHANGED...

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

Yes  
 No

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

\_\_\_\_\_

(Enter a number of children)

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

\_\_\_\_\_

(Enter a number of children)

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

\_\_\_\_\_

(Enter a number of children)

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

\_\_\_\_\_

(Enter a number of adults)

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

\_\_\_\_\_

(Enter a number of adults)

## IF YOU HAVE MOVED HOUSE...

94) If you have moved home please can you tell us why?

You had already planned to move before the pandemic  
 Couldn't afford the rent / mortgage payments  
 Evicted / lost home  
 Moved in with others (e.g., as social bubble, to share costs)  
 Other

If you checked other, please describe

\_\_\_\_\_

95) 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

96) 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

97) How many bedrooms are there in your home?

(Enter a number of bedrooms)

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

104) Is your outdoor space private or shared?

- Private  
 Shared

105) Is your outdoor space a ...

- Yard  
 Small garden  
 Medium garden  
 Large garden  
 Other

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

- Yes  
 No  
 Don't know