

Surveys from GitHub for ethics and study protocol

Short weekly survey

Survey preview text:

In this short survey, we will be asking you questions about how your health has been recently. This is a recurrent survey, which will allow us to capture changes in your health over time. It will usually take less than a minute to complete.

Question: short_1

We would like to know how good or bad your health has been in the last 3 days

- Bad 😞
- Neutral 😐
- Good 😊

Skip logic: None

Question: short_2

In the last week, have you spoken to a professional (in person, digitally or over the phone) about your health and received care from them?

- Yes
- No, I did not need or want care
- No, I needed or wanted care, but did not seek help

Skip logic: None

Question: short_3

Did this happen outside of the UK (abroad/overseas)?

- Yes
- No

Skip logic: responses['short_2'] == 0

Question: short_4

Where were you when you received this care

- List of over 200 countries

Skip logic: responses['short_3'] == 0

Question: short_5

What did you seek care for?

- Physical health problem
- Mental health problem
- Injury or accident
- Other

Skip logic: responses['short_2'] == 0

Question: short_6

Was it a new or an existing problem

- New acute problem
- Acute problem related to a chronic/existing problem
- Chronic/existing problem
- Other

Skip logic: responses['short_2'] == 0

Question: short_7

How was this care planned or arranged

- I made a phone call or booked online (website/app), then I spoke to or saw someone
- It was already planned / booked in advance for me
- I just walked in
- Via a 999 call after which an ambulance service was arranged
- Other

Skip logic: responses['short_3'] == 1

Question: short_8

Did you or a relative/friend call 999

- Yes

- No

Skip logic: responses['short_7'] == 3

Question: short_9

Where/from whom did you get care?

- General Practice (GP) (including home visit and via phone number 111)
- A&E only (including urgent care centre)
- A&E and Inpatient care
- A&E and Ambulatory care (outpatient A&E follow up)
- Ambulatory care only
- Hospital day care or day procedure
- Outpatient clinic at hospital (consultation only)
- A mental health care professional
- Home visit by (district) nurse
- Home carers (not nursing)
- Pharmacy
- Telephone advice only via phone number 111 (without speaking to a GP)
- Traditional healer
- Charity
- Other medical care
- Other non-medical care

Skip logic: responses['short_7'] == 0 || responses['short_7'] == 4

Question: short_10

Where/from whom did you get care?

- General Practice (GP) (including home visit)
- Ambulatory care (outpatient A&E follow up)
- Hospital day care or day procedure
- Outpatient clinic at hospital (consultation only)
- A mental health care professional
- Home visit by (district) nurse
- Home carers (not nursing)
- Traditional healer
- Charity
- Other medical care
- Other non-medical care

Skip logic: responses['short_7'] == 1

Question: short_11

Where/from whom did you get care?

- General Practice (GP)
- A&E only (including urgent care centre)
- A&E and Inpatient care
- A&E and Ambulatory care (outpatient A&E follow up)
- Traditional healer
- Charity
- Other medical care
- Other non-medical care

Skip logic: responses['short_7'] == 2

Question: short_12

Where/from whom did you get care

- A&E only (including urgent care centre)
- A&E and Inpatient care
- A&E and Ambulatory care (outpatient A&E follow up)
- Ambulance crew only

Skip logic: responses['short_7'] == 3"

Question short_13

What type of GP service did you use

- GP same day urgent appointment including seeing GP/nurse in person or phone/video call back from GP
- Home visit from a GP
- GP out of hours service via phone number 111 after which I saw GP in person or received a phone/video call back from GP
- NHS "GP at Hand" smartphone app or another remote online GP service after which I received a phone/video call back from GP
- Other

Skip logic: responses['short_9'] == 0 || responses['short_10'] == 0

Question short_14

What type of GP service did you use?

- Routine GP appointment booked in advance (including seeing a nurse)
- Home visit from a GP
- Other

Skip logic: responses['short_10'] == 0

Question short_15

What type of GP service did you walk into?

- Own GP
- Other GP surgery
- GP walk-in service/ NHS walk-in centre
- Other

Skip logic: responses['short_11'] == 0

Question short_16

We would like to know how easy it has been for you to access this care. Choose the most appropriate smiley face

- Not easy 😞
- Neutral 😐
- Easy 😊

Skip logic responses['short_3'] == 1

Question short_17

Why was this?

- I didn't feel I was taken seriously enough
- I felt ignored
- Long wait to get through on the phone for an appointment
- Difficult telephone/online booking system
- Unhelpful booking staff/receptionists
- There weren't any appointments available for the time or day I wanted
- The appointment was at too short notice
- The appointment wasn't soon enough
- I couldn't book ahead
- There weren't any appointments at the place I wanted
- The appointment was too far away / too difficult to get to
- Access for disabled persons was limited or non-existent
- I couldn't see my preferred care provider
- The type of appointment I wanted was not available
- I am not registered with the NHS
- I am unable to register with the NHS
- I didn't know how to register with the NHS
- I found the registration process difficult
- I don't like or I am uncomfortable with western medicine
- I have a feeling that health care in the UK is too superior for me
- I am afraid of being discriminated against
- I am not sure if I have to pay for the care or not

- Difficulty affording NHS surcharge for migrants
- I don't have valid immigration documents
- I feel I don't speak English well enough to communicate properly
- Interpreter services were not or only partially available
- I am afraid of losing wages while getting care
- Getting care is difficult for me as I am a part- or full-time carer for children/relative(s)
- Another reason

Skip logic: responses['short_2'] == 2 || responses['short_16'] == 0"

Demographics 1 (About you)

Survey preview text:

In this survey, we will be asking you questions about your ethnicity, spoken languages, civil status, housing, household, occupation and religion.

Question: Demographics_part_1_1

What is your ethnicity?

- White
- Asian/ Asian British
- Black/ African/ Caribbean/ Black British
- Arab
- Mixed / multiple ethnic groups
- Any other ethnic group

Skip logic: none

Question: Demographics_part_1_2

If white, are you:

- Irish
- Gypsy or Irish Traveller
- Any other White background

Skip logic: responses['demographics_part_1_1'] == 0

Question: demographics_part_1_3

If Asian, are you:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Another other Asian Background

Skip logic: responses['demographics_part_1_1'] == 1

Question: demographics_part_1_4

If Black, are you:

- African
- Caribbean
- Any other Black/ African/ Caribbean background

Skip logic: responses['demographics_part_1_1'] == 2

Question: demographics_part_1_5

If mixed ethnicity, are you:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/ multiple ethnic background

Skip logic: responses['demographics_part_1_1'] == 4

Question: demographics_part_1_6

Which, if any, of the following best describes your religion?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

Skip logic: none

Question: demographics_part_1_7

What is your native/first language?

- List of 184 languages

Skip logic: none

Question: demographics_part_1_8

Do you speak any other language(s) other than English?

- Yes
- No

Skip logic: none

Question: demographics_part_1_9

Which one(s)?

- List of 184 languages

Skip logic: responses['demographics_part_1_8'] == 0

Question: demographics_part_1_10

What is the highest level of education you have completed?

- Early childhood education (<4 years old)
- Primary education (4-11 years old)
- Secondary education (11-18 years old)
- Vocational or technical programs
- Bachelors degree
- Masters degree
- Doctoral equivalent (PhD)

Skip logic: none

Question: demographics_part_1_11

Civil status, are you:

- Single, never married or registered in a civil partnership
- Married
- Civil partnership
- Divorced
- Widowed
- Separated

Skip logic: none

Question: demographics_part_1_12

Living arrangements, are you:

- Living in a couple/cohabiting
- Not living in a couple/cohabiting

*Skip logic: responses['demographics_part_1_11'] == 0 ||
responses['demographics_part_1_11'] == 1 || responses['demographics_part_1_11']
== 2 || responses['demographics_part_1_11'] == 4*

Question: demographics_part_1_13

Living arrangements, are you currently:

- Living with new partner/cohabiting
- Living with former partner/cohabiting
- Not living in a couple/cohabiting

*Skip logic: responses['demographics_part_1_11'] == 3 ||
responses['demographics_part_1_11'] == 5*

Question: demographics_part_1_14

How would you describe your accommodation?

- Own it outright
- Buying it with the help of a mortgage or loan
- Pay part rent and part mortgage (shared ownership)
- Rent it
- Live here rent free (including rent free in relative's/friend's property or via government arranged housing; excluding squatting)
- Squatting
- Homeless
- Living in a hotel/hostel/B&B/bedsit
- Other

Skip logic: none

Question: demographics_part_1_15

What were you doing last week?

- Studying full-time
- In paid full-time employment (30 hours or more a week)
- Full-time self-employed (30 hours or more a week)
- In paid part-time employment (less than 30 hours a week)
- Part-time self-employed (less than 30 hours a week)
- Doing unpaid work for your own/a relative's business
- Waiting to take up paid work (already arranged)
- Not looking for work (choose not to work)
- Looking for work, but unable to find suitable work
- Intending to look for work, but prevented by temporary sickness or injury
- Permanently unable to work because of long-term sickness or disability
- Retired from paid work
- Looking after home or family

- No legal right to work in the UK
- Doing something else

Skip logic: none

Survey adapted from several sources, including:

Health Survey for England (2016):

From the “Household questionnaire” section:

1. Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
 - Own it outright
 - Buying it with the help of a mortgage or loan
 - Pay part rent and part mortgage (shared ownership)
 - Rent it
 - Live here rent free (including rent free in relative's/friend's property; excluding squatting)
 - Squatting
2. Which of these descriptions applies to what you/name (Household Reference Person) were doing last week, that is in the seven days ending (date last Sunday)?
 - Going to school or college full-time (including on vacation)
 - In paid employment or self-employed (or temporarily away)
 - On a Government scheme for employment training
 - Doing unpaid work for a business that you own, or that a relative owns
 - Waiting to take up paid work already obtained
 - Looking for paid work or a Government training scheme
 - Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
 - Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-65 OR WOMEN AGED 16-62)
 - Retired from paid work
 - Looking after home or family
 - Doing something else

Demographics 2 (About you II)

Survey preview text:

In this survey, we will be asking you questions about your health over the last 12 months.

Question: demographics_part_2_1

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- Yes
- No

Skip logic: none

Question: demographics_part_2_2

Which condition(s)?

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Other lung condition
- Heart attack or chronic consequences of heart attack
- Heart failure
- Other heart condition
- High blood pressure (hypertension)
- Stroke (cerebral bleed, cerebral thrombosis) or chronic consequences of stroke
- Alzheimer's disease or other cause of dementia
- Cancer (diagnosis or treatment in the last 5 years)
- A neurological condition, such as epilepsy
- Osteoarthritis
- Other type of arthritis
- Low back pain or other chronic back defect
- Neck pain or other chronic neck defect
- Diabetes
- Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)
- Rehabilitation from (resolved) Covid-19 infection
- Another viral or bacterial infection such as HIV or TB
- Liver disease
- Other digestive tract condition
- Urinary incontinence, problems in controlling the bladder
- Kidney problems

- Depression
- Anxiety
- Post Traumatic Stress Disorder (PTSD)
- Other mental health condition
- Deafness or hearing loss
- Blindness or Partial sight
- A learning disability
- Autism or autism spectrum condition
- Other

Skip logic: responses['demographics_part_2_1'] == 0

Question: demographics_part_2_3

Do any of these conditions reduce your ability to carry out your day-to-day activities?

- Yes, a lot
- Yes, a little
- No, not at all

Skip logic: responses['demographics_part_2_1'] == 0

Question: demographics_part_2_4

How confident are you that you can manage any issues arising from your condition?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know

Skip logic: responses['demographics_part_2_1'] == 0

Question: demographics_part_2_5

In the last 12 months have you had enough support from local services or organisations to help you manage your condition(s)?

Please think about all services and organisations, not just health services (e.g. financial/housing)

- Yes, definitely
- Yes, to some extent
- No
- I haven't needed support
- Don't know/ can't say

Skip logic: responses['demographics_part_2_1'] == 0

Question: demographics_part_2_6

In the last 12 months have you had any unexpected stays in hospital because of your condition(s)?

- Yes
- No

Skip logic: responses['demographics_part_2_1'] == 0

Question: demographics_part_2_7

Are you currently pregnant?

- Not applicable
- No
- Yes

Skip logic: none

Question: demographics_part_2_8

If currently pregnant, how long have you been pregnant?

- Less than 12 weeks
- 12 to 24 weeks
- More than 24 weeks

Skip logic: responses['demographics_part_2_7'] == 2

Question: demographics_part_2_9

Have you had enough support from health services to help you manage your pregnancy?

- Yes, definitely
- Yes, to some extent
- No
- I haven't needed support
- Don't know/ can't say

Skip logic: responses['demographics_part_2_7'] == 2

Question: demographics_part_2_10

How tall are you?

- Scale: 100 – 250 cms

Skip logic: none

Question: demographics_part_2_11

What is your weight?

- Scale: 30 – 200 kg

Skip logic: none

Survey adapted from several sources, including:

Health Survey for England (2016)

From the “Individual Questionnaire” section:

1. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
 - Yes
 - No

Office for National Statistics (ONS) GP Patient Survey (2018)

From “Your Health” section, Q 34 - 39

1. Do you have any long-term physical or mental health conditions, disabilities or illnesses? By long-term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.
 - Yes
 - No
 - Don't know / can't say
 - I would prefer not to say
2. Which, if any, of the following long-term conditions do you have? Please put an 8 in all the boxes that apply to you.
 - Alzheimer's disease or other cause of dementia
 - Arthritis or ongoing problem with back or joints
 - Blindness or partial sight
 - A breathing condition such as asthma or COPD
 - Cancer (diagnosis or treatment in the last 5 years)

- Deafness or hearing loss
- A developmental disability, such as autism or ADHD
- Diabetes
- A heart condition, such as angina or atrial fibrillation
- High blood pressure
- Kidney or liver disease
- A learning disability
- A mental health condition
- A neurological condition, such as epilepsy
- A stroke (which affects your day-to-day life)
- Another long-term condition or disability
- I do not have any long-term conditions.

3. Do any of these conditions reduce your ability to carry out your day-to-day activities?

- Yes, a lot
- Yes, a little
- No, not at all

4. How confident are you that you can manage any issues arising from your condition (or conditions)?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know

5. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Please think about all services and organisations, not just health services.

- Yes, definitely
- Yes, to some extent
- No
- I haven't needed support
- Don't know / can't say

6. In the last 12 months have you had any unexpected stays in hospital because of your condition (or conditions)?

- Yes
- No

Depression (Mood)

Survey preview text:

In this survey, we will be asking you questions about your mood and its effect on your life. It contains questions about your mental health. If you feel distressed at any point and you feel you need professional support, we advise you to talk to your GP or visit the 'Resources' section in the app.

Question: depression_1 (Information)

Read this carefully:

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

Question: depression_2

Little interest or pleasure in doing things

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

Skip logic: none

Question: depression_3

Feeling down, depressed or hopeless

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

Skip logic: none

Question: depression_4

Trouble falling or staying asleep, or sleeping too much?

- Not at all
- Several days
- More than half the days

- Nearly every day

Skip logic: none

Question: depression_5

Feeling tired or having little energy?

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

Skip logic: none

Question: depression_6

Poor appetite or overeating?

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

Skip logic: none

Question: depression_7

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

Skip logic: none

Question: depression_8

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

Skip logic: none

Question: depression_9

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?

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

Skip logic: none

Survey adapted from:

Patient Health Questionnaire depression scale (PHQ-8)

Over the last 2 weeks, how often have you been bothered by any of the following:

1. Little interest or pleasure in doing things?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
2. Feeling down, depressed, or hopeless?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
3. Trouble falling or staying asleep, or sleeping too much?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
4. Feeling tired or having little energy?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
5. Poor appetite or overeating?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day

6. 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
7. 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
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety restless that you have been moving around a lot more than usual?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day

Employment

Survey preview text:

In this survey, we will be asking you questions about occupational (workplace) health. This includes questions about any injuries sustained or illnesses developing during, or because of, your work.

Question: employment_1

Thinking of the last 12 months, have you had any accident resulting in injury at work or in the course of your commute to work?

- Yes
- No

Skip logic: none

Question: employment_2

Was that (most recent) injury caused by...?

- An accident during work
- A (road) accident during your commute to work
- In some other way

Skip logic: responses['employment_1'] == 0

Question: employment_3

How soon were you able to start working again after the accident?

- Still off paid work
- Same day
- The day after the accident
- On the second day after the accident
- On the third day after the accident
- On the fourth day after the accident
- On the fifth day or longer after the accident
- Don't know/Can't remember

Skip logic: responses['employment_1'] == 0

Question: employment_4

How many days after the accident did you go back to work?

- Scale: 0 – 365 Days

Skip logic: responses['employment_3'] == 6

Question: employment_5

Thinking of your most recent injury at work, how would you describe the injury you sustained?

- Amputation (not loss of fleshy finger tips, teeth or nails - count as superficial)
- Fracture/broken bones (excluding the nose)
- Dislocation of joints (without fracture)
- Strain/sprain
- Superficial (inc. bruising, abrasions, scratches, foreign body in eye)
- Lacerations/ open wounds
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eyeball, or any penetrating injury to the eyeball (not the eye area of the face generally)
- Burns/ scalds (not to the eye)
- Lack of oxygen (asphyxia) or poisoning
- Multiple injuries, no one injury type obviously more severe
- Other type of injury

Skip logic: responses['employment_1'] == 0

Question: employment_6

Which bones did you fracture/break?

- Fingers or thumbs
- Toes
- Wrist or ankle
- Other bones in hand or foot
- Other bones in arm or leg
- Head, neck, spine or pelvis
- Other bones

Skip logic: responses['employment_5'] == 1

Question: employment_7

Within the last 12 months, did you have any physical or mental health problems — other than injuries — that were caused by your work?

- Yes
- No
- Don't know

Skip logic: none

Question: employment_8

How many health problems did you have (in the last 12 months) that were caused by your work?

- Scale: 1 – 10

Skip logic: responses['employment_7'] == 0

Question: employment_9

How would you describe this/these health problem(s)?

- Bone, joint or muscle problems which mainly affect (or is mainly connected with) arms, hands, neck or shoulder
- Hips, legs or feet problems
- Back problems
- Breathing or lung problems
- Skin problems
- Hearing problems
- Stress, depression or anxiety
- Headache and/or eyestrain
- Heart disease / attack, other circulatory system
- Infectious disease (virus, bacteria)
- Other

Skip logic: responses['employment_7'] == 0

Question: employment_10

In the last 12 months, how much time off work have you had because of this/these health problem(s)?

- No time off work
- Less than one day
- 1 to 3 days, (Work days)
- 4 to 6 days, (Work days)
- At least 1 week but less than 2 weeks
- At least 2 weeks but less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 9 months

- At least 9 months but less than one year
- More than one year

Skip logic: responses['employment_7'] == 0

Question: employment_11

On average, how much money do you have a month to live on?

- Over £1365
- Under £1365
- Don't know

Skip logic: none

Survey adapted from:

Labour Force Survey Questions (2018): “Health and Injury” section

1. Thinking of the twelve months since [full date], have you had any accident resulting in injury at work or in the course of your work?
 - Yes
 - No
2. Was that (most recent) injury caused by...?
 - A road accident
 - Or in some other way?
3. How soon were you able to start working again after the accident?
 - Still off paid work HSE
 - Same day
 - The day after the accident
 - On the second day after the accident
 - On the third day after the accident
 - On the fourth day after the accident
 - On the fifth day or longer after the accident
 - Don't know
4. How many days after the accident did you go back to work?

5. (Thinking of your most recent injury) how would you describe the injury you received? Choose one code which best describes the injury
- Amputation (not loss of fleshy finger tips, teeth or nails -count as superficial)
 - Fracture/broken bones (not cartilage in nose - count as superficial)
 - Dislocation of joints (without fracture)
 - Strain/sprain
 - Superficial (inc. bruising, abrasions, scratches, foreign body in eye)
 - Lacerations/ open wounds
 - Loss of sight (temporary or permanent)
 - Chemical or hot metal burn to the eyeball, or any penetrating injury to the eyeball (not the eye area of the face generally)
 - Burns/ scalds (not to the eye)
 - Lack of oxygen (asphyxia) or poisoning
 - Other type of injury
 - Multiple injuries, no one injury type obviously more severe
6. [If fracture] Which bones did you fracture/break?
- Fingers or thumbs
 - Toes
 - Wrist or ankle
 - Other bones in hand or foot
 - Other bones in arm or leg
 - Head, neck, spine or pelvis
 - or other bones
7. (Apart from the accident you have told me about,) within the last twelve months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or by work you have done in the past?
- yes
 - no
 - don't know
8. How many illnesses have you had (in the last twelve months) that have been caused or been made worse by your work?
9. How would you describe this illness?
- bone, joint or muscle problems which mainly affect (or is mainly connected with) arms, hands, neck or shoulder,
 - ...hips, legs or feet,
 - ...back,
 - breathing or lung problems,
 - skin problems,
 - hearing problems,
 - stress, depression or anxiety,
 - headache and/or eyestrain,
 - heart disease / attack, other circulatory system,

- Infectious disease (virus, bacteria)
- Other

10. In the last twelve months, how much time off work have you had because of this illness?

- no time off work
- less than one day
- 1 to 3 days, (Work days)
- 4 to 6 days, (Work days)
- at least 1 week but less than 2 weeks
- at least 2 weeks but less than 1 month
- at least 1 month but less than 3 months
- at least 3 months but less than 6 months
- at least 6 months but less than 9 months
- at least 9 months but less than one year

Engagement (Interest)

Survey preview text:

The following question will allow us to learn more about your ongoing engagement with the HOME app.

Question: engagement_1

Please answer the following questions with regard to your most recent use of the HOME App:

How strongly did experience interest in the HOME App?

- Scale: 1 (Not at all) – 4 (moderately) – 7 (Extremely)

Skip logic: none

Survey adapted from:

Digital Behaviour Change Intervention (DBCI) Engagement Scale

Scale items:

1. How strongly did you experience interest?
2. How strongly did you experience intrigue?
3. How strongly did you experience focus?
4. How strongly did you experience inattention?
5. How strongly did you experience distraction?
6. How strongly did you experience enjoyment?
7. How strongly did you experience pleasure?
8. How strongly did you experience annoyance?
9. Which of the app's components did you visit?
10. How much time do you roughly think that you spent on the app?" (seconds)

Food security

Survey preview text:

In this survey, we will be asking if you, or your household, experienced any disruptions to food supply in the last year and, if so, how severe this has been.

Question: food_security_1 (information)

Read this carefully:

For the following two statements, please tell us whether the statement was often true, sometimes true, or never true for you/your household in the last 12 months

Question: food_security_2

'The food that I bought just didn't last, and I didn't have money to get more'

- Often true
- Sometimes true
- Never true
- Don't know

Skip logic: none

Question: food_security_3

'I/we couldn't afford to eat balanced meals'

- Often true
- Sometimes true
- Never true
- Don't know

Skip logic: none

Question: food_security_4

In the last 12 months, 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

Skip logic: none

Question: food_security_5

How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

Skip logic: responses['food_security_4'] == 0

Question: food_security_6

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know

Skip logic: none

Question: food_security_7

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know

Skip logic: none

Survey adapted from:

**U.S. Household Food Security Survey Module: Six-Item Short Form
(September 2012)**

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months—that is, since last (name of current month).

1. The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
 - Often true
 - Sometimes true
 - Never true
 - DK or Refused
2. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
 - Often true
 - Sometimes true
 - Never true
 - DK or Refused
3. In the last 12 months, since last (name of current month), did (you/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 (Skip AD1a)
 - DK (Skip AD1a)
4. [IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?
 - Almost every month
 - Some months but not every month
 - Only 1 or 2 months
 - DK
5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
 - Yes
 - No
 - DK
6. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
 - Yes
 - No
 - DK

GP access

Survey preview text:

This survey relates to your access to a General Practitioner (GP) and your treatment in General Practice, including any barriers to care that you might have experienced.

Question: GP_access_1

After you first arrived in the UK, did you plan/try to register with a GP?

- Yes
- Did not try to register at a GP surgery
- Don't know

Skip logic: none

Question: GP_access_2

How long after you first arrived did you attempt to register with a GP?

- Scale: 0 – 36 months

Skip logic: responses['GP_access_1'] == 0

Question: GP_access_3

Who helped/advised you to get registered with a GP?

- Boyfriend/ girlfriend/ Spouse
- Parents/ siblings/ children
- Friends
- Other relatives
- Self
- No one
- Others

Skip logic: responses['GP_access_1'] == 0

Question: GP_access_4

Did you have problems registering with the GP at that time?

- Did not have a problem
- Had a problem

Skip logic: responses['GP_access_1'] == 0

Question: GP_access_5

What kind of problem did you encounter?

- Could not communicate well
- Did not have the necessary documentation
- Other

Skip logic: responses['GP_access_4'] == 1

Question: GP_access_6

Are you CURRENTLY registered with a GP in your area?

- Registered
- Not registered

Skip logic: none

Question: GP_access_7

What reasons have deterred you from registering with a GP?

- Did not see any reason to register
- Decided to go and register only if I get sick
- Don't know how to register
- Did not register as living in current address for less than 3 months
- Don't like taking western medicine
- Have a feeling that health care in UK is too superior for me
- Afraid of being discriminated against
- Not sure if I have to pay for the consultation or not
- Don't have valid immigration documents
- Cannot speak English well enough to communicate at the surgery
- Afraid of losing wages while doing registration
- The GP did not let me register
- None of the above

Skip logic: responses['GP_access_6'] == 1

Question: GP_access_8

When you had a health problem the last time, did you go to a GP/clinic?

- Never had had a health problem/never been to the GP
- Went to GP

- Did not go to the GP
- Went to A&E

Skip logic: responses['GP_access_6'] == 0

Question: GP_access_9

What is your level of satisfaction with the GP's consultation during your last visit?

- Fully satisfied
- Considerably satisfied
- Moderately satisfied
- A little satisfied
- Not satisfied at all

Skip logic: responses['GP_access_8'] == 1

Question: GP_access_10

What is your level of satisfaction concerning the information provided by your GP regarding your health problem?

- Fully satisfied
- Considerably satisfied
- Moderately satisfied
- A little satisfied
- Not satisfied at all

Skip logic: responses['GP_access_8'] == 1

Question: GP_access_11

Could you communicate well with the GP?

- Yes
- No

Skip logic: responses['GP_access_8'] == 1

Question: GP_access_12

When you visit your GP would you want/need/prefer to have an interpreter?

- Want/need/prefer to use an interpreter service
- Don't want/need/prefer to use an interpreter service

Skip logic: responses['GP_access_6'] == 0

Question: GP_access_13

Did you use interpreter services during your last GP consultation?

- Used interpreter services
- Did not use interpreter services

Skip logic: responses['GP_access_8'] == 1

Question: GP_access_14

Have you been offered interpreter services during your visit to a GP?

- Have been offered interpreter services
- Have not been offered interpreter services

Skip logic: responses['GP_access_6'] == 0

Survey adapted from:

Doctors Of The World (DOTW) 2006 survey on undocumented migrants

Health Literacy

Survey preview text:

The following questions are about your experience of being able to find, understand and use information related to health, illness and medical care in the UK.

Question: health_literacy_1 (Information)

Read this carefully

The following questions are about how easy/difficult it is for you to find, understand and use information related to health, illness and medical care in the UK.

Question: health_literacy_2

How easy/difficult is it for you to find information on treatments of illnesses that concern you?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_3

How easy/difficult is it for you to find out where to get professional help when you are ill (e.g. doctor, pharmacist or psychologist)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_4

How easy/difficult is it for you to understand what your doctor says to you?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_5

How easy/difficult is it for you to understand your doctor's or pharmacist's instructions on how to take a prescribed medicine?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_6

How easy/difficult is it for you to judge when you need to get a second opinion from another doctor?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_7

How easy/difficult is it for you to use information the doctor gives you to make decisions about your illness?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_8

How easy/difficult is it for you to follow instructions from your doctor or pharmacist?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_9

How easy/difficult is it for you to find information on how to manage mental health problems (e.g. stress and depression)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_10

How easy/difficult is it for you to understand warnings about behaviour (e.g. smoking, low physical activity and drinking too much)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_11

How easy/difficult is it for you to understand why you need health screenings (e.g. a breast or bowel exam, a smear test/cervical screening, blood sugar or blood pressure testing)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_12

How easy/difficult is it for you to judge if the information on health risks in the media is reliable (e.g. from TV or the internet)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_13

How easy/difficult is it for you to decide how you can protect yourself from illness based on information in the media (e.g. newspapers, leaflets and internet)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_14

How easy/difficult is it for you to find out about activities that are good for your mental wellbeing (e.g. meditation, exercise and walking)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_15

How easy/difficult is it for you to understand advice on health from your family members or friends?

- Very easy

- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_16

How easy/difficult is it for you to understand information in the media on how to get healthier (e.g. from the internet, daily or weekly magazines)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Question: health_literacy_17

How easy/difficult is it for you to judge which everyday behaviour is related to your health (e.g. eating habits, exercise habits and drinking habits)?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

Skip logic: none

Survey adapted from:

Modified version of the HLS-EU-Q16

Developed by J.Wångdahl och L. Mårtensson based on the original version, HLS-EU Consortium (2012).

Questions about health information

Questions about how it is for you to find, understand and use information related to health, illness and medical care.

Select the option on each line that best matches your answer.

	Very easy	Easy	Difficult	Very difficult	Don't know
a. How easy/difficult is it for you to find information on treatments of illnesses that concern you?					
b. How easy/difficult is it for you to find out where to get professional help when you are ill (e.g. doctor, pharmacist or psychologist)?					
c. How easy/difficult is it for you to understand what your doctor says to you?					
d. How easy/difficult is it for you to understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?					
e. How easy/difficult is it for you to judge when you need to get a second opinion from another doctor?					
f. How easy/difficult is it for you to use information the doctor gives you to make decisions about your illness?					
g. How easy/difficult is it for you to follow instructions from your doctor or pharmacist?					
h. How easy/difficult is it for you to find information on how to manage mental health problems such as stress and depression?					
i. How easy/difficult is it for you to understand warnings about behaviour (e.g. smoking, low physical activity and drinking too much)?					

j. How easy/difficult is it for you to understand why you need health screenings (such as breast exam, blood sugar- or blood pressure test)?				
k. How easy/difficult is it for you to judge if the information on health risks in the media is reliable (e.g. from TV or internet)?				
l. How easy/difficult is it for you to decide how you can protect yourself from illness based on information in media (e.g. newspapers, leaflets and internet)?				

Select the option on each line that best matches your answer.					
	Very easy	Easy	Difficult	Very difficult	Don't know
m. How easy/difficult is it for you to find out about activities that are good for your mental well-being (e.g. meditation, exercise and walking)?					
n. How easy/difficult is it for you to understand advice on health from your family members or friends?					
o. How easy/difficult is it for you to understand information in the media on how to get healthier (e.g. from the internet, daily or weekly magazines)?					
p. How easy/difficult is it for you to judge which everyday behaviour is related to your health (e.g. eating habits, exercise habits and drinking habits)?					

Neighbourhood

Survey preview text:

In this survey, we will be asking you questions in relation to your neighbourhood, including how safe you feel it is and how satisfied you are living there.

Question: neighbourhood_1

How long have you lived in your neighbourhood?

- Less than one year
- 1-5 years
- 6-9 years
- 10 years or more

Skip logic: none

Question: neighbourhood_2 (information)

Read this carefully:

How much do you agree or disagree with the following statements about your area?
By 'around here' we mean anywhere you can walk to, from your home, in 5 minutes

Question: neighbourhood_3

'I feel like I belong around here'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_4

'I trust people around here'

- Strongly agree

- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_5

'I enjoy living around here'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_6

'I think of the area around here as a real home not just a place'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_7

'I feel safe around here in the daytime'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_8

'Given the opportunity I would like to move away from here'

- Strongly agree

- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_9

'The area around here is nicely kept by its residents'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_10

'Litter is a problem around here'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_11

'Graffiti or vandalism is a problem around here'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_12

'The properties around here are too close together'

- Strongly agree

- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Question: neighbourhood_13

'There are not enough green areas or trees around here'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Skip logic: none

Survey adapted from:

Adult Psychiatric Morbidity Survey (APMS), “Social Capital and Participation” section:

The next few questions are about the area where you live.

1. How long have you lived in this area?
 - 1 Less than one year
 - 2 1-5 years
 - 3 6-9 years
 - 4 10 years or more

How much do you agree or disagree with the following statements about your area?
By ‘around here’ we mean anywhere you can walk to, from your home, in 5 minutes.

2. Please look at this card and tell me the answer that best describes your feelings.
I feel like I belong around here. INTERVIEWER: By ‘around here’ we mean anywhere you can walk to, from your home, in 5 minutes.
 - Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree

3. I trust people around here.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
4. I enjoy living around here.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
5. I think of the area around here as a real home not just a place.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
6. I feel safe around here in the daytime.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
7. Given the opportunity I would like to move away from here.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
8. The area around here is nicely kept by its residents.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
9. Litter is a problem around here.
 - ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Neither agree nor disagree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree

10. Graffiti or vandalism is a problem around here.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

11. The properties around here are too close together.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

12. There are not enough green areas or trees around here.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Physical activity

Survey preview text:

In this survey, we are interested in finding out about your physical activities. The questions will ask you about the time you spent being physically active in the last 7 days, even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Question: physical_activity_1 (information)

Read this carefully:

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Question: physical_activity_2

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

- Scale: 0 – 7 days

Skip logic: none

Question: physical_activity_3

How much time did you usually spend doing vigorous physical activities on one of those days?

- Scale: 0 – 180 minutes

Skip logic: responses['physical_activity_2'] == 1 || responses['physical_activity_2'] == 2 || responses['physical_activity_2'] == 3 || responses['physical_activity_2'] == 4 || responses['physical_activity_2'] == 5 || responses['physical_activity_2'] == 6 || responses['physical_activity_2'] == 7

Question: physical_activity_4 (information)

Read this carefully:

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Question: physical_activity_5

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking

- Scale: 0 – 7 days

Skip logic: none

Question: physical_activity_6

How much time did you usually spend doing moderate physical activities on one of those days?

- Scale: 0 – 180 minutes

Skip logic: responses['physical_activity_5'] == 1 || responses['physical_activity_5'] == 2 || responses['physical_activity_5'] == 3 || responses['physical_activity_5'] == 4 || responses['physical_activity_5'] == 5 || responses['physical_activity_5'] == 6 || responses['physical_activity_5'] == 7

Question: physical_activity_7 (information)

Read this carefully:

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

Question: physical_activity_8

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

- Scale: 0 – 7 days

Skip logic: none

Question: physical_activity_9

How much time did you usually spend walking on one of those days?

- Scale: 0 – 240 minutes

Skip logic: responses['physical_activity_8'] == 1 || responses['physical_activity_8'] == 2 || responses['physical_activity_8'] == 3 || responses['physical_activity_8'] == 4 || responses['physical_activity_8'] == 5 || responses['physical_activity_8'] == 6 || responses['physical_activity_8'] == 7

Question: physical_activity_10 (information)

Read this carefully:

The next question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

Question: physical_activity_11

During the last 7 days, how much time did you spend sitting on a weekday?

- Scale: 0 – 18 hours

Skip logic: none

Question: physical_activity_12 (information)

Read this carefully:

The next questions refer to specific types of activity/exercise during the past twelve months

Question: physical_activity_13

We would like to know the type and amount of physical activity involved in your work

- Sedentary occupation — you spend most of your time sitting (such as in an office)

- Standing occupation — you spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard, etc.)
- Physical work — this involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc.)
- Heavy manual work — this involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker, etc.)

Skip logic: none

Question: physical_activity_14 (information)

Read this carefully:

In a typical week during the past 12 months, how many hours did you spend on each of the following activities?

Question: physical_activity_15

Walking, including walking to work, shopping and leisure — in summer

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_16

Walking, including walking to work, shopping and leisure — in winter

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_17

Cycling, including cycling to work and during leisure time — in summer

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_18

Cycling, including cycling to work and during leisure time — in winter

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_19

Gardening — in summer

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_20

Gardening — in winter

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_21

Housework such as cleaning, washing, cooking, childcare

- Scale: 0 – 84 hours per week

Skip logic: none

Question: physical_activity_22

Other physical exercise such as keep fit, aerobics, swimming, jogging — in summer

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_23

Other physical exercise such as keep fit, aerobics, swimming, jogging — in winter

- Scale: 0 – 42 hours per week

Skip logic: none

Question: physical_activity_24

In a typical week during the past year, did you practise any of these activities vigorously enough to cause sweating or a faster heartbeat?

- Yes
- No
- Don't know

Skip logic: none

Question: physical_activity_25

For how many hours per week in total did you practise such vigorous physical activity?

- Scale: 0 – 42 hours per week

Skip logic: responses['physical_activity_24'] == 0

Question: physical_activity_26

In a typical day during the past 12 months, how many floors of stairs did you climb up?

- Scale: 0 – 30

Skip logic: none

Survey adapted from:

1. International Physical Activity Questionnaire (IPAQ): Short form

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you

do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

I. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ **days per week**

No vigorous physical activities ***Skip to question 3***

II. How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

III. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ **days per week**

No moderate physical activities ***Skip to question 5***

IV. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

V. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

_____ **days per week**

No walking ***Skip to question 7***

VI. How much time did you usually spend **walking** on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

VII. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

2. Short European Prospective Investigation into Cancer and Nutrition (EPIC) physical activity questionnaire

- I. We would like to know the type and amount of physical activity involved in your work. Please tick what best corresponds to your present activities from the following four possibilities:
- Sedentary occupation — You spend most of your time sitting (such as in an office)
 - Standing occupation — You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard, etc.)
 - Physical work — This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc.)
 - Heavy manual work — This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker, etc.)

II. In a typical week during the past 12 months, how many hours did you spend on each of the following activities? (Put '0' if none)

- Walking, including walking to work, shopping and leisure
in summer _____ hours per week
in winter _____ hours per week
- Cycling, including cycling to work and during leisure time
in summer _____ hours per week
in winter _____ hours per week
- Gardening
in summer _____ hours per week
in winter _____ hours per week
- Housework such as cleaning, washing, cooking, childcare
_____ hours per week
- Do-it-yourself
_____ hours per week
- Other physical exercise such as keep fit, aerobics, swimming, jogging
in summer _____ hours per week
in winter _____ hours per week

III. In a typical week during the past year did you practise any of these activities vigorously enough to cause sweating or a faster heartbeat?

- Yes
- No
- Don't know

If yes, for how many hours per week in total did you practise such vigorous physical activity? (Put '0' if none)

_____ hours per week

IV. In a typical day during the past 12 months, how many floors of stairs did you climb up? (Put '0' if none)

_____ floors per day

Sexual health

Survey preview text:

In this survey, we will be asking you questions about your sexual health, including use of contraception and sexual health services. You can find further information about sexual and reproductive health in the “Resources” section in the app.

Question: sexual_health_1

Which of these have you used to prevent pregnancy, sexually transmitted infections (STI), or for any other reason (e.g. pill to help with acne, pill for stopping menstruation)?

- Does not apply, I haven't had sex
- No method used – ever
- Avoiding penetrative sex
- Withdrawal (not ejaculating in a partner's mouth, vagina, or anus)
- Partner has been /I have been sterilized or had a vasectomy
- Male condom
- Spermicides (foams/gels/sprays/pessaries)
- Female condom
- Cap/diaphragm
- Dental dams
- Combined oral contraceptive pill
- Progesterone only contraceptive pill
- Contraceptive pill – don't know which type
- Emergency contraceptive pill/morning after pill
- Hormonal IUS (e.g. Mirena, Jaydress, Kyleena, Levosert)
- Copper coil/intra-uterine device (IUD)
- Emergency copper coil/intra-uterine device (IUD)
- Vaginal ring (e.g. NuvaRing)
- Contraceptive patch (e.g. EVRA)
- Injections
- Implants
- Safe period/calendar method/rhythm method
- Fertility awareness apps or devices
- Pre-Exposure Prophylaxis (PrEP) drug
- Post-exposure prophylaxis (PEP) to prevent HIV
- Other method of protection

Skip logic: none

Question: sexual_health_2

Which of these have you or a partner used together in the last year?

- No method used – ever
- Avoiding penetrative sex
- Withdrawal (not ejaculating in a partner's mouth, vagina, or anus)
- Partner has been /I have been sterilized or had a vasectomy
- Male condom
- Spermicides (foams/gels/sprays/pessaries)
- Female condom
- Cap/diaphragm
- Dental dams
- Combined oral contraceptive pill
- Progesterone only contraceptive pill
- Contraceptive pill – don't know which type
- Emergency contraceptive pill/morning after pill
- Hormonal IUS (e.g. Mirena, Jaydress, Kyleena, Levosert)
- Copper coil/intra-uterine device (IUD)
- Emergency copper coil/intra-uterine device (IUD)
- Vaginal ring (e.g. NuvaRing)
- Contraceptive patch (e.g. EVRA)
- Injections
- Implants
- Safe period/calendar method/rhythm method
- Fertility awareness apps or devices
- Pre-Exposure Prophylaxis (PrEP) drug
- Post-exposure prophylaxis (PEP) to prevent HIV
- Other method of protection

Skip logic: responses['sexual_health_1'] == 1 || responses['sexual_health_1'] == 2 || responses['sexual_health_1'] == 3 || responses['sexual_health_1'] == 4 || responses['sexual_health_1'] == 5 || responses['sexual_health_1'] == 6 || responses['sexual_health_1'] == 7 || responses['sexual_health_1'] == 8 || responses['sexual_health_1'] == 9 || responses['sexual_health_1'] == 10 || responses['sexual_health_1'] == 11 || responses['sexual_health_1'] == 12 || responses['sexual_health_1'] == 13 || responses['sexual_health_1'] == 14 || responses['sexual_health_1'] == 15 || responses['sexual_health_1'] == 16 || responses['sexual_health_1'] == 17 || responses['sexual_health_1'] == 18 || responses['sexual_health_1'] == 19 || responses['sexual_health_1'] == 20 || responses['sexual_health_1'] == 21 || responses['sexual_health_1'] == 22 || responses['sexual_health_1'] == 23 || responses['sexual_health_1'] == 24 || responses['sexual_health_1'] == 25

Question: sexual_health_3

Thinking about this/these method(s) where do you or a partner normally get this supplied or fitted?

If from multiple places, please choose the one you get it from most often

- Sexual health (GUM) clinic / family planning clinic / reproductive health clinic
- At a GP surgery with either a GP/family doctor or a nurse
- NHS post-natal clinic / midwife / obstetrician
- Private doctor or clinic
- Young People's clinic (e.g. Brook clinic)
- Pharmacy / Chemist
- Free from online source
- Paid for from online source
- School / college / university services
- Over the counter at a petrol station / supermarket / other shop
- Vending machine
- Hospital accident and emergency (A & E) department
- Somewhere else

Skip logic: responses['sexual_health_2'] == 1 || responses['sexual_health_2'] == 2 || responses['sexual_health_2'] == 3 || responses['sexual_health_2'] == 4 || responses['sexual_health_2'] == 5 || responses['sexual_health_2'] == 6 || responses['sexual_health_2'] == 7 || responses['sexual_health_2'] == 8 || responses['sexual_health_2'] == 9 || responses['sexual_health_2'] == 10 || responses['sexual_health_2'] == 11 || responses['sexual_health_2'] == 12 || responses['sexual_health_2'] == 13 || responses['sexual_health_2'] == 14 || responses['sexual_health_2'] == 15 || responses['sexual_health_2'] == 16 || responses['sexual_health_2'] == 17 || responses['sexual_health_2'] == 18 || responses['sexual_health_2'] == 19 || responses['sexual_health_2'] == 20 || responses['sexual_health_2'] == 21 || responses['sexual_health_2'] == 22 || responses['sexual_health_2'] == 23 || responses['sexual_health_2'] == 24

Question: sexual_health_4

In the last year, have you and a partner used condoms together?

- Not used condoms
- Yes, to prevent pregnancy
- Yes, to protect against HIV
- Yes, to protect against other sexually transmitted infections

Skip logic: responses['sexual_health_2'] == 1 || responses['sexual_health_2'] == 2 || responses['sexual_health_2'] == 3 || responses['sexual_health_2'] == 4 || responses['sexual_health_2'] == 5 || responses['sexual_health_2'] == 6 || responses['sexual_health_2'] == 7 || responses['sexual_health_2'] == 8 || responses['sexual_health_2'] == 9 || responses['sexual_health_2'] == 10 || responses['sexual_health_2'] == 11 || responses['sexual_health_2'] == 12 || responses['sexual_health_2'] == 13 || responses['sexual_health_2'] == 14 || responses['sexual_health_2'] == 15 || responses['sexual_health_2'] == 16 || responses['sexual_health_2'] == 17 || responses['sexual_health_2'] == 18 || responses['sexual_health_2'] == 19 || responses['sexual_health_2'] == 20 ||

*responses['sexual_health_2'] == 21 || responses['sexual_health_2'] == 22 ||
responses['sexual_health_2'] == 23 || responses['sexual_health_2'] == 24*

Question: sexual_health_5

Have you ever attended a sexual health clinic (GUM clinic)?
(Please do not include 'online STI testing services')

- Yes
- No

*Skip logic: responses['sexual_health_1'] == 1 || responses['sexual_health_1'] == 2 ||
responses['sexual_health_1'] == 3 || responses['sexual_health_1'] == 4 ||
responses['sexual_health_1'] == 5 || responses['sexual_health_1'] == 6 ||
responses['sexual_health_1'] == 7 || responses['sexual_health_1'] == 8 ||
responses['sexual_health_1'] == 9 || responses['sexual_health_1'] == 10 ||
responses['sexual_health_1'] == 11 || responses['sexual_health_1'] == 12 ||
responses['sexual_health_1'] == 13 || responses['sexual_health_1'] == 14 ||
responses['sexual_health_1'] == 15 || responses['sexual_health_1'] == 16 ||
responses['sexual_health_1'] == 17 || responses['sexual_health_1'] == 18 ||
responses['sexual_health_1'] == 19 || responses['sexual_health_1'] == 20 ||
responses['sexual_health_1'] == 21 || responses['sexual_health_1'] == 22 ||
responses['sexual_health_1'] == 23 || responses['sexual_health_1'] == 24 ||
responses['sexual_health_1'] == 25*

Question: sexual_health_6

When was that?
(The last time, if more than once)

- In the last year
- Between 1 and 5 years ago
- More than 5 years ago

Skip logic: responses['sexual_health_5'] == 0

Question: sexual_health_7

Why did you attend a sexual health clinic the last time?

- I wanted a general sexual health check-up
- I had no symptoms, but I was worried about the risk of STIs/HIV
- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with an STI
- Check-up after a previous positive test
- As follow-up to an online test
- I was told to attend by my GP/family doctor or another healthcare professional

- I needed contraception

Skip logic: responses['sexual_health_5'] == 0

Question: sexual_health_8

Have you ever used an online STI testing service?

(This refers specifically to the use of online STI consultation and testing services, and does not include booking an in-person appointment online)

- Yes
- No

Skip logic: responses['sexual_health_1'] == 1 || responses['sexual_health_1'] == 2 || responses['sexual_health_1'] == 3 || responses['sexual_health_1'] == 4 || responses['sexual_health_1'] == 5 || responses['sexual_health_1'] == 6 || responses['sexual_health_1'] == 7 || responses['sexual_health_1'] == 8 || responses['sexual_health_1'] == 9 || responses['sexual_health_1'] == 10 || responses['sexual_health_1'] == 11 || responses['sexual_health_1'] == 12 || responses['sexual_health_1'] == 13 || responses['sexual_health_1'] == 14 || responses['sexual_health_1'] == 15 || responses['sexual_health_1'] == 16 || responses['sexual_health_1'] == 17 || responses['sexual_health_1'] == 18 || responses['sexual_health_1'] == 19 || responses['sexual_health_1'] == 20 || responses['sexual_health_1'] == 21 || responses['sexual_health_1'] == 22 || responses['sexual_health_1'] == 23 || responses['sexual_health_1'] == 24 || responses['sexual_health_1'] == 25

Question: sexual_health_9

When was that?

(The last time, if more than once)

- In the last year
- Between 1 and 5 years ago
- More than 5 years ago

Skip logic: responses['sexual_health_8'] == 0

Question: sexual_health_10

Now, thinking about the last time you wanted to access any sexual health services, were you able to?

- Yes, at a face-to-face clinic within 48 hours
- Yes, at a face-to-face clinic within 2 weeks
- Yes, at a face-to-face clinic after more than 2 weeks
- Yes, online

- No, I was unable to
- I have never wanted to access a sexual health service

Skip logic: responses['sexual_health_1'] == 1 || responses['sexual_health_1'] == 2 || responses['sexual_health_1'] == 3 || responses['sexual_health_1'] == 4 || responses['sexual_health_1'] == 5 || responses['sexual_health_1'] == 6 || responses['sexual_health_1'] == 7 || responses['sexual_health_1'] == 8 || responses['sexual_health_1'] == 9 || responses['sexual_health_1'] == 10 || responses['sexual_health_1'] == 11 || responses['sexual_health_1'] == 12 || responses['sexual_health_1'] == 13 || responses['sexual_health_1'] == 14 || responses['sexual_health_1'] == 15 || responses['sexual_health_1'] == 16 || responses['sexual_health_1'] == 17 || responses['sexual_health_1'] == 18 || responses['sexual_health_1'] == 19 || responses['sexual_health_1'] == 20 || responses['sexual_health_1'] == 21 || responses['sexual_health_1'] == 22 || responses['sexual_health_1'] == 23 || responses['sexual_health_1'] == 24 || responses['sexual_health_1'] == 25

Question: sexual_health_11

Have you ever been told by a doctor or other healthcare professional that you have any of the following?

- Chlamydia
- Gonorrhoea
- Mycoplasma genitalium (MGen)
- Genital warts
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Genital herpes
- Pubic lice (crabs)
- Hepatitis B
- Hepatitis C
- HIV
- NSU (non-specific urethritis) or NGU (non-gonococcal urethritis)
- Epididymitis
- Pelvic inflammatory disease (PID, salpingitis)
- Vaginal thrush (candida, yeast infection)
- Bacterial vaginosis (BV)
- HPV (human papillomavirus)
- Yes, but can't remember which
- None of these

Skip logic: none

Question: sexual_health_12

Have you ever had a test for HIV?

- Yes

- No
- Don't know

Skip logic: none

Question: sexual_health_13

When was your most recent HIV test?
(The last time, if more than once)

- In the last 3 months
- Between 3 months and 1 year ago
- Between 1-5 years ago
- More than 5 years ago

Skip logic: responses['sexual_health_12'] == 0

Question: sexual_health_14

Where were you last tested for HIV?

- Sexual health clinic (GUM clinic)
- GP/family doctor surgery
- At home using a test ordered online
- Family planning/contraceptive clinic/reproductive health clinic
- During pregnancy through antenatal clinic or with midwife
- Chemist or pharmacy
- Young people's clinic (e.g. Brook clinic)
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Hospital inpatient (on a ward)
- Hospital outpatient clinic
- In a non-healthcare setting, for example bar, club or community centre
- At a blood bank, while donating blood
- Somewhere else

Skip logic: responses['sexual_health_12'] == 0

Survey adapted from:

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) 4:

From “Contraception and STI prevention” section:

1. Now I'd like to ask you some questions about things affecting sex. First, from this list, could you tell me which you or **any** partner have **ever** used together, for any reason? Just tell me the code letters.

If asked, we are interested in anything the respondent has used, whether this was to prevent pregnancy, Sexually Transmitted Infections, or for any other reason (e.g. pill use to help with acne, pill for stopping menstruation)."

None

- Does not apply, I haven't had sex
- No method used – ever

Barrier

- Male condom
- Female condom
- Cap/diaphragm
- Dental dams

Sterilisation

- Partner has been /I have been sterilized or had a vasectomy

Hormonal

- Combined oral contraceptive pill
- Progesterone only contraceptive pill
- Contraceptive pill – don't know which type
- Hormonal IUS (e.g. Mirena, Jaydress, Kyleena, Levosert)
- Vaginal ring (e.g. NuvaRing)
- Contraceptive patch (e.g. EVRA)
- Injections
- Implants

Emergency

- Emergency contraceptive pill/morning after pill
- Emergency copper coil/intra-uterine device (IUD)
- Post-exposure prophylaxis (PEP) to prevent HIV

Other

- Safe period/calendar method/rhythm method/
- Withdrawal (not ejaculating in a partner's mouth, vagina, or anus)
- Fertility awareness apps or devices
- Avoiding penetrative sex
- Copper coil/intra-uterine device (IUD)
- Spermicides (foams/gels/sprays/pessaries)
- Pre-Exposure Prophylaxis (PrEP) drug
- Other method of protection (please say what)

2. And which have you or a partner used together in the last year?

None

- Does not apply, I haven't had sex
- No method used in the last year

Barrier

- Male condom
- Female condom
- Cap/diaphragm
- Dental dams

Sterilisation

- Partner has been /I have been sterilized or had a vasectomy

Hormonal

- Combined oral contraceptive pill
- Progesterone only contraceptive pill
- Contraceptive pill – don't know which type
- Hormonal IUS (e.g. Mirena, Jaydress, Kyleena, Levosert)
- Vaginal ring (e.g. NuvaRing)
- Contraceptive patch (e.g. EVRA)
- Injections
- Implants

Emergency

- Emergency contraceptive pill/morning after pill
- Emergency copper coil/intra-uterine device (IUD)
- Post-exposure prophylaxis (PEP) to prevent HIV

Other

- Safe period/calendar method/rhythm method
- Withdrawal (not ejaculating in a partner's mouth, vagina, or anus)
- Fertility awareness apps or devices
- Avoiding penetrative sex
- Copper coil/intra-uterine device (IUD)
- Spermicides (foams/gels/sprays/pessaries)
- Pre-Exposure Prophylaxis (PrEP) drug
- Other method of protection (please say what)

3. Thinking about method #1, #2 etc., where do you or a partner normally get this supplied or fitted?

If respondent usually gets this from different places, please choose the one they would get it from most often.

- Sexual health (GUM) clinic / family planning clinic / reproductive health clinic
- At a GP surgery with either a GP/family doctor or a nurse
- NHS post-natal clinic / midwife / obstetrician
- Private doctor or clinic
- Young People's clinic (e.g. Brook clinic)
- Pharmacy / Chemist
- Free from online source
- Paid for from online source
- School / college / university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Hospital accident and emergency (A & E) department
- Somewhere else

4. In the last year, have you and a partner used condoms together:

- to prevent pregnancy;
- or to protect against HIV; or
- to protect against other sexually transmitted infections

From the “Sexually Transmitted Infections” section:

5. Have you ever attended a sexual health clinic (GUM clinic)? (Please do not include 'online STI testing services')

- Yes
- No

6. When was that? (The last time if more than once.)

- In the last year
- Between 1 and 5 years ago
- More than 5 years ago

7. Why did you attend a sexual health clinic (The last time if more than once)?

Choose **all** that apply.

- I wanted a general sexual health check-up
- I had no symptoms, but I was worried about the risk of STIs/HIV
- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with an STI
- Check-up after a previous positive test
- As follow-up to an online test

- I was told to attend by my GP/family doctor or another healthcare professional
- I needed contraception

8. Have you ever used an online STI testing service? (Please do not include just booking an appointment online)

- Yes
- No

9. When was that? (The last time if more than once.)

- In the last year
- Between 1 and 5 years ago
- More than 5 years ago

10. Now, thinking about the last time you wanted to access any sexual health services, were you able to?

- Yes, at a face-to-face clinic within 48 hours
- Yes, at a face-to-face clinic within 2 weeks
- Yes, at a face-to-face clinic after more than 2 weeks
- Yes, online
- No, I was unable to
- I have never wanted to access a sexual health service

11. Have you ever been told by a doctor or other healthcare professional that you have any of the following?

Please include if you have been told by text, email, post or online.
Please type in the numbers for any that you have had.

- Chlamydia
- Gonorrhoea
- Mycoplasma genitalium (MGen)
- Genital warts
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Genital herpes
- Pubic lice (crabs)
- Hepatitis B
- Hepatitis C
- HIV
- (*those described as male at birth*) NSU (non-specific urethritis) or NGU (non-gonococcal urethritis)
- (*those described as male at birth*) Epididymitis

- *(those described as female at birth)* Pelvic inflammatory disease (PID, salpingitis)
- *(those described as female at birth)* Vaginal thrush (candida, yeast infection)
- *(those described as female at birth)* Bacterial vaginosis (BV)
- *(those described as female at birth)* HPV (human papillomavirus)
- Yes, but can't remember which
- None of these

From “HIV Testing” section:

12. Have you ever had a test for HIV?

- Yes
- No
- Maybe/Not sure

13. When was your most recent HIV test?

- In the last 3 months
- Between 3 month and 1 year ago
- Between 1-5 years ago
- More than 5 years ago

14. Where were you last tested for HIV? Please choose one answer from this list.

- Sexual health clinic (GUM clinic)
- GP/family doctor surgery
- At home using a test ordered online
- Family planning/contraceptive clinic/reproductive health clinic
- During pregnancy through ante-natal clinic or with midwife
- Chemist or pharmacy
- Young people's clinic (e.g. Brook clinic)
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Hospital inpatient (on a ward)
- Hospital outpatient clinic
- In a non-healthcare setting, for example bar, club or community centre
- At a blood bank, while donating blood
- Somewhere else

Social connection

Survey preview text:

This survey relates to your social relationships. We will be asking you questions about how many social relationships you have and how much support you get from them.

Question: social_connection_1 (information)

Read this carefully:

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

Question: social_connection_2

How many adults who live with you do you feel close to?

- Scale 0 – 30

Skip logic: none

Question: social_connection_3

How many relatives aged 16 or over, who do not live with you, do you feel close to?

- Scale 0 – 30

Skip logic: none

Question: social_connection_4

How many friends or acquaintances who do not live with you would you describe as close or good friends?

- Scale 0 – 30

Skip logic: none

Question: social_connection_5

Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?

- Scale 0 – 30

Skip logic: none

Question: social_connection_6 (information)

Read this carefully:

We would now like you to think about your family and friends. By family we mean those who live with you as well as those elsewhere. Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.

Question: social_connection_7

There are people I know amongst my family and friends — who do things to make me happy

- Not true
- Partly true
- Certainly true

Skip logic: none

Question: social_connection_8

There are people I know amongst my family and friends — who make me feel loved

- Not true
- Partly true
- Certainly true

Skip logic: none

Question: social_connection_9

There are people I know amongst my family and friends — who can be relied on no matter what happens

- Not true

- Partly true
- Certainly true

Skip logic: none

Question: social_connection_10

There are people I know amongst my family and friends — who would see that I am taken care of if I needed to be

- Not true
- Partly true
- Certainly true

Skip logic: none

Question: social_connection_11

There are people I know amongst my family and friends — who accept me just as I am

- Not true
- Partly true
- Certainly true

Skip logic: none

Question: social_connection_12

There are people I know amongst my family and friends — who make me feel an important part of their lives

- Not true
- Partly true
- Certainly true

Skip logic: none

Question: social_connection_13

There are people I know amongst my family and friends — who give me support and encouragement

- Not true
- Partly true
- Certainly true

Skip logic: none

Survey adapted from:

Adult Psychiatric Morbidity Survey (APMS), “Social Support” section:

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

1. First of all I would like to ask you about the people that you live with. How many adults who live with you do you feel close to?

0 - 97

2. Now I would like to ask about people you feel close to who do not live with you. How many relatives aged 16 or over, who do not live with you, do you feel close to?

0 - 97

3. How many friends or acquaintances who do not live with you would you describe as close or good friends?

0 - 97

4. Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?

0 - 97

I would now like you to think about your family and friends. (By family I mean those who live with you as well as those elsewhere.) Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.

5. There are people I know amongst my family and friends - who do things to make me happy.
 - not true
 - partly true
 - certainly true

6. (There are people I know amongst my family and friends) - who make me feel loved.
- not true
 - partly true
 - certainly true
7. (There are people I know amongst my family and friends) - who can be relied on no matter what happens.
- not true
 - partly true
 - certainly true
8. (There are people I know amongst my family and friends) - who would see that I am taken care of if I needed to be.
- not true
 - partly true
 - certainly true
9. (There are people I know amongst my family and friends) - who accept me just as I am.
- not true
 - partly true
 - certainly true
10. (There are people I know amongst my family and friends) - who make me feel an important part of their lives.
- not true
 - partly true
 - certainly true
11. (There are people I know amongst my family and friends) - who give me support and encouragement.
- not true
 - partly true
 - certainly true

Now thinking about people who you are not close to but who you like to have contact with – for example, acquaintances, neighbours, colleagues, or relatives you are not close to.

12. How many of these people did you communicate with in the past week?

0...50

Wellbeing

Survey preview text:

This survey assesses your general health and wellbeing, including the impact of any illnesses on a broad range of functional activities. This survey also contains questions about your mental health. If you feel distressed at any point and you feel you need professional support, we advise you to talk to your GP or visit the 'Resources' section in the app.

Question: wellbeing_1

In general, would you say your health is:

- Very good
- Good
- Fair
- Poor

Skip logic: none

Question: wellbeing_2 (information)

Read this carefully:

The following two questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?

Question: wellbeing_3

MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

Skip logic: none

Question: wellbeing_4

Climbing SEVERAL flights of stairs:

- Yes, limited a lot
- Yes, limited a little

- No, not limited at all

Skip logic: none

Question: wellbeing_5 (information)

Read this carefully:

During the past 4 weeks, have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?

Question: wellbeing_6

ACCOMPLISHED LESS than you would like:

- Yes
- No

Skip logic: none

Question: wellbeing_7

Were limited in the KIND of work or other activities:

- Yes
- No

Skip logic: none

Question: wellbeing_8 (information)

Read this carefully:

During the past 4 weeks, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

Question: wellbeing_9

ACCOMPLISHED LESS than you would like:

- Yes
- No

Skip logic: none

Question: wellbeing_10

Didn't do work or other activities as CAREFULLY as usual:

- Yes
- No

Skip logic: responses['wellbeing_7'] == 0"

Question: wellbeing_11

During the past for 4 weeks, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Skip logic: none

Question: wellbeing_12 (information)

Read this carefully:

The next three questions are about how you feel and how things have been during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

Question: wellbeing_13

During the past 4 weeks, how often have you felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Skip logic: none

Question: wellbeing_14

During the past 4 weeks, how often did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Skip logic: none

Question: wellbeing_15

During the past 4 weeks, how often have you felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Skip logic: none

Question: wellbeing_16

During the past 4 weeks, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Skip logic: none

Survey adapted from:

Short Form Questionnaire-12 (SF-12) Health Survey

1. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

- YES, limited a lot
- YES, limited a little
- NO, not limited at all

3. Climbing **several** flights of stairs.

- YES, limited a lot
- YES, limited a little
- NO, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. **Accomplished less** than you would like.

- YES
- NO

5. Were limited in the **kind** of work or other activities.

- YES
- NO

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. **Accomplished less** than you would like.

- YES
- NO

7. Did work or activities **less carefully than usual**.

- YES
- NO

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

- Not at all
- A little bit

- Moderately
- Quite a bit
- Extremely

These questions are about how you have been feeling during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

9. Have you felt calm & peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

10. Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

11. Have you felt down-hearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Alcohol, smoking and drugs

Survey preview text:

In this survey, we will be asking you questions about any alcohol and other drug use and tobacco smoking habits.

Question: alcohol_1

How often do you have a drink containing alcohol?

- Never drunk alcohol
- Drunk alcohol in the past, but not anymore
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

Skip logic: none

Question: alcohol_2

How many standard drinks containing alcohol do you have on a typical day?

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

Skip logic: responses['alcohol_1'] == 2 || responses['alcohol_1'] == 3 || responses['alcohol_1'] == 4 || responses['alcohol_1'] == 5

Question: alcohol_3

How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Weekly
- Daily or almost daily

Skip logic: responses['alcohol_1'] == 2 || responses['alcohol_1'] == 3 || responses['alcohol_1'] == 4 || responses['alcohol_1'] == 5

Question: alcohol_4

In the past, how often did you have a drink containing alcohol?

- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

Skip logic: responses['alcohol_1'] == 1

Question: alcohol_5

In the past, how many standard drinks containing alcohol did you have on a typical day?

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

Skip logic: responses['alcohol_4'] == 0 || responses['alcohol_4'] == 1 || responses['alcohol_4'] == 2 || responses['alcohol_4'] == 3

Question: alcohol_6

In the past, how often did you have six or more drinks on one occasion?

- Never
- Less than monthly
- Weekly
- Daily or almost daily

Skip logic: responses['alcohol_4'] == 0 || responses['alcohol_4'] == 1 || responses['alcohol_4'] == 2 || responses['alcohol_4'] == 3

Question: alcohol_7

Before you moved to the UK, did you drink

- More
- Less
- Equal
- Don't know
- Not drunk alcohol before moving to the UK

Skip logic: responses['alcohol_1'] == 1 || responses['alcohol_1'] == 2 || responses['alcohol_1'] == 3 || responses['alcohol_1'] == 4 || responses['alcohol_1'] == 5

Question: alcohol_8

Do you currently smoke tobacco/vape?

- Daily
- Less than daily
- Not at all
- Don't know

Skip logic: none

Question: alcohol_9

Have you smoked tobacco/vaped daily in the past?

- Yes
- No
- Don't know

Skip logic: responses['alcohol_8'] == 1

Question: alcohol_10

In the past, have you smoked tobacco/vaped?

- Yes, daily
- Yes, but less than daily
- No, not at all
- Don't know

Skip logic: responses['alcohol_8'] == 2

Question: alcohol_11

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 280 Manufactured cigarettes

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_12

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 280 Hand-rolled cigarettes

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_13

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 280 Kreteks

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_14

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 100 Pipes full of tobacco

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_15

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 100 Cigars, cheroots or cigarillos

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_16

On average, how many of the following products do you currently smoke each week?

- Scale: 0 – 50 water pipe sessions

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_17

On average, how many of the following do you currently use each day in your E-cigarette/Vaping kit if any?

- Scale: 0 – 100 Milligram of nicotine PER DAY

Skip logic: responses['alcohol_8'] == 0 || responses['alcohol_8'] == 1

Question: alcohol_18

Do you currently use smokeless tobacco (such as chewing tobacco and snuff)?

- Daily
- Less than daily
- Not at all
- Don't know

Skip logic: none

Question: alcohol_19

Have you used smokeless tobacco daily in the past?

- Yes
- No
- Don't know

Skip logic: responses['alcohol_18'] == 1

Question: alcohol_20

In the past, have you used smokeless tobacco?

- Yes, daily
- Yes, but less than daily
- No, not at all
- Don't know

Skip logic: responses['alcohol_18'] == 2

Question: alcohol_21

Before you moved to the UK, did you smoke, vape or use smokeless tobacco

- More

- Less
- Equal
- Don't know
- Not smoked, vaped or used smokeless tobacco before moving to the UK
- Never smoked, vaped or used smokeless tobacco

Skip logic: none

Question: alcohol_22

Have you used any recreational drugs in the last 12 months?

- Yes
- No, but I have used drugs in the past
- Never used drugs
- Prefer not to say

Sip logic: none

Question: alcohol_23

What have you used?

- Amphetamine
- Benzodiazepines
- Cannabis
- Cocaine
- Crack cocaine
- GHB/GBL
- Heroin
- Ketamine
- MDMA (ecstasy)
- Mephedrone
- Methamphetamine (crystal meth, ice, base, speed, tina)
- NBOMe drugs
- Nitrous oxide
- Poppers (amyl nitrite)
- Prescription opioids
- Synthetic cannabis (spice)
- 2C drugs
- Unknown drug (mystery substance)
- Other

Skip logic: responses['alcohol_22'] == 0

Question: alcohol_24

How many days last month did you use?

- Scale: 0 – 28 Days

Skip logic: responses['alcohol_22'] == 0

Question: alcohol_25

Will you use / have you used today?

- Yes
- No
- Prefer not to say

Skip logic: responses['alcohol_22'] == 0

Question: alcohol_26

Before you moved to the UK, did you use drugs

- More
- Less
- Equal
- Don't know
- Not used any drugs before moving to the UK

Skip logic: responses['alcohol_22'] == 0 || responses['alcohol_22'] == 1

Survey adapted from the following:

1. Alcohol use disorders identification test consumption (AUDIT C)

- a. How often do you have a drink containing alcohol?
 - Never
 - Monthly or less
 - 2 to 4 times per month
 - 2 to 3 times per week
 - 4 or more times per week
- b. How many units of alcohol do you drink on a typical day when you are drinking?
 - 0 to 2
 - 3 to 4
 - 5 to 6

- 7 to 9
- 10 or more
- c. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

2. A subset of key questions from the Global Adult Tobacco Survey (GATS):

I. Current Tobacco Smoking Status

Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

- Daily
- Less than daily
- Not at all
- Don't know

II. A. Past Daily Smoking Status

Have you smoked tobacco daily in the past?

- Yes
- No
- Don't know

II. B. Past Smoking Status

In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?

- Daily
- Less than daily
- Not at all
- Don't know

III. Number of Tobacco Products Smoked Per Day

On average, how many of the following products do you currently smoke each (day/week)?

- a. Manufactured cigarettes? Per day/week
- b. Hand-rolled cigarettes? Per day/week
- c. Kreteks? Per day/week
- d. Pipes full of tobacco? Per day/week
- e. Cigars, cheroots, or cigarillos? Per day/week
- f. Number of water pipe sessions? Per day/week
- g. Any others? Per day/week

IV. Current Smokeless Tobacco Use

Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?

- Daily
- Less than daily
- Not at all
- Don't know

V. A. Past Daily Smokeless Tobacco Use

Have you used smokeless tobacco daily in the past?

- Yes
- No
- Don't know

V. Tobacco Use

B. Past Smokeless

In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

- Daily
- Less than daily
- Not at all
- Don't know

3. Drugs Meter Mini by Global Drug Survey

- a. What have you used in the last 12 months?
- Alcohol
 - Amphetamine
 - Benzodiazepines
 - Cannabis
 - Cocaine
 - Crack cocaine
 - GHB
 - Heroin
 - Ketamine
 - MDMA (ecstasy) pills
 - Mephedrone
 - Methamphetamine (crystal meth, base, ice, speed, tina)
 - NBOMe drugs
 - Nitrous oxide
 - Poppers (amyl nitrite)
 - Prescription opioids
 - Synthetic cannabis (spice)
 - Tobacco

- Tobacco (with Cannabis in joints)
 - 2C drugs
 - Unknown drug (mystery substance)
- b. [Of those previously selected] What have you used in the last month?
- c. [Depending on drug(s) selected] How many days last month did you use [X drug]?
- d. On a day that you use, how much do you use?
- e. Will you use/have you used [X drug] today?
- f. How much will you spend (GBP) on these drugs today?