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**Wellcome Trust LPS Questionnaire Resource**

**Updated: June 2021**

**Notes**

1. To reference data collected using this resource describe with:

*Data gathered from questionnaire(s) provided by Wellcome Longitudinal Population Study Covid-19 Steering Group and Secretariat (221574/Z/20/Z)*

1. To contact the secretariat for updates, support and advice email

 **wellcomecovid-19@bristol.ac.uk**

1. If using logos, please use the Wellcome Covid-19 logo on your questionnaire for participants alongside your own institution.
2. Please tag [@covid19qs](https://twitter.com/covid19qs) on twitter and/or link to <http://www.bristol.ac.uk/alspac/researchers/wellcome-covid-19/> where appropriate.

# a. Formatting & Details

All questions that were not from ALSPAC questionnaire 1 and 2 have been given a source tag.

**Red text** indicates where the question’s original wording has been amended.

*[[Italic text in double squares bracket is note about question, not to be shown to participant.]]*

# Healthcare

In the following section we would like to know whether you have had medical treatments postponed or cancelled in the last few months.

1. **Have you had any medical treatments or appointments cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer treatment, etc.**
	1. Yes
	2. No (Go to Q5)
	3. Don’t know (Go to Q5)
	4. Prefer not to answer (Go to Q5)
2. **What types of medical treatments or appointments were cancelled or postponed? (tick all that apply)**
	1. GP referral
	2. Hospital referral
	3. Routine clinic appointment
	4. Surgery
	5. Dialysis
	6. Cancer treatment
	7. Cancer testing
	8. Cancer screening
	9. Other
3. **Who cancelled these treatments/appointments?**
	1. I did
	2. The NHS (or other service provider) did
	3. A mixture of myself and the NHS
4. **Are you worried about your heath because of this cancelled or postponed treatment?**
	1. Not at all worried
	2. Slightly worried
	3. Moderately worried
	4. Very worried
	5. Extremely worried
5. **During the COVID-19 pandemic, have you developed signs and symptoms that you would like to have looked at or investigated by your GP, or another healthcare professional?**
	1. Yes
	2. No (Skip to Q8)
	3. Don’t know
	4. Prefer not to answer
6. **Have you contacted your GP or another healthcare professional about these signs and symptoms?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to answer
7. **Are you worrying about these new signs or symptoms?**
	1. Not at all worried
	2. Slightly worried
	3. Moderately worried
	4. Very worried
	5. Extremely worried
8. **If a COVID 19 vaccination is made available and offered to you, would you get vaccinated?**
	1. Yes (Go to Q10)
	2. No
	3. Don’t know (Go to Q10)
9. **If No, what are your reasons?**
	1. [Free text]
10. **If you have children would you let your child/ren get vaccinated?**
	1. Yes (Go to next section)
	2. No
	3. Don’t know (Go to next section)
11. **If No, what are your reasons**
	1. [Free text]