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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.]]*

# Measures for Children and Young People to Complete

These questions are intended to be completed by children and young people themselves, rather than by a parent or guardian. Please see *Section 5* for questionnaires to be answered by parents/guardians.

## School

(For use in 8 – 17 year olds)

1. **Are you a secondary school pupil?** [TeenCovidLife]
	1. Yes (Skip to next section)
	2. No
2. **Which year are you in at school?** [TeenCovidLife]
	1. S1 (1) … S6 (6)
3. **How do you feel about school at present?** [TeenCovidLife/HBSC]
	1. I like it a lot
	2. I like it a bit
	3. I don’t like it very much
	4. I don’t like it at all
4. **How pressured (stressed) do you feel by the schoolwork you have to do?** [TeenCovidLife/HBSC]
	1. Not at all
	2. A little
	3. Some
	4. A lot

We are going to ask you about bullying at school. We are asking this because we want to understand how you find school.

1. **How often do other children or young people bully you in school? [TeenCovidLife]**
	1. All of the time
	2. Some of the time
	3. Never bullied
	4. Prefer not to say

We’ve collected some trusted webpages to provide help and advice for young people. These can be found [here](https://www.ed.ac.uk/generation-scotland/covidlife-volunteers/useful-covid19-support-links) and include resources for young people who are being bullied.

## Impact of COVID-19 on School

1. **It is safe for me and other pupils to return to school full-time** [TCL2]
	1. Strongly agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Strongly disagree
2. **I worry that I am not on track with my studies due to COVID-19** [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **I worry that my future grades will be affected by COVID-19** [TCL2]

Not at all true of me

* 1. A little true of me
	2. Pretty much true of me
	3. Very much true of me
	4. Prefer not to say
1. **I worry that returning to school will increase the risk of me getting COVID-19**. [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I worry that returning to school will increase my family’s risk of getting COVID-19** [TCL2]
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **What are you doing now or planning to do after leaving school?**
	1. Studying at college
	2. Studying at university
	3. In employment
	4. Apprentice
	5. Something else
	6. Don’t know
	7. Prefer not to say
4. **Have your future education or employment plans changed because of COVID-19?**
	1. Yes
	2. No
	3. Don’t know
	4. Prefer not to say

## COVID-19 Mitigation Behaviours

1. **Have you been following the government guidance on:** [Source: CovidLife3]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Most of the time | Some of the time | Never |
| Social distancing |  |  |  |  |
| Staying at home as much as possible |  |  |  |  |
| Self-isolating |  |  |  |  |
| Wearing face-coverings in enclosed spaces, such as on public transport or in shops |  |  |  |  |

1. **How much has COVID-19 changed your daily routine?** [Source: CovidLife1]
	1. A lot
	2. Some
	3. A little
	4. Not at all
2. **Have your education or employment plans changed as a result of COVID-19**? [Source: TeenCovidLife2]
	1. Yes
	2. No
	3. Don't know
	4. Prefer not to say
3. **Overall, what type of impact has the COVID-19 pandemic had on your life**? [Source: TeenCovidLife2]
	1. Very negative impact
	2. Quite negative impact
	3. Neither negative nor positive impact
	4. Quite positive impact
	5. Very positive impact

## Life Satisfaction

[SOURCE: Good Childhood Index]

1. **How happy are you with your life as a whole?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
2. **How happy are you with your relationships with your family?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
3. **How happy are you with your relationships with you friends?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
4. **How happy are you are you with what may happen to you later in life (in future)?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)
5. If School Pupil, SHOW: **How happy are you with the school that you go to?**
	1. 0 – very unhappy (0) … 5 – not happy or unhappy (5) … 10 – very happy (10)
	2. Prefer not to say (98)

## Mental Health

*8 - 17 years only*

1. **Please mark the word that shows how often each of these things happens to you. There are no right or wrong answers**

[Source: RCADS 25]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Sometimes | Often | Always |
| I feel sad or empty |  |  |  |  |
| I worry when I think I have done poorly at something |  |  |  |  |
| I would feel afraid of being on my own at home |  |  |  |  |
| Nothing is much fun anymore |  |  |  |  |
| I worry that something awful will happen to someone in my family |  |  |  |  |
| I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds) |  |  |  |  |
| I worry what other people think of me |  |  |  |  |
| I have trouble sleeping |  |  |  |  |
| I feel scared if I have to sleep on my own |  |  |  |  |
| I have problems with my appetite |  |  |  |  |
| I suddenly become dizzy or faint when there is no reason for this |  |  |  |  |
| I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) |  |  |  |  |
| I have no energy for things |  |  |  |  |
| I suddenly start to tremble or shake when there is no reason for this |  |  |  |  |
| I cannot think clearly |  |  |  |  |
| I feel worthless |  |  |  |  |
| I have to think of special thoughts (like numbers or words) to stop bad things from happening |  |  |  |  |
| I think about death |  |  |  |  |
| I feel like I don’t want to move |  |  |  |  |
| I worry that I will suddenly get a scared feeling when there is nothing to be afraid of |  |  |  |  |
| I am tired a lot |  |  |  |  |
| I feel afraid that I will make a fool of myself in front of people |  |  |  |  |
| I have to do some things in just the right way to stop bad things from happening |  |  |  |  |
| I feel restless |  |  |  |  |
| I worry that something bad will happen to me |  |  |  |  |

## Resilience

Select one option to indicate how much you disagree or agree with each of the statements. [SOURCE: Brief Resilience Scale, TeenCovidLife]

1. **I tend to bounce back quickly after hard times**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
2. **I have a hard time making it through stressful events**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
3. **It does not take me long to recover from stressful events**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
4. **It is hard for me to snap back when something bad happens**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
5. **I usually come through difficult times with little trouble**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree
6. **I tend to take a long time to get over set-backs in life**
	1. Strongly Disagree
	2. Disagree
	3. Neutral
	4. Agree
	5. Strongly Agree

## Sleep

Now we are going to ask you some questions about your sleep.

[SOURCE: Adolescent Sleep-Wake Scale (ASWS) 10 item version, TeenCovidLife]

Using the statements below, please indicate how often the following things have happened during the past month.

1. **When it’s time to go to bed, I want to stay up and do other things**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
2. **In general, I am ready for bed at bedtime**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
3. **In general, I try to “put off” or delay going to bed**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
4. **When it’s time to go to sleep, I have trouble settling down**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
5. **In general, I need help getting to sleep (for example, I need to listen to music, watch TV or take medication)**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always

|  |
| --- |
|  |

1. **After waking up during the night, I have trouble going back to sleep**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
2. **After waking up during the night, I have trouble getting comfortable**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
3. **After waking up during the night, I need help to go back to sleep (for example, I need to watch TV or read)**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
4. **In the morning, I wake up and feel ready to get up for the day**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
5. **In the morning, I wake up feeling rested and alert**
	1. Never
	2. Once in a while
	3. Sometimes
	4. Quite often
	5. Frequently, but not always
	6. Always
6. **Now, we would like to know how your sleep is now compared to before [**the first lockdown/the second lockdown**], which began [**23rd March 2020/5th January 2021]. **Compared to before [**the first lockdown/the second lockdown**], are you sleeping:** [TCL2]
	1. Much better **now**
	2. Somewhat better **now**
	3. About the same **now**
	4. Somewhat worse **now**
	5. Much worse **now**

## Socio-Emotional Health

Here are some statements about how you think and feel now. Read each sentence and select the answers that best says how true the sentence is for you.

[SOURCE: Social Emotional Health Survey, TeenCovidLife]

1. **I can work out my problems**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I can do most things if I try**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **There are many things that I do well**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say

If School Pupil, SHOW:

1. **At my school, there is a teacher or some other adult who always wants me to do my best**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **At my school, there is a teacher or some other adult who listens to me when I have something to say**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **At my school, there is a teacher or some other adult who believes that I will be a success**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
4. **My family members really help and support one another**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
5. **There is a feeling of togetherness in my family**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
6. **My family really gets along well with each other**

Not at all true of me

* 1. A little true of me
	2. Pretty much true of me
	3. Very much true of me
	4. Prefer not to say
1. **I have a friend my age who really cares about me**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
2. **I have a friend my age who talks with me about my problems**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
3. **I have a friend my age who helps me when I’m having a hard time**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
4. **Each day I look forward to having a lot of fun**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
5. **I usually expect to have a good day**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say
6. **Overall, I expect more good things to happen to me than bad things**
	1. Not at all true of me
	2. A little true of me
	3. Pretty much true of me
	4. Very much true of me
	5. Prefer not to say