

Appendix C: Web questionnaire

Textfills

AgeNow= participant's age on 31st July 2020

Textfill	If AgeNow >=16	If AgeNow <11	If AgeNow >= 11 and AgeNow < 16
Pname	<i>^Participant name from issued sample</i>	<i>^Participant name from issued sample</i>	<i>^Participant name from issued sample</i>
Textfill	If AgeNow >=16 AND Proxy = 1	If AgeNow <11 OR Proxy = 2	If AgeNow >= 11 and AgeNow < 16
Your/Pname	Your	<i>^Participant name from issued sample's</i>	<i>^Participant name from issued sample's</i>
You/Pname	you	<i>^Participant name from issued sample</i>	<i>^Participant name from issued sample</i>
[Intake24 URL]	Intake24URL	Intake24URL	Intake24URL
Your/Name	your	<i>^Name's</i>	your (<i>^Name's</i>)
Your/Name2	Your	<i>^Name's</i>	Your (<i>^Name's</i>)
You/Name	you	<i>^ Name</i>	you (<i>^Name</i>)
HYou/Name	Have you	Has <i>^Name</i>	Have you (has <i>^Name</i>)
HYou/Name2	have you	has <i>^name</i>	have you (has <i>^name</i>)
HasYour/name	Has your	Has <i>^name's</i>	Has your (Has <i>^name's</i>)
AYou/Name	are you	is <i>^name</i>	are you (is <i>^name</i>)
AYou/Name2	Are you	Is <i>^name</i>	Are you (Is <i>^name</i>)
DYou/Name	do you	does <i>^name</i>	do you (does <i>^name</i>)
DYou/Name2	Do you	Does <i>^name</i>	Do you (Does <i>^name</i>)
you belong/	you belong	<i>^Name belongs</i>	you belong

Name belongs			(^Name belongs)
You/Them	you	Them	you (them)
You/They	you	They	you (they)
Take/Give	take	Give	take (give)
ToName	/leave blank/	to ^name	(to ^ name)
Have/Has	have	Has	have (has)
I have/name has	I have	^name has	I have (^name has)
I haven't/name hasn't	I haven't	^name hasn't	I haven't (^name hasn't)
PAQ	After completion of all 4 recalls you will also be invited to complete a short Recent Physical Activity Questionnaire (RPAQ). Upon completion of the RPAQ you will receive an additional £5 to your gift card as a thank you for your participation.	/leave blank/	/leave blank/
Support	/leave blank/	/leave blank/	Please ask your parent/guardian for support answering the following questions
Textfill	If AgeNow >=19 AND Proxy = 1	If AgeNow <11 OR Proxy = 2	If AgeNow >= 11 and AgeNow < 19
IncludingAdult	Including you, how	How	How
Textfill	If AgeNow >=19	If AgeNow <11	If AgeNow >= 11 and AgeNow < 19
IncludingChild	How	Including ^name, how	Including ^name, how

Questionnaire

1. Authenticate page text

Welcome to the Diet, Nutrition and Activity during Covid-19 study (DNAC-19)

To take part, please enter your unique login (it is the eight digit code from your letter or email) in the box below and click 'NEXT'

If you are experiencing any problems logging in or other technical problems then please get in touch using our contact details below:

Email:

Freephone:

2. Welcome page

Consent

Welcome to the Diet, Nutrition and Activity during Covid-19 study (DNAC-19).

This is the questionnaire for **[PName]**

After you complete this questionnaire, you will be invited to complete an online food record called Intake24. You will be asked to record everything you had to eat and drink on the previous day. We call this a 'recall' as you will be telling us about (recalling) what you ate the day before. The link to your first dietary recall will be displayed at the end of the questionnaire. We will then send you an invitation to complete a recall on three more occasions in the next 2 weeks. As a thank you, you will receive a £15 gift card once you complete all 4 recalls.

[PAQ]

The information you'll provide is very valuable and will be used by the Government to help understand the impacts of Covid-19 on the health and diet of the population.

Before you proceed, please confirm the following by ticking the boxes alongside each statement:

1. I have read and understand the information in the letter dated 13/07/2020 (Version 1) for the Diet, Nutrition and Activity during Covid-19 study (DNAC-19).

2. I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving a reason.
3. I consent to the Diet, Nutrition and Activity during Covid-19 study (DNAC-19) linking my answers to data that I have previously given to the National Diet and Nutrition Survey using a study number.

If you have any questions or need help, please contact:

Email:

Freephone:

HARD CHECK: If AnswerCount at Consent < 3 "There are too few answers. At least 3 are required"

NODK/NOREF

Personal details

TS1: set timestamp here

{ASK ALL}

Proxy

Are you completing the questionnaire for yourself or on behalf of someone else?

Note that parent/guardians should complete this for participants under the age of 11. Participants aged 11+ should complete themselves with support from their parent/guardian where necessary

1 I'm completing it for myself

2 I'm completing it on behalf of someone else

NODK/NOREF

{ASK ALL}

Name

Please type [Your/PName] first name here.

We will use this name to refer to [You/Pname] throughout the questionnaire.

STRING{40}

NODK/NOREF

{ASK ALL}

Sex

What is [Your/ Name] sex?

1 Male

2 Female

{ASK ALL}

DoB

What is [Your/ Name] date of birth?

DobM Enter the month (MM):

MM

DoBY Enter the year (YYYY):

YYYY

IF (MM/YYYY > current MM/YYYY)

HARD CHECK: "You have entered a date in the future. Please check and amend."

IF (DoBY <> YYYY in Sample)

SOFT CHECK: Are you sure? This is different to the date of birth given for [you/name] during your/their NDNS participation.

IF DOBM OR DOBY = Don't know / Refusal

Agelf

What was [Your/ Name] age last birthday?

Range: 0..97

IF ageNow>=16 and sex=female

Pregnant

Are you currently pregnant or breastfeeding?

1 Yes

2 No

IF Pregnant=Yes

PrYes

We apologise but you are not eligible to take part in the study. Thank you for your time.

[END OF SURVEY]

NCOutcome = 789

IF ageNow>=16

MarSt2

The next few questions collect some background information about {you/name}.

[AYou/Name2]...

1 single, that is, never married and never registered in a same-sex civil partnership

2 married

3 separated, but still legally married

4 divorced

5 widowed

6 in a registered civil partnership

7 separated, but still legally in a civil partnership

8 formerly in a civil partnership which is now legally dissolved

9 surviving partner from a civil partnership

{ASK ALL}

EthGrp

To which of these ethnic groups do you consider [you belong/ Name belongs] ?

1. White - English / Welsh / Scottish / Northern Irish / British

2. White - Irish

3. White - Gypsy or Irish Traveller
4. Any other white background (please describe) :**OTHER**
5. Mixed - White and Black Caribbean
6. Mixed - White and Black African
7. Mixed - White and Asian
8. Any other mixed background (please describe) :**OTHER**
9. Asian or Asian British - Indian
10. Asian or Asian British - Pakistani
11. Asian or Asian British - Bangladeshi
12. Asian or Asian British - Chinese
13. Any other Asian/Asian British background (please describe) :**OTHER**
14. Black or Black British - Caribbean
15. Black or Black British - African
16. Any other Black/Black British background (please describe) :**OTHER**
17. Arab
18. Any other (please describe) :**OTHER**

IF ageNow>=16

WrkStat

[AYou/Name2]...

- 1 ...going to school or college full-time (including on vacation)
- 2 ...in full or part-time employment, or
- 3 ...not working at present?

IF WrkStat= 2 or 3

WrkStatCh

Has [your/name] work status been affected by any of the following since February (during the coronavirus (COVID-19) outbreak)?

{#G_MULTI_II1}

- 1 Laid off by employer with certain recall date
- 2 Laid off or made redundant by employer with some prospect of recall
- 3 Permanently laid off or made redundant by employer/employer ceased trading
- 4 Employer cut hours
- 5 Have been put on furlough or paid leave
- 6 Using annual leave
- 7 My business is directly affected by regulations or restrictions related to Coronavirus
- 8 Self-isolating or sick leave with sick pay
- 9 Self-isolating or sick leave without sick pay
- 10 Caring for children or others/Parental Leave
- 11 Other (please describe) :**OTHER**
- 12 {G_NoneAns_II1} **EXCLUSIVE**

IF WrkStatCh= 1-11

WrkStatCh2

In [your/name] opinion, was this due to coronavirus Covid-19 outbreak?

- 1 Yes
- 2 No

Covid-19 specific circumstances

{ASK ALL}

HadSymp

The next set of questions are about [your/Name] experience (if any) of coronavirus and how the outbreak may have affected [you/them] and [your/name] household. Do you think that [you/Name], or anyone in [your/name] household, had coronavirus (COVID-19)?

- 1 Yes, I think [I have/name has] had coronavirus (COVID-19)
- 2 I don't think [I have/name has], but I think someone else in the household has had coronavirus (COVID-19)
- 3 No, I don't think anyone in the household has had coronavirus (COVID-19)

{ASK ALL}

TestRes

[HYou/Name], or anyone in [your/name] household, ever tested positive for coronavirus (COVID-19) from a test?

- 1 Yes, [I have/name has] tested positive
- 2 [I haven't/name hasn't] tested positive, but someone else in the household has
- 3 No, after being tested, no one in the household has tested positive
- 4 No one in the household has ever been tested

{ASK ALL}

NHSShield

[HYou/Name], or anyone in [your/name] household, ever received a letter from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch coronavirus (COVID-19), because you/they have an underlying disease or health condition? This is also commonly known as a shielding letter.

- 1 Yes, [I have/name has] had a letter
- 2 [I haven't/name hasn't] had a letter, but someone else in the household has had a letter
- 3 No, no one in the household has had a letter

Changes in habits

{ASK ALL}

FoodShop

The next set of questions is about changes in your shopping, eating and physical activity habits. [HYou/Name], or [your/name] household, made any of these changes since February (during the coronavirus (COVID-19) outbreak)?

{#G_MULTI_II1} RANDOMISE 1-11

1. Bought items that were on special offer more
2. Changed the places you buy food for cheaper alternatives
3. Changed the food you buy to cheaper alternatives
4. Changed the places you buy food for more expensive alternatives
5. Changed the food you buy to more expensive alternatives
6. Did more grocery shopping online (delivery or click and collect)
7. Changed places you buy groceries from to more local alternatives
8. Physically went to grocery shops less
9. Received free school meal vouchers
10. Obtained food from a food charity or a food bank
11. Obtained food from government or local authority food scheme (e.g. *food parcels/boxes for shielded groups*)
12. {G_NoneAns_II1} **EXCLUSIVE**

{ASK ALL}

FoodEat

[HYou/Name], or [your/name] household, made any of these changes since February (during the coronavirus (COVID-19) outbreak) due to coronavirus (Covid-19)?

{#G_MULTI_II1} RANDOMISE 1-12

1. Cooked at home more
2. Cooked at home less
3. Eaten fewer takeaways
4. Eaten more takeaways
5. Ordered meals online more (e.g. UberEats, JustEat, Deliveroo)
6. Made packed lunches more
7. Prepared food that could be kept as leftovers more
8. Kept leftovers for longer before eating
9. Eaten food past its use-by-date more
10. Snacked more between main meals
11. Eaten more fresh fruit and vegetables
12. Eaten less fresh fruit and vegetables
13. {G_NoneAns_II1} **EXCLUSIVE**

Hard check if selected answer options 1 and 2

You cannot select both cooked at home more and less. Please amend.

Hard check if selected answer options 3 and 4

You cannot select both eaten more and fewer takeaways. Please amend.

Hard check if selected answer options 11 and 12

You cannot select both eaten more and less fresh fruit and vegetables. Please amend.

{ASK ALL}

TakeAway

Since February (during the coronavirus (COVID-19) outbreak) [HYou/Name2] or [your/name] household used food delivery services (e.g. UberEats, Deliveroo, Just Eat)?

1 Yes

2 No

IF TakeAway = Yes

TakeAwyFreq

How often [HYou/Name2] or [your/name] household used food delivery services?

1 Everyday

2 2 or 3 times a week

3 Weekly

4 2 or 3 times a month

5 Monthly

6 Less often than once a month

{ASK ALL}

SedC

[HasYour/Name] level of physical activity changed compared to before the COVID-19 virus outbreak? Has it....

1. Decreased

2. Increased

3. Or remained at about the same level?

{ASK ALL}

Meals

[Support]

[HYou/Name], or anyone in [your/name] household, cut down the size of your/their meals or skipped meals for any of the following reasons since February (during the coronavirus (COVID-19) outbreak)?

{#G_MULTI_II1}

- 1 Not enough money to buy food
- 2 Not well enough to shop/cook
- 3 No means of getting to shops
- 4 Unable to get delivery/obtain in other ways
- 5 Food you wanted not available from shops
- 6 {G_NoneAns_II1} **EXCLUSIVE**

{ASK ALL}

FoodWorry

To what extent are you/[your/name] household worried about not being able to afford food in the next month?

- 1 Very
- 2 Somewhat
- 3 Not very
- 4 Not at all

Supplements

IF Sex= Female AND AgeNow>=16

HSVits

The next set of questions are about dietary supplements. Have you taken NHS Healthy Start vitamins for women since February (during the coronavirus (COVID-19) outbreak)?

These vitamins contain folic acid and vitamins C & D. They are available to women who are pregnant or have a baby under one year and who meet benefits criteria. Only include **NHS healthy start vitamins** provided as part of the government 'healthy start' scheme (using green healthy start vitamin coupons). Please do not include any other types of vitamins.

- 1 Yes
- 2 No
- 3 Tried to claim, but none available

IF AgeNow<=4

HSVits2

Have you given NHS Healthy Start Childrens' Vitamin Drops (vitamins A, C and D) to [You/Name] since February (during the coronavirus (COVID-19) outbreak)?

Please only include **NHS healthy start children's vitamins drops** provided as part of the government 'healthy start' scheme (using green healthy start vitamin coupons). Please do not include any other types of vitamins.

- 1 Yes
- 2 No
- 3 Tried to claim, but none available

IF HSVits=Yes

HSVof

And how often do you [Take/Give] these vitamins [ToName]?

- 1 Daily
- 2 Occasionally
- 3 Very rarely

- 4 Never
- 5 Used to give, but now don't

{ASK ALL}

SuppYr2

[HYou/Name] had any of the types of dietary supplements listed below since February (during the coronavirus (COVID-19) outbreak), including prescription and non-prescription supplements?

- Vitamin D only
 - Calcium with vitamin D
 - Multivitamins containing vitamin D or folic acid
 - Multivitamins & minerals containing vitamin D or folic acid
- 1 Yes
 - 2 No

IF SuppYr2 = Yes

SFreq

How often did [You/Name] take this/these supplement(s)? If you take multiple Vitamin D supplements, respond using the one you take most frequently.

- Vitamin D only
- Calcium with vitamin D
- Multivitamins containing vitamin D or folic acid
- Multivitamins & minerals containing vitamin D or folic acid

- 1 Less than once a month
- 2 1-3 times a month
- 3 Once a week
- 4 2-4 times a week
- 5 Once a day
- 6 2-3 times a day
- 7 4 or more times a day

Alcohol consumption

IF ageNow >=16

DrinkInt

The next set of questions is about alcohol consumption. [DYou/Name2] ever drink alcohol, including drinks [you/name] brew or make at home?

- 1 Yes
- 2 No

IF DrinkInt = Yes

DrinkCh

Has [your/name] frequency of drinking alcohol changed since February (during the coronavirus (COVID-19) outbreak)?

- 1 Yes
- 2 No

IF DrinkCh = 1

DrinkChRes

In what way has [your/name] frequency of drinking changed?

- 1 Drinking alcohol **a lot more** often than usual
- 2 Drinking alcohol **somewhat more** often than usual
- 3 Drinking alcohol **a little more** often than usual
- 4 Drinking alcohol **a little less** often than usual

- 5 Drinking alcohol somewhat less often than usual
6 Drinking alcohol a lot less often than usual
7 I have completely stopped drinking alcohol

Self-reported height and weight

EHTWtWilling

We would like you to provide us with [your/name] height and weight. Which of these are you willing to provide?

- 1 Both height and weight
- 2 Height only
- 3 Weight only
- 4 Neither

IF EHTWtWilling = Both or Height only

EHTCh

Would you like to record [your/name] height in metres or in feet and inches?

- 1 Metres
- 2 Feet and inches

IF EHTCh = Metres

EHTM

How tall [AYou/name] without shoes in metres?

Range: 0.01..2.44

IF EHTCh = Feet and inches

EHTFtn

How tall [AYou/name] without shoes in feet and inches?

Feet: Range: 0..7

Inches: Range: 0..11

IF EHTWtWilling = Both or Weight only

EWtCh

Would you like to record [your/name] weight in kilograms or in stones and pounds?

- 1 Kilograms
- 2 Stones and pounds

IF EWtCh = Kilograms

EWtKg

How much [DYou/Name] weigh without clothes and shoes in kilograms?

Range: 1.0..210.0

IF EWtCh = Stones and pounds

EWtStL

How much [DYou/Name] weigh without clothes and shoes in stones and pounds?

Stones: Range: 1..32

Pounds: Range: 0..13

Household details

{ASK ALL}

AddressChk

[Support]

Has [your/name] household address changed since your/their participation in the National Diet and Nutrition Survey (NDNS) in {NDNSY}?

1 Yes

2 No

IF AddressChk = Yes

Address1

Please provide [your/name] current address.

[PAGE START]

AddressLine1 "First line:"

text [0..40];

AddressLine2 "Second line:"

text [0..40];

AddressLine3 "Third line:"

text [0..40];

AddressLine4 "Town:"

text [0..40];

AddressLine5 "County:"

text [0..40];

PostCode "Post code:"

text [0..10];

HARD CHECK: AddressLine1 and AddressLine4 must be populated

SOFT CHECK: WARN if not valid UK Post code

[PAGE END]

{ASK ALL}

NumAdults

[IncludingAdult] many people, aged 19 years and older, live here regularly as members of this household?

Numeric: 0..12

NODK/NOREF

{ASK ALL}

NumChild

[IncludingChild] many people, under the age of 19 years, live here regularly as members of this household?

Numeric: 0..12

NODK/NOREF

Hard check if NumAdults=0 and NumChild=0

'You have entered that 0 people live in this household, please amend'

{ASK ALL}

Ten1

The next set of questions is about [your/name] household's financial situation. In which of these ways do you/does [your/name] household occupy this accommodation?

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
- 6 Squatting

{ASK ALL}

Benefits

We would like to get some idea of [your/name] household's income. Can you please tell me which kinds of income [your/name] household occupants receive?

{#G_MULTI_II1} RANDOMISE 1-16

1. Earnings from employment or self-employment
2. State retirement pension
3. Pension from former employer
4. Personal Pensions
5. Job-Seekers Allowance
6. Employment and Support Allowance
7. Income Support
8. Pension Credit
9. Working Tax Credit
10. Child Tax Credit
11. Child Benefit
12. Housing Benefit
13. Council Tax Benefit
14. Universal Credit
15. Other state benefits
16. Interest from savings and investments (e.g. stocks & shares)
17. Other kinds of regular allowance from outside [your/name] household (e.g. maintenance, student's grants, rent)
18. EXCLUSIVE: No source of income

{ASK ALL}

FinSec

How well would you say [your/name] household is managing financially these days?

Would you say you are...

- 1 Living comfortably
- 2 Doing alright
- 3 Just about getting by
- 4 Finding it quite difficult

5 Finding it very difficult

{ASK ALL}

IncC19

Has [your/name] household's financial situation changed since February (during the coronavirus (COVID-19) outbreak)?

- 1 Yes
- 2 No

IF IncC19 = Yes

IncC19Res

In what way has [your/name] household's financial situation changed?

- 1 Improved a lot
- 2 Improved somewhat
- 3 Improved a little
- 4 Worsened a little
- 5 Worsened somewhat
- 6 Worsened a lot

{IF TEL COMPLETION, Route to PostQureThankYou / **NCOOutcome=110**}

Contact Details

{IF WEB COMPLETION}

Contact

Now we would like to collect your contact details.

During the course of this study we will need an email and/or mobile number to be able to send you invites and reminders for [Your/Name] dietary recalls. The email address and/or phone number will only be used for purposes of this study. Are you willing to provide an email address and/or mobile phone number now?

If possible, we'd like you to provide us with an email address as it can also be used to send you an electronic voucher (it's much quicker than posted vouchers).

How would you like to be contacted throughout the course of this study?

- 1 Email
- 2 Text message
- 3 Both Email and Text message
- 4 Neither

NODK/NOREF

IF Contact =Neither

EndS

If you do not provide an email address or mobile number, you will not be able to take part in the rest of the study. Are you sure you do not want to provide either? Note, you will be able to return to the questionnaire at a later date if you change your mind.

1 I'm sure

2 No, I would like to take part

If EndS = 1 {IF WEB COMPLETION THEN end survey/ **NCOutcome=210**}

If EndS = 2 THEN empty Contact AND empty EndS AND return to Contact

NODK/NOREF

IF Contact = Email or Both

Email2

What is the email address you would like to use to for [Your/Name] participation in the study?

: STRING[60]

IF Email = >0

VEmail2

Please enter email address again

: STRING[60]

IF Contact = Text or Both

Mob2

What is the mobile number you would like to use for [Your/Name] participation in the study?

: STRING [15]

VMob2

Please enter mobile again

:STRING [15]

{IF WEB COMPLETION}

RNameAgr

We would like to be able to personalise [Your/Name] recall so that you know that you have opened the correct link. [Your/Name2] first name will appear on the first screen and you will be asked to confirm this is [you/name]. Do you agree for [your/name] name to appear in Intake24?

Yes

No

TS2: set timestamp here

Thank you page

PostQureThankYou

Thank you for completing the first part of the Diet, Nutrition and Activity during Covid-19 study (DNAC-19).

{IF WEB COMPLETION}

We would now like you to complete [Your/Name] first dietary recall. Please click on the link below to access the recall tool. Once you have accessed the website, there will be a short demonstration video for you to watch which explains how it works. After you have watched the video, you can start filling in what you had to eat and drink yesterday.

[Intake24 URL]

If you have any questions or need help, please contact:

Email:

Freephone:

{IF TEL COMPLETION}

RESEARCHER: OPEN ASSISTANCE LOG SPREADSHEET
AND BOOK RECALL ASSISTANCE APPOINTMENT.