



Public Health
England



Health questionnaire for children and young people aged 11-18 to answer directly.

These questions are to be answered by the Young Person who had the Covid-19 test.

If you need any help, please ask a parent, relative, carer or friend to help you.

For questions that ask for a particular date, don't worry if you can't remember it exactly, just enter the closest date.

The questions **do not** need to be completed in one go but can be paused and continued at a later time – just remember to click save.

All of the information which you provide will be kept confidential and will not be shared with anyone outside the research team studying Long Covid in young people.

GREAT ORMOND STREET
INSTITUTE OF CHILD HEALTHPublic Health
England Pfizer AstraZeneca Moderna Unsure

When did you have the vaccine? (if more than 1: please answer in relation to your first vaccine)

If they report two vaccines the below will also be asked.

What was the second vaccine?

 Pfizer AstraZeneca Moderna Unsure

When did you have the second vaccine?

If they report three vaccines the below will also be asked.

What was the third vaccine?

 Pfizer AstraZeneca Moderna Unsure

When did you have the third vaccine?

About your health at the moment

If you have had symptoms of COVID-19, how much do you agree with the following statement?

"I have fully recovered from COVID-19"

- 0 - Strongly Disagree
- 1
- 2
- 3
- 4
- 5 - Neutral
- 6
- 7
- 8
- 9
- 10 - Strongly Agree



- 20
- 25
- 30
- 35
- 40
- 45
- 50
- 55
- 60
- 65
- 70
- 75
- 80
- 85
- 90
- 95
- 100

Covid-19 and your family

Has Covid-19 affected your family members and if so, can you tell us who? (Kelsey – skip rule if say ‘no’)

	In your house				In your extended family (Grandparents, aunts, uncles etc)			
	Yes	No	Don't know	Who?	Yes	No	Don't know	Who?
Has anyone tested positive for Covid-19?								
Has anyone been to hospital with Covid-19?								
Has anyone been in intensive care (ICU) with Covid-19?								
Has anyone died from Covid-19?								
Does anyone have ongoing problems from Covid-19?								

If you have answered “Yes”, please answer the following questions about these difficulties:

- How long have these difficulties been present?

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

- Do the difficulties upset or distress you?

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

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE				
FRIENDSHIPS				
CLASSROOM LEARNING				
LEISURE ACTIVITIES				

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

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

FINAL QUESTION

Please use this space if there is there anything else you would like to tell us about your health or how the pandemic or lockdown have affected you.

This research study cannot offer treatment. If you feel you would like some help, please contact

- your GP
- ChildLine www.childline.org.uk
- NHS 111 111.nhs.uk/, or call on 111
- Shout giveusashout.org/, or text 85258

Thank you

Thank you so much for completing this questionnaire.

We will send you the same questionnaire again at a later time.

You will be asked to complete the questionnaire a total of two or three times.

After completing each questionnaire, you will receive a £10 voucher.

Please remember to click submit