

Supporting Questionnaire (S1): Feasibility questionnaire for staff and parents at recruitment (June 2020)

FEASIBILITY QUESTIONS

We are trying to assess the practicalities of testing school staff more regularly

1. ***If you had a nose swab today, how frequently would you agree to have a nose swab in the future? (tick one)***

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

2. ***If you had a throat swab today, how frequently would you agree to have a throat swab in the future? (tick one)***

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

3. ***If you had a saliva swab today, how frequently would you agree to have a saliva swab in the future? (tick one)***

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

4. ***If you had a blood test today, how frequently would you agree to have a blood in the future? (tick one)***

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

5. ***How would you rate your overall experience today?***

- A. Very dissatisfied B. Dissatisfied C. Neutral D. Satisfied E. Very satisfied

6. ***Any further comments:***