Supplement

Supplement 1. Questionnaire for students

 Skidsplus number: \_\_\_\_\_\_\_\_\_



Questionnaire for Students

This is a short anonymous and confidential questionnaire.

Please answer all the questions as fully and honestly as possible.

Please complete parts 1 & 2 before your samples have been taken, and part 3 after. If you can, please do not look at part 3 until you have done all your samples.

***Part 1 – to be completed before your samples***

1. How are you feeling about the tests? *Please circle below:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nose** | **Throat** | **Blood** | **Saliva** |
| Very nervousA little bit nervousOK/Not botheredI’m looking forward to it | Very nervousA little bit nervousOK/Not botheredI’m looking forward to it | Very nervousA little bit nervousOK/Not botheredI’m looking forward to it | Very nervousA little bit nervousOK/Not botheredI’m looking forward to it |

1. How frequently are you prepared to do it?

|  |
| --- |
| **1. How frequently would you agree to have a nose swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **2. How frequently would you agree to have a throat swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **3. How frequently would you agree to have a saliva swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **4. How frequently would you agree have a blood test? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

***Part 2 – to be completed before your samples***

1. Have you felt anxious about returning to school this term? *Please circle:*

|  |  |  |  |
| --- | --- | --- | --- |
| Extremely anxious | A little anxious | Not really anxious | Not at all anxious |

|  |
| --- |
| 1. How do you feel about going back to school?
 |
|  |
|  |
|  |
|  |

1. Are you worried about catching COVID-19?

|  |  |  |
| --- | --- | --- |
| Not worried at all | A little bit worried | Very worried |

1. How worried are you about transmitting COVID-19 to:
* other students?

|  |  |  |
| --- | --- | --- |
| Not worried at all | A little bit worried | Very worried |

* teachers/school staff?

|  |  |  |
| --- | --- | --- |
| Not worried at all | A little bit worried | Very worried |

* your family?

|  |  |  |
| --- | --- | --- |
| Not worried at all | A little bit worried | Very worried |

1. Please mark on the on the scale below how much you have been social distancing in these scenarios:

*Please answer honestly, as this is confidential, and your results are anonymous*

* At school from other students:

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time/as much as I can | Not very much/ only when I remember | Never, I don’t bother with social distancing |

* At school from staff:

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time/as much as I can | Not very much/ only when I remember | Never, I don’t bother with social distancing |

* When out in public places:

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time/as much as I can | Not very much/ only when I remember | Never, I don’t bother with social distancing |

* Outside school, with friends:

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time/as much as I can | Not very much/ only when I remember | Never, I don’t bother with social distancing |

1. Do you have a mask or face covering?

Yes No

1. If yes, what type of face mask or face covering do you have?
	* Reusable cloth
	* Disposable mask
	* Other……………
2. How often do you use your mask in these settings:
* At school

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Only when required | Not very much | Never |

* Outside school with friends

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Only when required | Not very much | Never |

* Outside school in public places

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Only when required | Not very much | Never |

* While using public transport

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Only when required | Not very much | Never |

1. How often do you wash or change your mask?

|  |  |  |  |
| --- | --- | --- | --- |
| Every day | A few times a week | A few times a month | Never |

1. How do you get to school? *Please tick:*
	* CarWalk
	* Bus
	* Train/tube
	* Bike
	* Other……

**Blank page – please do not continue questionnaire until you have had your samples taken – thank you! 😊**

***Part 3 - to be completed after your samples***

1. How did you find the tests? Please circle below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Nose** | **Throat** | **Blood** | **Saliva** |
| Painful | Painful | Painful | Painful |
| Uncomfortable (but not painful)  | Uncomfortable (but not painful) | Uncomfortable (but not painful) | Uncomfortable (but not painful) |
| No discomfort / it was fine | No discomfort / it was fine | No discomfort / it was fine | No discomfort / it was fine |

1. How frequently are you prepared to do the tests?

|  |
| --- |
| **1. How frequently would you agree to have a nose swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **2. How frequently would you agree to have a throat swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **3. How frequently would you agree to have a saliva swab? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| **4. How frequently would you agree have a blood test? (tick one)** |
| [ ]  Daily[ ]  Twice a week[ ]  Once a week[ ]  Once a month | [ ]  At the beginning and end of each half-term[ ]  At the beginning and end of each term[ ]  The frequency of swabbing does not bother me[ ]  I wouldn’t agree to have any more swabs done |

|  |
| --- |
| 1. Is there anything else you would like to share?
 |
|  |
|  |
|  |
|  |
|  |

Thank you very much for participating in the sKIDsPLUS study. The information and samples you have given us are so important in helping us understand COVID-19 better.

**Please hand in this questionnaire to the final sKIDsPLUS table or to a member of sKIDsPLUS staff.**

Supplement 2 – Missing data shown in number of respondents for each variable within the questionnaire

|  |  |
| --- | --- |
|   | Missing  |
| Variable  |  n | percent |
| Anxiety returning to school  | 2 | 0.7 |
| Catching SARS-CoV-2 themselves | 1 | 0.3 |
| Transmission  |  |  |
|  to family | 3 | 1.0 |
|  to other students  | 1 | 0.4 |
|  to staff | 1 | 0.4 |
| Social distancing |  |  |
|  with staff | 5 | 1.7 |
|  in public  | 4 | 1.4 |
|  with other students | 4 | 1.4 |
|  with friends | 3 | 1.0 |
| Owned a face mask  | 5 | 1.7 |
| Face mask use  |  |  |
|  on public transport | 5 | 1.7 |
|  with friends  | 6 | 2.0 |
|  in public places | 6 | 2.0 |
|  in school  | 5 | 1.7 |
| Washing face mask  | 7 | 2.4 |
| Feelings before sampling |  |  |
|  Blood  | 1 | 0.4 |
|  Nasal  | 3 | 1.0 |
|  Oral Fluid  | 5 | 1.7 |
| After sampling  |  |  |
|  Blood  | 18 | 6.1 |
|  Nasal  | 16 | 5.4 |
|  Oral Fluid | 56 | 18.9 |
| Frequency willing to sample (before sample was taken)  |
|  Blood  | 2 | 0.7 |
|  Nasal  | 3 | 1.0 |
|  Oral Fluid  | 5 | 1.7 |
| Frequency willing to sample (after sample was taken)  |
|  Blood  | 13 | 4.4 |
|  Nasal  | 10 | 3.4 |
|  Oral Fluid  | 26 | 8.8 |