

1. Did you look after anyone during the COVID-19 pandemic (including your partner or other people in your household)? (By 'look after' we mean the active provision of care)?

Please circle one answer Yes No

1.1. If you did look after someone, what relation is this person or people to you?

Please tick all that apply

Spouse or partner Child

Grandchild Other relative

Friend or neighbour Other, specify

Specify:

1.2. On average, how many hours in a week did you do this?

Hours _____

2. In the 12 months before March 2020, did you receive any of the following state services?

Please tick all that apply

Home help (a person employed by the State to help you with household chores such as cleaning and cooking)

Personal care attendant (a person employed by the State to assist you with bathing, showering, bodily care etc.)

Meals-on-Wheels

Home Care Package

None of these

2.1. Since the outbreak of the COVID-19 pandemic did you continue to receive any of the following state services?

Please tick one box per line	Yes, continued to receive at same frequency	Yes, but at reduced frequency	No longer received
Home help (a person employed by State to help you with household chores such as cleaning and cooking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care attendant (a person employed by the State to assist you with bathing, showering, bodily care etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals-on-Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the COVID-19 pandemic, has anyone from outside your home helped you with any of the following?

Please tick all that apply

Paying bills	<input type="checkbox"/>	Delivering medicines	<input type="checkbox"/>
Paying rent or mortgage	<input type="checkbox"/>	Providing transport to appointments	<input type="checkbox"/>
Shopping for groceries (including online shopping)	<input type="checkbox"/>	Household chores, including gardening	<input type="checkbox"/>
Getting in touch to check on wellbeing	<input type="checkbox"/>	Other, please specify: _____	

4. During the COVID-19 pandemic, have you helped anyone from outside your household with any of the following?

Please tick all that apply

Paying bills	<input type="checkbox"/>	Delivering medicines	<input type="checkbox"/>
Paying rent or mortgage	<input type="checkbox"/>	Providing transport to appointments	<input type="checkbox"/>
Shopping for groceries (including online shopping)	<input type="checkbox"/>	Household chores, including gardening	<input type="checkbox"/>
Getting in touch to check on wellbeing	<input type="checkbox"/>	Helped out with a community or charitable organisation	<input type="checkbox"/>