

## Online Questionnaire

### Study Title: The Feasibility and Acceptability of community COVID-19 rapid Testing Strategies (FACTS) study

This survey asks about your views on using tests as part of the FACTS study. This survey takes approximately 5 minutes to complete.

#### Your demographic details

Q1. Please confirm that you are a university:

- student (undergraduate)
- student (postgraduate)
- staff member

Q2. What type of training did you receive? (Face to face training/ Online Training)

Please confirm your email address, by which you received this survey link, so we can link your answers to the demographic information you have already provided in the app.

#### Your symptoms

Since receiving the FACTS training, have you had any of the following symptoms:

- a. feeling feverish: (Yes / No)

If yes, when did your symptoms start/end?

- b. A new, continuous cough? (New: means a cough that you've not had before, or if you usually have a cough, it's got worse. Continuous: means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours) (Yes / No)

If yes, when did your symptoms start/end?

- c. Feeling unusually short of breath? (Yes / No)

If yes, when did your symptoms start/end?

- d. a loss or change to your sense of smell or taste? (Yes / No)

If yes, when did your symptoms start/end?

- e. Feeling usually tired? (Yes / No)

If yes, when did your symptoms start/end?

- f. Feeling so ill that you've stopped doing all of your usual daily activities? Answer unable to do usual activities if you can't do anything you usually would, such as watch TV, use your phone, read or get out of bed. (Yes/No)

If yes, when did your symptoms start/end?

I have had no symptoms since attending the FACTS training (YES/NO).

Are you taking any medicines for your symptoms? YES/NO. If yes, please tell us the name of the medicines [free text]

### **Views on testing**

**Please respond to the statements below using the scale provided. Please give only one answer per statement.**

Strongly agree (7), Agree (6), Slightly agree (5), Neither agree nor disagree (4), Slightly disagree (3), Disagree (2), Strongly disagree (1).

I have been provided with [give choice of tests being used in study] self-test.

1. I believe [The test] provides reliable and accurate results
2. I believe it is safe to use [the test].
3. It is important for me to know whether I have COVID-19 or not

Are you carrying out the COVID tests yourself? YES/NO

If YES, go to 4

If NO, go to 8

4. Self-testing with [the test] is easy to fit into my usual activities
5. Self-testing with [the test] every [X] days is easy for me to remember to do
6. I am confident I can carry out [the test]
7. I am confident I can interpret [the test] results
8. Testing for COVID weekly is beneficial to me
9. If I have weekly COVID tests it is beneficial to people who live with me
10. If I have weekly COVID tests it is beneficial to my friends and family
11. If I have weekly COVID tests it is beneficial to the wider community
12. I intend to self-test again in the next week.
13. I would self-isolate if I received a positive test result from [the test].
14. I would self-isolate if I received a positive test result from a laboratory (e.g. NHS or university) test.

Please enter any additional comments you have about self-testing for COVID in the free text box below:

Thank you for completing this survey.

If you have any queries about this survey please contact [insert researcher's name and contact details].

