

Cambridge Student COVID-19 Exposure Questionnaire

Due to a number of COVID-19 outbreaks amongst students at the University of Cambridge, we are carrying out a survey so we can better understand how the virus has spread and the key exposures for students in Cambridge.

Public Health England (PHE) is an executive agency of the Department of Health and Social Care, providing the delivery of specialist public health services including investigating and controlling outbreaks of infections. We are working with the Director of Public Health for Cambridgeshire and Peterborough, Cambridge City Council, and the University of Cambridge to investigate a rise in COVID-19 cases in Cambridge City among University of Cambridge students following the week of Friday 30th October to Wednesday 4th November 2020.

To help us understand the possible sources of infection, we would be very grateful if you could take a few minutes to complete this online questionnaire. The University of Cambridge is fully supporting this investigation, allowing us to survey a defined group (cohort) so we can better understand and identify routes of exposure.

It is very important that individuals who remained well during this time also complete this questionnaire. Your information will enable us to compare how different exposures affect the transmission of COVID-19 infection.

The answers you give will be kept in strict confidence, will be held in line with the General Data Protection Regulation 2018 and used solely for the purpose of this investigation, and will not be used to take action against any individuals.

We thank you for taking part in this survey, your answers will be helping your local community to manage outbreaks in the future, and will help steer support where it is needed to break the transmission of COVID-19 in Cambridge City.

Q1 Are you a current University of Cambridge student (undergraduate or postgraduate) who has been resident in Cambridge in Michaelmas (autumn term) 2020?*

- Yes
 No

Instructions for completing this questionnaire

Please complete this questionnaire whether you remained well or if you became unwell. Your information will enable us to compare how different exposures affect the likelihood of COVID-19 infection.

Please read each question carefully before you answer it and try to answer every section as far as possible. Please do not leave blanks. 'No' or 'Not sure' answers are as important as 'Yes' answers. If you leave a blank we cannot interpret your intended answer. There are certain questions throughout the survey that are required indicated by an asterisk (*) at the end of the question. These need to be completed before moving to the next page.

Please complete this questionnaire in one sitting and do not navigate away from the page until you have reached the end of the questions.

This questionnaire should be answered by, or for any University of Cambridge student. We need separate responses for each person, so if you are filling it in on behalf of others, please complete all answers for that person, and restart the questionnaire again to complete it for yourself.

Q2 Are you completing this questionnaire **on behalf of another person?***

- Yes
- No

If you are completing the questionnaire on behalf of another person please answer the following questions as if you were them.

Section A: General Details

This section asks for some basic information about you.

Q3 Year of birth

--Click Here-- ▼

- 1970
- 1971
- 1972
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- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

Q4 Gender

- Male
- Female
- Other
- Rather not say

Q5 Ethnicity

- White
- Indian (Asian or Asian British)
- Pakistani (Asian or Asian British)
- Other Asian/Asian British
- Black/African/Caribbean/Black
- British Mixed/Multiple ethnic groups
- Other ethnic group
- Rather not say

Q6 College

--Click Here--

- Christ's College
- Churchill College
- Clare Hall
- Corpus Christi College
- Darwin College
- Downing College
- Emmanuel College
- Fitzwilliam College
- Girton College
- Gonville & Caius College
- Homerton College
- Hughes Hall
- Jesus College
- King's College
- Lucy Cavendish College
- Magdalene College
- Murray Edwards College
- Newnham College
- Pembroke College
- Peterhouse
- Queen's College
- Robinson College
- Selwyn College
- Sidney Sussex College
- St Catherine's College
- St Edmund's College
- St John's College
- Trinity College
- Trinity Hall
- Wolfson College

Q7 Are you an undergraduate or postgraduate student?

Undergraduate

Postgraduate

Section B: Clinical details

Illness

Q8 Have you had any of the following symptoms **since Friday 16th October 2020**?*

	Yes	No
Fever/high temperature (which means you feel hot to touch on your chest or back)	<input type="radio"/>	<input type="radio"/>
New continuous cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)	<input type="radio"/>	<input type="radio"/>
Loss/change of sense of taste or smell	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>
Runny nose	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>
Muscle aches	<input type="radio"/>	<input type="radio"/>
Extreme fatigue/tiredness	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>
Other symptoms	<input type="radio"/>	<input type="radio"/>

Q9 If you experienced other symptoms than those listed above, please provide details

Section B: Clinical details

Illness continued

Q10 What date did you first start to feel unwell?

Q11 Do you still feel unwell?

Yes

No

Q12 If you no longer have symptoms, approximately what date did they end?

Q13 Have you had face to face contact with anyone **who was ill** with fever, new continuous cough, or loss/change of sense of taste or smell **since Friday 16th October 2020**?*

Yes

No

Not sure

Q14 If yes, what was the **earliest date** of your face to face contact with this person/these people?

Section B: Clinical details

Specimen

Q15 Have you supplied a specimen for COVID-19 testing **since Friday 30th October**?

- Yes
 No
 Not sure

Q16 If yes, was this through University of Cambridge-organised testing or through other routes such as NHS testing?

- University of Cambridge Screening Programme
 Cambridge University Hospital screening programme
 NHS testing
 Other
 Not sure

If other please specify

Q17 If yes, have you had a **positive individual** test result **since Friday 30th October**?

- Yes
 No
 Still waiting for the result
 Not sure

Q18 If you had a **positive individual** test result, when did you submit that sample?

Q19 If you have had a **positive individual** test result **since Friday 30th October**, was this in relation to any **illness** including fever, new continuous cough, or loss/change of sense of taste or smell?

- Yes
 No

Q20 If you have **not** had a positive individual test result, what test results have you had **since Friday 30th October**?

	Yes	No
Positive pooled test sample	<input type="radio"/>	<input type="radio"/>
Negative pooled test sample	<input type="radio"/>	<input type="radio"/>
Negative individual test sample	<input type="radio"/>	<input type="radio"/>

Q21 If you have had a pooled positive test sample, what was the date of your **most recent** pooled positive test result?

Q22 If you have had negative test results, what was the date of your **most recent** test result?

Q23 Is there any additional relevant information you think might be useful to us about your COVID-19 tests?

Medical Consultation

Q24 Did you consult your College Nurse, 111, your GP or another doctor, or visit A&E as a result of this illness?

- Yes
 No

Q25 If yes, what kind of medical advice did you consult?

- College Nurse
 NHS 111
 GP or another doctor
 Visit A&E
 Other

If other please specify

Q26 Were you admitted to hospital for more than four hours as a result of this illness?

- Yes
 No

Q27 Hospital name

Q28 What date were you admitted to hospital as a result of this illness?

Q29 Are you still in hospital?

Yes

No

Q30 If no, what date were you discharged from hospital?



Section C: Other exposures

Accommodation

Q31 What type of accommodation best describes where you live during term time?

- College staircase/block
- College flat
- College house
- Private flat
- Private house

Q32 Do you share a kitchen/kitchenette with other people in your term time accommodation?

- Yes
- No

Q33 Do you share a bathroom with other people in your term time accommodation?

- Yes
- No

Q34 Do you have a shared living space (e.g. living room, dining room) with other people in your term time accommodation?

- Yes
- No

Q35 Do you have access to outside areas in your term time accommodation (i.e. even when isolating)?

- Yes
- No

Teaching

Q36 Did you attend any in-person teaching between Friday 30th October and Wednesday 4th November 2020?

- Yes
- No

Q37 If yes, when did you attend in-person teaching and what best defines the type of teaching?

	Friday 30th October	Saturday 31st October	Sunday 1st November	Monday 2nd November	Tuesday 3rd November	Wednesday 4th November
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisions/tutorials/one to one meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Q38 If you attended other kinds of in-person teaching, please provide details below:

Food shopping

Q39 How do you usually buy food?

- Go to supermarket
- Click and collect
- Supermarket delivery to residence
- Deliveroo or takeaway
- None of the above
- Other

If other please specify

Q40 If you went to a supermarket, please describe which supermarket(s) you visited below (i.e. chain, location, frequency)?

Travel

Q41 How do you usually travel during term time?

- Walk
- Cycle
- Bus
- Taxi or Uber
- Car
- Other

Q42 In the **two weeks prior** to Friday 30th October 2020 (Friday 16th October to Thursday 29th October), did you travel outside the UK?*

- Yes
- No

Q43 If yes, can you please provide details of this travel (i.e. country visited, dates)

Section D: Event attendance

The following is a list of events and venues that you may have attended prior to the national lockdown on Thursday 5th November 2020.

To help us identify potential sources for the recent increase in COVID-19 cases across the University of Cambridge, we would be grateful if you could check one box for each of the events and venues listed below, indicating whether you attended or not.

The information you provide to us will be held in strict confidence, and will not be used to take action against any individuals.

Q44 Did you go out socially or meet with friends between Friday 30th October and Wednesday 4th November 2020?*

Yes

No

Section D: Event attendance

Q45 If yes, when and where did you attend formal or informal social events?

	Friday 30th October	Saturday 31st October	Sunday 1st Nove mber	Monday 2nd Nov ember	Tuesday 3rd Nove mber	Wednesd ay 4th N ovember	Did not attend
SS1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SS25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SS30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SS34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q46 If other, please provide details of the event/venue below (i.e. location, description, approximate number of people there).

Q47 If yes, what was your experience like at that event/venue?

	Queued outdoors	Queued indoors	No queueing	2m social distancing all/most of the time	2m social distancing some of the time	2m social distancing little/none of the time
SS1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SS19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SS34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Additional Information

Q48 Please give any additional relevant information you think might be useful to us, including comments about your illness, your accommodation, or the events/venues you attended between Friday 30th October and Wednesday 4th November.

Section F: Additional Information

At present your responses are not linked to you as an individual.

PHE are involved in a number of research projects understanding the spread of COVID-19 in universities, including genomic analysis of positive test samples.

Are you happy to be contacted by the PHE investigation team to seek your consent for involvement in further research? Full details of the research and how your data would be used will be provided at that time.

If so, please enter your email address below.

Q49 Email address

Thank you for taking the time to complete this survey. Please hit submit where you will be taken to a finishing page, and your responses saved.