

## **Impact of COVID-19 on health-related behaviours, well-being and weight management**

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# Lifestyle survey - 1c: member 6mth follow up – Copy

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## Start of Block: Participant Information - Lifestyle

### Q1.1 An investigation into health, wellbeing, physical activity, diet and lifestyle behaviours.

**Information for participants** Please read this information and make sure you're happy with everything before agreeing to take part

**What is the purpose of this study** The aim of this online survey is to collect information on health, well-being and lifestyle behaviours of Slimming World members and how they change over time. We'd also like to investigate how dietary, lifestyle and physical activity behaviours may differ between Slimming World members who are actively managing their weight and non-Slimming World members who aren't actively managing their weight.

**Who is being asked to take part?** We're inviting all Slimming World members who completed our initial health, wellbeing and lifestyle survey to take part in this follow-up survey.

**What does the study involve?** The online survey will take around 20 minutes to complete. It will ask you a bit about yourself, including questions about your health, well-being, physical activity and diet. We'll be inviting you to take part in a total of four surveys over the course of a year. For each of the four surveys that you complete, we'll enter you into a prize draw for the chance of winning some high street shopping vouchers! We'd also love to be able to contact you about your diet and lifestyle after the four surveys have been completed for long-term follow-up research

**Do I have to take part?** Your participation is entirely voluntary, and you do not have to take part if you do not wish

**Are there any benefits or risks to taking part in the research?**

By participating in this study, you'll be helping Slimming World to further develop their programme and support members in the long-term. There are no risks associated with taking part.

**Are there any costs or incentives to taking part in the research?**

There are no costs to taking part in the survey. For each survey there will be an opportunity to opt-in to a prize draw for the chance to win a high street shopping voucher. The prize draws are as follows. Completion of the first survey: a chance to win one of five £50 shopping vouchers

Subsequent completion of the second survey: a chance to win either one £250, one £100 or one of three £50 vouchers

Subsequent completion of the third survey a chance to win either one £250, one £100 or one of three £50 vouchers

Subsequent completion of the fourth survey a chance to win either one £250, one £100 or one of three £50 vouchers

To be entered into the prize draw you'll need your Slimming World membership number (if you're a group member) and email address.

**What happens to the collected information?**

All data will be stored on a password protected file within a secure network. The data will be anonymised and contact details such as email addresses will be stored separately and securely and not used within reporting.

**What will happen to the results of this study?**

The results of the study will be reported as a Slimming World research project in order to help the company develop its service to members. The results may also be submitted for

publication in a scientific journal or may be presented at a scientific conference, however no identifiable data will be used within the reporting. You can contact the Nutrition, Research and Health team to request a summary of the results when the study is finished (contact details below). **Privacy information for research participants**

For information about the University's obligations with respect to your data and who you can get in touch with, please visit: <https://www.nottingham.ac.uk/utilities/privacy.aspx> For information about Slimming World's obligations with respect to your data and who you can get in touch with, please visit: <https://www.slimmingworld.co.uk/privacy-policy> **Why we collect your personal data** We collect personal data under the terms of the University's Royal Charter in our capacity as a teaching and research body to advance education and learning. Any personal data collected will only be used for research purposes and will remain completely confidential. We ask you your date of birth and email address to enable us to match your survey responses to your Slimming World member records and to contact you for prize draws and follow-up research. All data will be anonymised prior to publication of results. **Legal basis for**

#### **processing your personal data under GDPR**

The legal basis for processing your personal data on this occasion is Article 6(1a) consent of the data subject. In addition to the legal basis for processing your personal data, the University must meet a further basis when processing any special category data, including: personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation. The basis for processing your sensitive personal data on this occasion is Article 9(2a) the data subject has given explicit consent to the processing. **How long we keep your data**

The University of Nottingham and Slimming World may store your data for up to 25 years and for a period of no less than 7 years after the research project finishes. The researchers who gathered or processed the data may also store the data indefinitely and reuse it in future research that has ethical approval. Any identifiable data will be removed before it is made available to other researchers. **Complaints procedure**

If you have any concerns about the research, please contact the supervisors of the project whose contact details are available below. If this does not resolve the matter to your satisfaction, please do contact the University of Nottingham's Research Ethics Officer, Dr Kate Millar (tel. 0115 951 6303, email: [kate.millar@nottingham.ac.uk](mailto:kate.millar@nottingham.ac.uk)) **Withdrawal from study**

You can withdraw from the study at any point without needing to provide any reason if you wish to do so. There will be no negative consequences as a result of this. Any information you provided will also be deleted upon withdrawal. **Who has reviewed the study?**

The School of Biosciences Research Ethics Committee. Thank you for your considerations in participating in this research. **Who can I contact if I have any questions?**

Slimming World Nutrition, Research and Health Team

Email: [nutrition.research@slimmingworld.co.uk](mailto:nutrition.research@slimmingworld.co.uk) Dr Amanda Avery, Contact No.: +44 115 951 6238,

Email:

[amanda.avery@nottingham.ac.uk](mailto:amanda.avery@nottingham.ac.uk)

If you're happy to continue, please click the arrow to continue to the consent form.

## End of Block: Participant Information - Lifestyle

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### Start of Block: Consent Form

**Q2.1 Participant Consent Form** I confirm that: I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I have had the opportunity to ask questions. I understand the purpose of the research project and my involvement in it. I understand that my participation is voluntary and I may withdraw from the research project at any stage, without having to give any reason and withdrawing will not penalise or disadvantage me in any way. I understand that while information gained during the study may be published, any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. I understand that data will be securely stored. I understand that the information provided can be used in other research projects which have ethics approval, but that my name and contact information will be removed before it is made available to other researchers. I understand that I may contact the researcher if I require further information about the research, and that I may contact the Research Ethics Officer of the School of Biosciences, University of Nottingham, if I wish to make a complaint relating to my involvement in the research. I understand that I may be contacted by email after the four surveys have been completed for long-term follow up research but understand that it is my choice if I wish to take part. I agree to take part in the above research project.

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**Q2.2** By ticking yes, I agree to all of the above terms and conditions and agree to participate in this research project and for my anonymous data to be used within this study.

- Yes (1)
- No (2)

## End of Block: Consent Form

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### Start of Block: Contact Information

**Q3.1** Are you still a member of Slimming World?

- Yes (1)
- No (2)

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*Display This Question:*

*If Q3.1 = 1*

Q3.2 Thinking back to when you completed this survey a few months ago, have you been a Slimming World member this whole time, or have you had a break from Slimming World and then re-joined?

- I have been a Slimming World member since I completed the previous survey (1)
- I had a break from Slimming World for a while, then re-joined (2)
- Not sure/can't remember (3)

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*Display This Question:*

*If Q3.1 = 1*

Q3.3

Please tell us your email address - please enter the one you registered with.

This is so we can contact you about the prize draw and the next survey in 6 month's time. Please be assured we won't use your email for any other purposes.

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*Display This Question:*

*If Q3.1 = 1*

Q3.4 Please tell us if you're an online or group member.

- Online member (1)
- Group member (including virtual/zoom groups) (2)

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*Display This Question:*

*If Q3.4 = 2*

Q3.5

Please tell us your membership (card) number. You can find this on the front of your membership card.

If you're not sure of your card number please leave this box blank and continue with the survey.

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End of Block: Contact Information

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Start of Block: Demographics

Q4.1

What is your gender?

- Female (120)
- Male (121)
- Transgender Female (122)
- Transgender Male (123)
- Non-binary (124)
- Other (125) \_\_\_\_\_
- Prefer not to answer (126)

End of Block: Demographics

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Start of Block: Census

Q5.1 What country do you live in?

- England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)
- Republic of Ireland (5)
- Other, please specify (6) \_\_\_\_\_

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*Display This Question:*

*If Q5.1 != 5*

Q5.2 Please tell us your postcode.

\_\_\_\_\_

**End of Block: Census**

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**Start of Block: Health 1**

Q6.1

Please tell us your current weight.

Your weight can be entered as either stones and pounds or kilograms. Please select your preferred way of entering your weight.

I would like to enter my weight in...

- Stones and pounds (1)
- Kilograms (2)

Display This Question:

If Q6.1 = 1



Q6.2

Please tell us your current weight.

Enter stones below

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Display This Question:

If Q6.1 = 1



Q6.3 Enter pounds below

---

Display This Question:

If Q6.1 = 2



Q6.4

Please tell us your current weight.

Enter kilograms below

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Page Break

Q6.5 Are you currently pregnant?

- Yes (1)
  - No (2)
- 

Q6.6 Are you currently breastfeeding?

- Yes (1)
  - No (2)
- 

Q6.7 Which of the following options best describes your usual eating habits?

- Vegan (do not eat dairy products, eggs or any other animal product) (1)
- Vegetarian (do not eat any meat, poultry, game, fish or shellfish) (2)
- Pescatarian (eat fish but do not eat meat or poultry) (3)
- Meat eater (eat meat and/or poultry) (4)
- Flexitarian (follow a diet of vegetarian-only days and then mixed diet the rest of the time) (5)
- Other (6)
- Don't know (7)

End of Block: Health 1

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Start of Block: Health 2

Q7.1 These next few questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

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Q7.2 In general would you say your health is...

- Excellent (1)
  - Very good (2)
  - Good (3)
  - Fair (4)
  - Poor (5)
- 

Q7.3 Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago (1)
- Somewhat better now than one year ago (2)
- About the same (3)
- Somewhat worse now than one year ago (4)
- Much worse now than one year ago (5)

**End of Block: Health 2**

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**Start of Block: Health Conditions**

Q8.1 Please tell us whether you have any of the following conditions or health problems.

- Anxiety (1)
  - Breathlessness (2)
  - Cardiovascular disease (3)
  - Chronic back pain (4)
  - Depression (5)
  - Dyslipidaemia (raised lipids in blood) (6)
  - Joint pain (7)
  - Osteoarthritis (8)
  - Polycystic ovary syndrome (PCOS) (9)
  - Poor mobility (10)
  - Raised blood pressure (11)
  - Raised cholesterol (12)
  - Sleep apnoea (13)
  - Type 1 diabetes (14)
  - Pre-diabetes (18)
  - Type 2 diabetes (15)
  - Other, please specify (16)
-



Q8.2 Since joining Slimming World, do you feel any of these conditions or health problems have changed due to weight loss?

|  | Improved (1)          | No change (2)         | Worsened (3)          | Not sure (4)          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q8.1 = 1<br>Anxiety (1)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 2<br>Breathlessness (2)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 3<br>Cardiovascular disease (3)                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 4<br>Chronic back pain (4)                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 5<br>Depression (5)                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 6<br>Dyslipidaemia (raised lipids in blood) (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 7<br>Joint pain (7)                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 8<br>Osteoarthritis (8)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 9<br>Polycystic ovary syndrome (PCOS) (9)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 10<br>Poor mobility (10)                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 11<br>Raised blood pressure (11)                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q8.1 = 12<br>Raised cholesterol (12)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q8.1 = 13

Sleep apnoea (13)

Q8.1 = 14

Type 1 diabetes (16)

Q8.1 = 18

Pre-diabetes (17)

Q8.1 = 15

Type 2 diabetes (14)

*If Please tell us whether you have any of the below conditions Other, please specify Is Not Empty*

*#{Q8.1/ChoiceTextEntryValue/15}*  
(15)



Q8.3 Since you joined Slimming World, has your doctor or healthcare team advised that you change the dose of any prescribed medication? Please tick all that apply.

|  | Started<br>(6)        | Stopped<br>(1)        | Reduced<br>(2)        | Not<br>changed<br>(3) | Increased<br>(4)      | N/A (5)               |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Diabetes medication (1)                        | <input type="radio"/> |
| Cholesterol medication (2)                     | <input type="radio"/> |
| Blood pressure medication (3)                  | <input type="radio"/> |
| Weight loss medication (4)                     | <input type="radio"/> |
| Depression medication (5)                      | <input type="radio"/> |
| Anxiety medication (6)                         | <input type="radio"/> |
| Polycystic ovary syndrome(PCOS) medication (7) | <input type="radio"/> |
| Mobility medication (8)                        | <input type="radio"/> |
| Fertility medication (9)                       | <input type="radio"/> |

Q8.4 If you have any other comments regarding changes in prescribed medication, please type these below.

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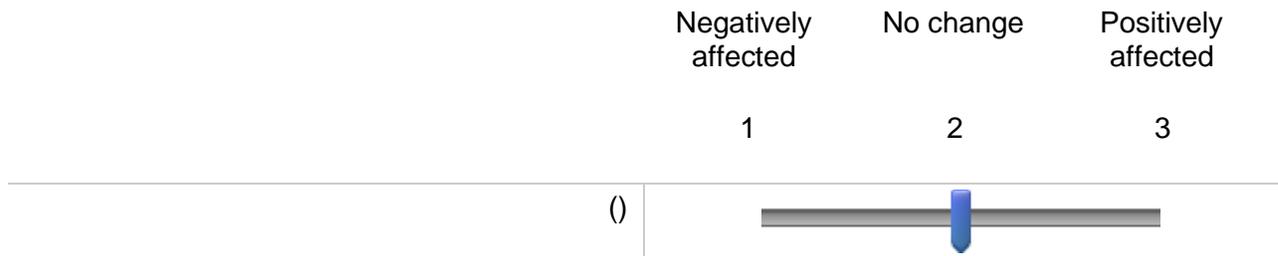
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End of Block: Health Conditions

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Start of Block: Health and COVID-19

Q9.1 Do you feel your general health and answers to the questions above have been affected, if at all, by the coronavirus (COVID-19) situation? On a scale of 1 to 3, please move the bar below to indicate how your general health has been affected, where 1 indicates your general health has been negatively affected, and 3 indicates your general health has been positively affected.



End of Block: Health and COVID-19

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Start of Block: Mood

Q10.1 This next question is about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

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Q10.2 How much of the time during the past 4 weeks...

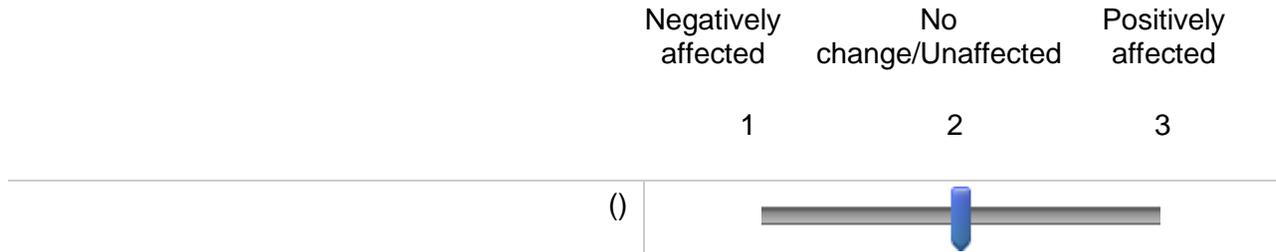
|  | All of the time (1)   | Most of the time (2)  | A good bit of the time (3) | Some of the time (4)  | A little of the time (5) | None of the time (6)  |
|--|-----------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------|
| Have you felt calm and peaceful? (1)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Did you have a lot of energy? (2)      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Have you felt downhearted and low? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Have you been a happy person? (4)      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Have you felt in a sociable mood? (5)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Have you felt stressed? (6)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Have you felt anxious? (7)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |

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Page Break

Q10.3 Do you feel your mood and answers to the question above have been affected by the coronavirus (COVID-19) situation?

On a scale of 1 to 3, please move the bar below to indicate how your mood has been affected, if at all, where 1 indicates your mood has been negatively affected, and 3 indicates your mood has been positively affected.



End of Block: Mood

Start of Block: Smoking

Q11.1 Have you ever smoked regularly (not including electronic cigarettes)?

- Yes (1)
- No (2)

*Display This Question:*

*If Q11.1 = 1*

Q11.2 And do you smoke at all nowadays (not including electronic cigarettes)?

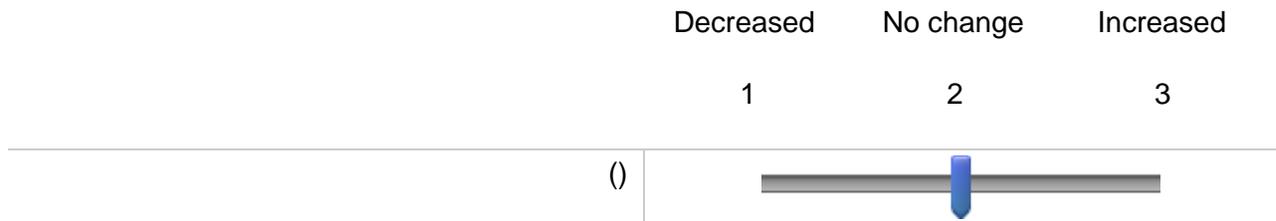
- Yes (1)
- No (2)

Page Break

Display This Question:

If Q11.2 = 1

Q11.3 Do you feel your smoking habits have changed as a result of the coronavirus (COVID-19) situation? On a scale of 1 to 3, please move the bar below to indicate how your smoking habits have changed, if at all, where 1 indicates the amount you smoke has decreased, and 3 indicates the amount you smoke has increased.



Display This Question:

If Q11.2 = 2

Q11.4 Was your decision to stop smoking influenced by Slimming World in any way?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If Q11.2 = 2

Q11.5 Do you feel your decision to stop smoking was influenced by the coronavirus (COVID-19) situation in any way?

- Yes (1)
- No (2)
- Unsure (3)

End of Block: Smoking

Start of Block: Diet 1

Q12.1 How many portions of fruit did you eat yesterday?

Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

An adult portion of fruit is 80g which is equivalent to 1 banana or 2 satsumas or 7 strawberries.

Please note, fruit juice and smoothies only count as one portion no matter how much you drink.

▼ 0 portions (1) ... 13+ portions (14)

Q12.2 How many portions of vegetables did you eat yesterday?

Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate.

An adult portion of vegetables is 80g which is equivalent to around 3 heaped tablespoons of cooked vegetables.

Please note, beans and pulses only count as one portion no matter how much of them you eat.

▼ 0 portions (1) ... 13+ portions (14)

Q12.3 In a typical week, how often do you do the following?

|   | More than once a day (1) | Daily (2)             | 4-6 times a week (3)  | 1-3 times a week (4)  | Never/occasionally (5) |
|---|--------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Drink sugary drinks (Not low calorie or diet) (1)   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| Eat wholegrains such as wholegrain or wholemeal versions of pasta, cereals and bread? (2) | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |



Q12.4 Do you feel your consumption of the following foods and drinks has changed as a result of the coronavirus (COVID-19) situation?

|                   | Decreased (1)         | No change (2)         | Increased (3)         |
|-------------------|-----------------------|-----------------------|-----------------------|
| Fruit (1)         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vegetables (2)    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sugary drinks (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wholegrains (4)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Diet 1

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Start of Block: Diet 2



Q14.1 In a typical month how often do you do the following?

|  | Once a day or more (1) | More than once a week, but less than daily (2) | About once a week (3) | More than once a month, but less than once a week (4) | Once a month or less (5) |
|--|------------------------|--|-----------------------|---|--------------------------|
| Eat takeaways or fast food (1)   | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Cook a meal from scratch (2)   | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Eat out (e.g. in restaurants, pubs) (3)  | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Eat in front of the television (4)   | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Eat sitting at a table (5)   | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Eat fatty foods (e.g. burgers, sausages, pizza, pies, crisps and chips that are NOT made using Slimming World recipes) (6) | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |
| Eat sugary foods (e.g. sweets, cakes, pastries and chocolate) (7)  | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/>    |

Page Break



Q14.2 Do you feel how often you do the following has changed as a result of the coronavirus (COVID-19) situation?

|  | Decreased (1)         | No change (2)         | Increased (3)         |
|--|-----------------------|-----------------------|-----------------------|
| Eat takeaways or fast food (1)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cook a meal from scratch (2)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat out (e.g. in restaurants, pubs) (3)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat in front of the television (4)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat sitting at a table (5)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat fatty foods (e.g. burgers, sausages, pizza, pies, crisps and chips that are NOT made using Slimming World recipes) (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eat sugary foods (e.g. sweets, cakes, pastries and chocolate) (7)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Diet 2

Start of Block: Diet 3



Q15.1 How much do you agree or disagree with the following statements about cooking and eating out?

|   | Strongly agree (1)    | Agree a little (2)    | Neither agree or disagree (3) | Disagree a little (4) | Strongly disagree (5) |
|---|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| I struggle to find time to cook (1)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| I enjoy cooking from scratch (2)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| Cooking from scratch is expensive (3)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| Eating out is difficult when trying to manage my weight (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| I avoid eating out when I am trying to manage my weight (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |

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Page Break

Q15.2 Have your views on the following statements about cooking and eating out changed as a result of the coronavirus (COVID-19) situation?

|   | More likely to agree<br>(1) | No change (2)         | More likely to disagree (3) |
|---|-----------------------------|-----------------------|-----------------------------|
| I struggle to find time to cook (1)                         | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       |
| I enjoy cooking from scratch (2)                            | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       |
| Cooking from scratch is expensive (3)                       | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       |
| Eating out is difficult when trying to manage my weight (4) | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       |
| I avoid eating out when I am trying to manage my weight (5) | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>       |

End of Block: Diet 3

---

Start of Block: Activities

Q16.1 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please include problems related to ageing.

- Yes, limited a lot (1)
  - Yes, limited a little (2)
  - No (3)
-

Q16.2 In the past 7 days, have you done any of these activities?

These could be done with aids that help you in carrying out these activities such as a walking stick, wheelchair, walker, swimming aid, hand bike or something similar.

- A continuous walk lasting at least 10 minutes (1)
- A cycle ride (2)
- A sport, swimming or fitness activity such as fitness classes or dance (3)
- A strength exercise or activity, such as Yoga, Pilates, resistance bands, weights, squats, sit ups etc (5)
- None of these (6)

End of Block: Activities

---

Start of Block: Walking

*Display This Question:*

*If Q16.2 = 1*

Q17.1 In the past 7 days, on how many days did you do a walk lasting at least ten minutes? This could be using aids that help you move like a walking stick, wheelchair or walker

- 1 day (1)
  - 2 days (2)
  - 3 days (3)
  - 4 days (4)
  - 5 days (5)
  - 6 days (6)
  - 7 days (7)
-

*Display This Question:*

*If Q16.2 = 1*



Q17.2 On average how much time did you spend walking on each day that you did the activity? Please enter average time spent in minutes

---

*Display This Question:*

*If Q16.2 = 1*

Q17.3 Was the effort you put into walking usually enough to raise your breathing rate?

- Yes (1)
- No (2)

**End of Block: Walking**

---

**Start of Block: Cycling**

*Display This Question:*

*If Q16.2 = 2*

Q18.1 In the past 7 days, on how many days did you do a cycle ride? This could be using a hand bike or something similar

- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)
- 6 days (6)
- 7 days (7)

---

*Display This Question:*

*If Q16.2 = 2*



Q18.2 On average how much time did you spend cycling on each day that you did the activity? Please enter average time spent in minutes

---

---

*Display This Question:*

*If Q16.2 = 2*

Q18.3 Was the effort you put into cycling usually enough to raise your breathing rate?

Yes (1)

No (2)

**End of Block: Cycling**

---

**Start of Block: Sports/Swimming/Fitness**

*Display This Question:*

*If Q16.2 = 3*

Q19.1 In the past 7 days, on how many days did you do a sport, swimming or fitness activity (such as fitness classes or dance)?

This could be done using aids that help you move such as a wheelchair, swimming aids or something similar

- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)
- 6 days (6)
- 7 days (7)

---

*Display This Question:*

*If Q16.2 = 3*

Q19.2 On average how much time did you spend doing sport, swimming or fitness activities (such as fitness classes or dance) on each day that you did the activity? Please enter average time spent in minutes

\_\_\_\_\_

---

*Display This Question:*

*If Q16.2 = 3*

Q19.3 Was the effort you put into doing the sport, swimming or fitness activities (such as fitness classes or dance) usually enough to raise your breathing rate?

- Yes (1)
- No (2)

**End of Block: Sports/Swimming/Fitness**

---

## Start of Block: Activities: Strength

Display This Question:

If Q16.2 = 5

Q20.1 In the past 7 days, on how many days did you do strength activities for at least ten minutes?

This could be using aids that help you move like a wheelchair or something similar

- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)
- 6 days (6)
- 7 days (7)

---

Display This Question:

If Q16.2 = 5



Q20.2

On average how much time did you spend doing strength activities on each day that you did the activity?

Please enter average time spent in minutes

---

---

Display This Question:

If Q16.2 = 5

Q20.3 Was the effort you put into doing strength activities usually enough to raise your breathing rate?

- Yes (1)
- No (2)

End of Block: Activities: Strength

---

Start of Block: Housework

Q21.1 In the past 7 days, have you done any housework, gardening or other non-exercise physical activity lasting more than 10 minutes?

- Yes (1)
- No (2)

---

*Display This Question:*

*If Q21.1 = 1*

Q21.2 In the past 7 days, on how many days did you do housework, gardening or other non-exercise physical activity?

- 1 day (1)
  - 2 days (2)
  - 3 days (3)
  - 4 days (4)
  - 5 days (5)
  - 6 days (6)
  - 7 days (7)
-

Display This Question:

If Q21.1 = 1

Q21.3 On average how much time did you spend doing housework, gardening or other non-exercise physical activity on each day that you did the activity? Please enter average time spent in minutes

---

Display This Question:

If Q21.1 = 1

Q21.4 Was the effort you put into housework, gardening or other non-exercise physical activity usually enough to raise your breathing rate?

Yes (1)

No (2)

End of Block: Housework

Start of Block: Sedentary

Q22.1 The next question is about the time you spent sitting during the last 7 days. Please include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk or in a car/public transport, visiting friends, reading, or sitting or lying down to watch television.

Q22.2 During the past 7 days, on average, how much time did you spend sitting on a weekday?

Please select hours and minutes below

Hours (1)

Minutes (2)

▼ 0 (1) ... 11+ ~ (57)

Q22.3 On how many **weekdays** do you usually sit for this long?

- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)

---

Page Break

Q22.4 During the past 7 days, on average, how much time did you spend sitting on a weekend day?

Please select hours and minutes below

Hours (1)

Minutes (2)

▼ 0 (1) ... 11+ ~ (57)

---

Q22.5 On how many **weekend days** do you usually sit for this long?

1 day (1)

2 days (2)

End of Block: Sedentary

---

Start of Block: Thoughts on physical activity

Q23.1 How much do you agree or disagree with the following statements about doing physical activity and exercise?

|   | Strongly agree (1)    | Agree a little (2)    | Neither agree nor disagree (3) | Disagree a little (4) | Strongly disagree (5) |
|---|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|
| I don't know how to exercise (1)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I'm worried I'll get sweaty (2)                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I'm worried I'll hurt or injure myself (3)                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| Exercising makes me feel confident (4)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| Exercising makes me feel happy (5)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I feel better about my body when I exercise (6)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I feel healthier when I exercise (7)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I find exercise boring (8)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I feel physical pain when I exercise (9)                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I'm too busy to exercise (10)                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |
| I'm worried what people will think if they see me exercising (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> |

I'm worried about trying something new (12)

I'm not sure how it will benefit me (13)

End of Block: Thoughts on physical activity

---

Start of Block: Activity and COVID-19

Q24.1 Do you feel your day-to-day level of activity has changed due to the coronavirus (COVID-19) situation? On a scale of 1 to 3, please move the bar below to indicate how your level of activity has changed, if at all, where 1 indicates decreased, and 3 indicates increased.

Decreased      No change      Increased  
1                      2                      3



End of Block: Activity and COVID-19

---

Start of Block: Alcohol 1

Q25.1 How many alcoholic drinks do you generally consume each week?

Please enter the number of each drink consumed on each day of the week in the corresponding boxes.

Please read each option carefully, some drinks are listed multiple times but with different measurements so that you don't have to calculate it yourself. Simply enter the number of drinks in whichever options apply to you. If you don't generally drink any alcohol, please leave this section blank.

|   | Monday<br>(1) | Tuesday<br>(2) | Wednesday<br>(3) | Thursday<br>(4) | Friday<br>(5) | Saturday<br>(6) | Sunday<br>(7) |
|---|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| <b>Beer, lager or cider</b> (pints or large/500ml bottles per week) (1)         |               |                |                  |                 |               |                 |               |
| <b>Beer, lager or cider</b> (half pints or standard/330ml bottles per week) (2) |               |                |                  |                 |               |                 |               |
| <b>Beer, lager or cider</b> (standard 440ml cans per week) (3)                  |               |                |                  |                 |               |                 |               |
| <b>Wine</b> (small/125ml glasses per week) (4)                                  |               |                |                  |                 |               |                 |               |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <p><b>Wine</b><br/>(medium/175ml<br/>glasses per<br/>week) (5)</p>   |  |  |  |  |  |  |  |
| <p><b>Wine</b><br/>(large/250ml<br/>glasses per<br/>week) (6)</p>  |  |  |  |  |  |  |  |
| <p><b>Spirits/liqueurs</b><br/>based on 30%<br/>ABV or more<br/>(singles/25ml<br/>per week) (7)</p>  |  |  |  |  |  |  |  |
| <p><b>Lower alcohol<br/>spirits/liqueurs</b><br/>based on less<br/>than 30% ABV<br/>e.g Baileys, Tia<br/>Maria<br/>(singles/25ml<br/>per week) (8)</p> |  |  |  |  |  |  |  |
| <p><b>Alcopops</b><br/>(standard 275ml<br/>bottles per<br/>week) (9)</p>   |  |  |  |  |  |  |  |

End of Block: Alcohol 1

Start of Block: Alcohol 2

Q26.1 How often would you purposefully swap an alcoholic drink for a non-alcoholic or lower alcoholic alternative? (e.g. swapping to a non-alcoholic beer or soft drink, or swapping a wine for a wine spritzer, lager to lager shandy etc).

- Never (1)
- Very occasionally (2)
- Some of the time (3)
- Most of the time (4)
- Always (5)
- Not applicable (6)

End of Block: Alcohol 2

---

Start of Block: Alcohol 3

Q27.1 How much do you agree or disagree with each of the following statements?

|   | Strongly agree (1)    | Agree a little (2)    | Neither agree nor disagree (3) | Disagree a little (4) | Strongly disagree (5) | Not applicable (6)    |
|---|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|
| I avoid going out for social drinks when I am trying to manage my weight (1)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find it easier to not drink alcohol at all when I am trying to manage my weight (2)                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I drink alcohol I find it more difficult to manage my eating habits (3)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I used to find it difficult to manage drinking alcohol socially but since joining Slimming World I feel more in control (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I generally manage alcohol  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

within my  
daily Syns  
allowance  
(5)

---

End of Block: Alcohol 3

---

Start of Block: Alcohol 4

Q28.1 Below are a selection of foods and alcoholic drinks. Please put these in order depending on how many calories you think each option contains, with the lowest calorie option at the top (number 1) and the highest calorie option at the bottom (number 7).

- \_\_\_\_\_ 2 pints of cider (1)
- \_\_\_\_\_ 2 finger KitKat (2)
- \_\_\_\_\_ McDonald's cheeseburger (3)
- \_\_\_\_\_ 1 large glass of red wine (4)
- \_\_\_\_\_ 1 packet of crisps (5)
- \_\_\_\_\_ Double shot of vodka with diet mixer (6)
- \_\_\_\_\_ Standard size Mars bar (7)

---

End of Block: Alcohol 4

---

Start of Block: Alcohol + COVID 19

Q29.1 Do you feel your alcohol consumption has changed due to the coronavirus (COVID-19) situation? On a scale of 1 to 3, please move the bar below to indicate how your alcohol consumption has changed, if at all, where 1 indicates decreased, and 3 indicates increased.

Decreased      No change      Increased

1                      2                      3



---

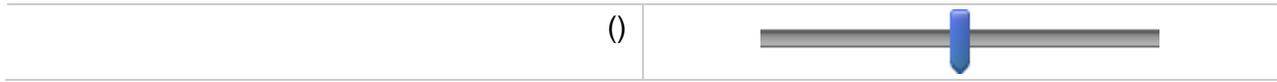
End of Block: Alcohol + COVID 19

---

Start of Block: Weight loss and COVID 19

Q30.1 How easy or difficult have you found managing your weight *during* the coronavirus (COVID-19) situation?

|                |                    |                            |               |           |
|----------------|--------------------|----------------------------|---------------|-----------|
| Very difficult | Somewhat difficult | Neither difficult nor easy | Somewhat easy | Very easy |
| 1              | 2                  | 3                          | 4             | 5         |



Q30.2 Please could you explain why you've found managing your weight easy or difficult during the coronavirus (COVID-19) situation?

---

---

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End of Block: Weight loss and COVID 19

Start of Block: Wider Determinants 1

Q31.1 Is there anyone who lives at home with you? (tick all that apply)

- No, just myself (1)
- A partner (2)
- A child/children under the age of 2 years (3)
- A child/children aged 2-15 years (4)
- A young person(s) aged 16-21 years (5)
- Parent(s) (8)
- Other family member(s), please say who (e.g. any children over 21, grandparent, nephew/niece etc) (6) \_\_\_\_\_
- Other non-family member(s), please say who (e.g. friend, housemate) (7)  
\_\_\_\_\_

---

*Display This Question:*

*If Q31.1 != 1*

Q31.2 Who in your household has the **most** influence over what food is bought and eaten?

- Me (1)
- My partner (2)
- Parent(s) (3)
- Other family member(s), please say who (4)  
\_\_\_\_\_
- Other non-family member(s), please say who (5)  
\_\_\_\_\_

*Display This Question:*

*If Q31.1 != 1*

Q31.3 Do members of your household usually eat the same meals as you when you're in the house together? (tick all that apply)

- No, we usually eat different meals (1)
- My partner does (2)
- My child/children do (3)
- A parent(s) does (4)
- Other family member(s) do, please say who (5)
- 
- Other non-family member(s) do, please say who (6)
- 

End of Block: Wider Determinants 1

---

Start of Block: Wider Determinants 2

*Display This Question:*

*If Q31.1 != 1*

Q32.1

Is anybody else living in your house currently a Slimming World member?

- My partner (1)
- A child/children aged 11-15 years (2)
- A young person(s) aged 16-21 years (3)
- Parent(s) (4)
- Other family member(s), please say who (e.g. any children over 21, grandparent, nephew/niece etc) (5) \_\_\_\_\_
- Other non-family member(s), please say who (e.g. friend, housemate) (6) \_\_\_\_\_
- No (7)

End of Block: Wider Determinants 2

---

Start of Block: Wider Determinants 3

*Display This Question:*

*If Q31.1 != 1*

Q33.1 Because of **your** Slimming World membership do any members of your household **now** eat healthier meals? Please tick all that apply.

My partner (1)

My child/children (2)

Parent(s) (3)

Other family member(s), please say who (e.g. any children over 21, grandparent, nephew/niece etc) (4) \_\_\_\_\_

Other non-family member(s), please say who (e.g. friend, housemate) (5)  
\_\_\_\_\_

No (6)

Q33.2 Since joining Slimming World, do you feel you have influenced other people to make their own healthier food choices because of your knowledge of Food Optimising? Please tick all that apply.

My partner (1)

My child/children (2)

Parent(s) (3)

Other family member(s), please say who (4)

---

Friend(s) (5)

Work colleague(s) (6)

Other, please say who (7)

---

No (8)

---

Q33.3 Have you influenced anyone else to join Slimming World?

- My partner (1)
- My child/children (2)
- Parent(s) (3)
- Friend(s) (4)
- Work colleague(s) (5)
- Other family member(s), please say who (6)
- 
- Other non-family member(s), please say who (7)
- 
- No (8)

*Display This Question:*

*If Q31.1 != 1*

Q33.4 Because of **your** Slimming World membership, has anyone in your household now become more active? Please tick all that apply.

- My partner (1)
- My child/children (2)
- Parent(s) (3)
- Other family member(s), please say who (4)
- Other non-family member(s), please say who (5)
- 
- No (6)

## End of Block: Wider Determinants 3

---

### Start of Block: Debrief

*Display This Question:*

*If Q3.4 = 2*

Q34.1 You have completed the survey. Thank you for the taking the time to answer these questions, we really appreciate it and would like to remind you that all of the answers you have provided will be anonymised and remain strictly confidential

As part of our research we would like to contact you to take part in follow-up surveys as you progress on your Slimming World journey and we'll do this through the membership number and email address you provided at the start of the survey.

Could you please verify your details below are correct

Email address: **#{Q3.3/ChoiceTextEntryValue}**

Membership number: **#{Q3.5/ChoiceTextEntryValue}**

If the details are correct please select 'Yes'. If the details are not correct, please select 'No' and enter the correct details in the box that will appear below. Once you are happy with your details please click on the arrow to finish the survey

- Yes, my details are correct (1)
- No, my details are incorrect (2)

---

*Display This Question:*

*If Q34.1 = 2*

Q34.2 Thank you for telling us your details are not correct, please enter your email address and membership number below

- Email address (1) \_\_\_\_\_
- Membership number (2) \_\_\_\_\_

*Display This Question:*

*If Q3.4 = 1*

Q34.3 You have completed the survey. Thank you for the taking the time to answer these questions, we really appreciate it and would like to remind you that all of the answers you have provided will be anonymised and remain strictly confidential

As part of our research we would like to contact you to take part in follow-up surveys as you progress on your Slimming World journey and we'll do this through the email address you provided at the start of the survey.

Could you please verify your details below are correct

Email address: **#{Q3.3/ChoiceTextEntryValue}**

If the details are correct please select 'Yes'. If the details are not correct, please select 'No' and enter the correct details in the box that will appear below. Once you are happy with your details please click on the arrow to finish the survey

- Yes, my details are correct (1)
- No, my details are incorrect (2)

*Display This Question:*

*If Q34.1 = 2*

Q34.4 Thank you for telling us your details are not correct, please enter your email address below

- Email address (1) \_\_\_\_\_

Q34.5

As a thank you for taking part in our research, we are offering all members the opportunity to take part in a prize draw for each survey. This third prize draw will enter you into the chance to win either one £250 voucher, one £100 voucher or one of three £50 vouchers.

Please indicate below if you would like to be entered into the prize draw

- Yes, I would like to enter the prize draw (1)
- No, I do not want to take part in the prize draw (2)

End of Block: Debrief

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