

# NISRA CORONAVIRUS (COVID-19) OPINION SURVEY

## KEY FINDINGS FROM JANUARY - MARCH 2022

### Introduction

On 20 April 2020, NISRA launched a new Coronavirus (COVID-19) Opinion Survey designed to measure how the Coronavirus (COVID-19) pandemic was affecting people's lives and behaviour in Northern Ireland. The NISRA Coronavirus (COVID-19) Opinion Survey questionnaire is based on a similar survey that is being conducted by the Office for National Statistics (ONS) in Great Britain, which can be found at this link: [Coronavirus and the social impacts on Great Britain Statistical bulletins](#)

This report provides a summary of the latest key findings from the NISRA Coronavirus (COVID-19) Opinion survey. The report focuses mainly on the attitudes, behaviours and circumstances of 1,504 members of the public interviewed in the period January to March 2022.

This is the final publication in this current series of reports on the results of the Coronavirus (COVID-19) Opinion Survey. Approximately 22,000 people in Northern Ireland have participated in the survey since it began in April 2020, providing data on a wide range of topics relating to the Coronavirus (COVID-19) pandemic.

All figures published in these Key Findings are weighted estimates. More information on the weighting processes applied to these results are in the Technical Report, which accompanies this report.

Due to rounding, the percentages in the charts may not always add up to 100%. Where two or more categories are combined together, the sum of the combined proportions may not equal the sum of the individual proportions in the charts or tables due to rounding. Any differences reported in this publication are statistically significant at the 95% Confidence Level.

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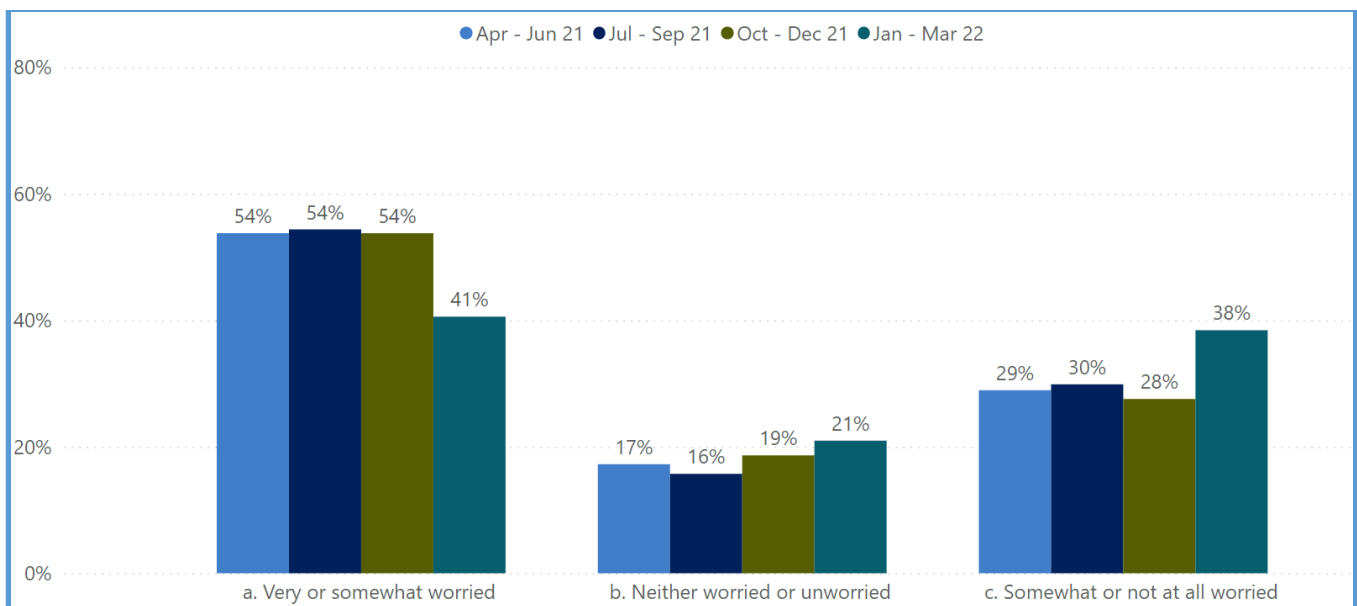
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## Key Findings

### Concerns about the Coronavirus (COVID-19)

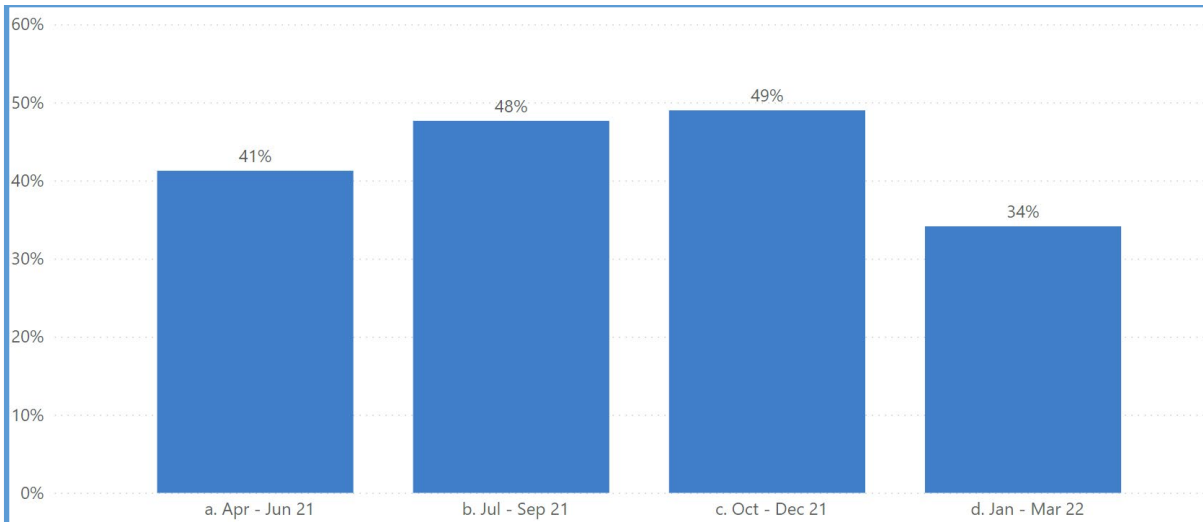
Approximately, two fifths of people (41%) interviewed in the period January – March 2022 said that they were worried about the effect Coronavirus (COVID-19) was having on their lives. This finding is significantly lower than in the previous nine months, when 54% of people were worried about the effect Coronavirus (COVID-19) was having on their lives (Figure 1).

**Figure 1: Levels of worry about the effect Coronavirus (COVID-19) was having on their life, at time of interview**



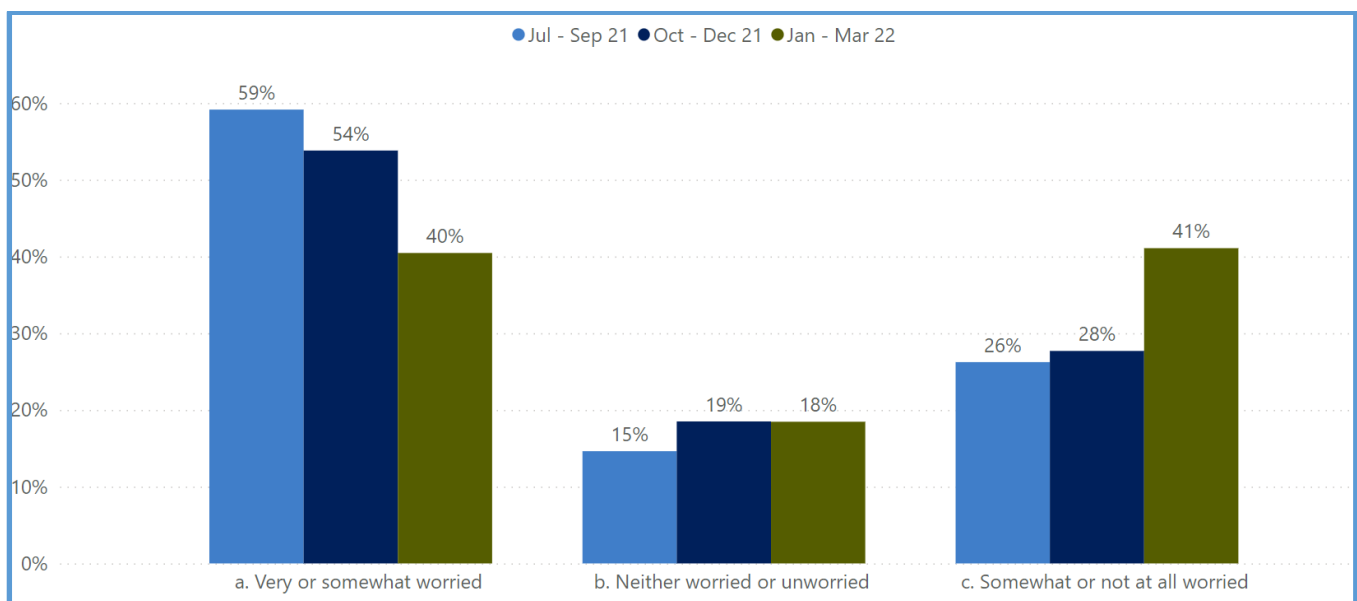
In the period January – March 2022, a decreasing proportion of people (34%) reported that they feel it will take more than a year for life to return to normal. This is a significantly lower figure than that reported during the months of October – December 2021 (49%) (Figure 2).

**Figure 2: Proportion of people who stated they thought their life would take more than a year to return to normal, at time of interview**



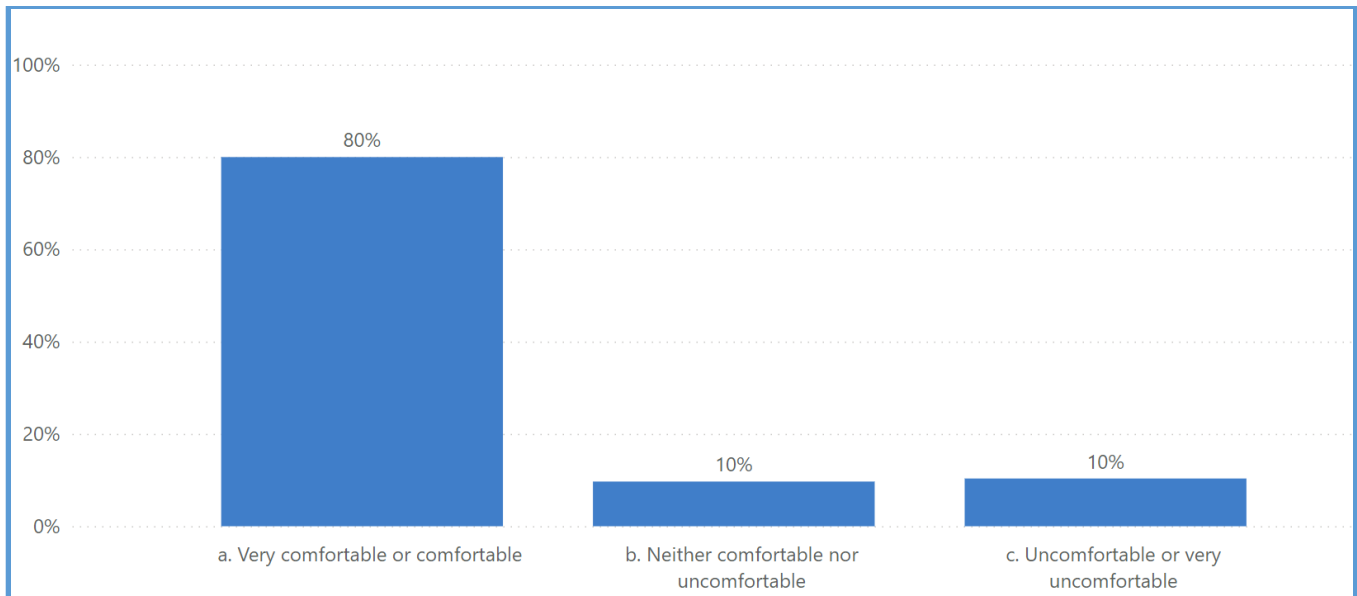
Four out of ten people (40%) interviewed in the period January – March 2022 said that they were worried about new variants of Coronavirus (COVID-19). This was a decrease from a high of 59% during the months of July– September 2021 and 54% during the months of October – December 2021 (Figure 3).

**Figure 3: Proportion of people worried or unworried about new variants of Coronavirus (COVID-19), at time of interview**



Eight out of ten people (80%) interviewed in the period January – March 2022 stated that they felt comfortable leaving their home due to Coronavirus (COVID-19) but 10% felt uncomfortable doing so (Figure 4).

**Figure 4: Proportion of people who felt comfortable or uncomfortable about leaving their home due to Coronavirus (COVID-19)**



## Mental Health GHQ-12

People interviewed in the survey since January 2021 have been asked the General Health Questionnaire (GHQ-12)<sup>1</sup>. This allows us to track mental well-being over time.

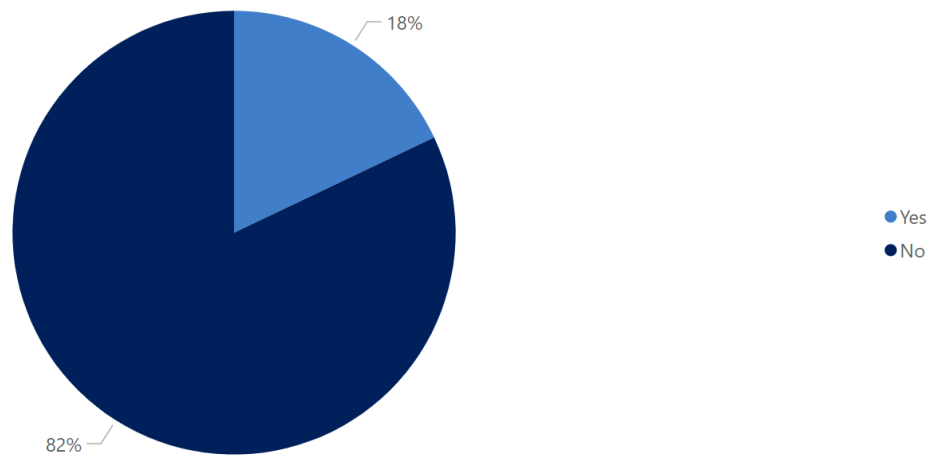
The GHQ is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire used contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. An overall score of between zero and twelve is constructed, with a score of 4 or more being classified as a respondent with a possible psychiatric disorder, and referred to as a 'high GHQ-12 score'.

### High GHQ-12 scores

Overall, in the period April 2021 – March 2022, we found that 18% of people had a high GHQ-12 score, which could indicate a possible mental health problem (Figure 5).

This is similar to the pre-pandemic figure published from the Health Survey Northern Ireland<sup>2</sup> for 2019-20, which found that 19% of people in Northern Ireland had a high GHQ-12 score.

**Figure 5: Proportion of people with a high GHQ-12 score, April 2021 – March 2022**

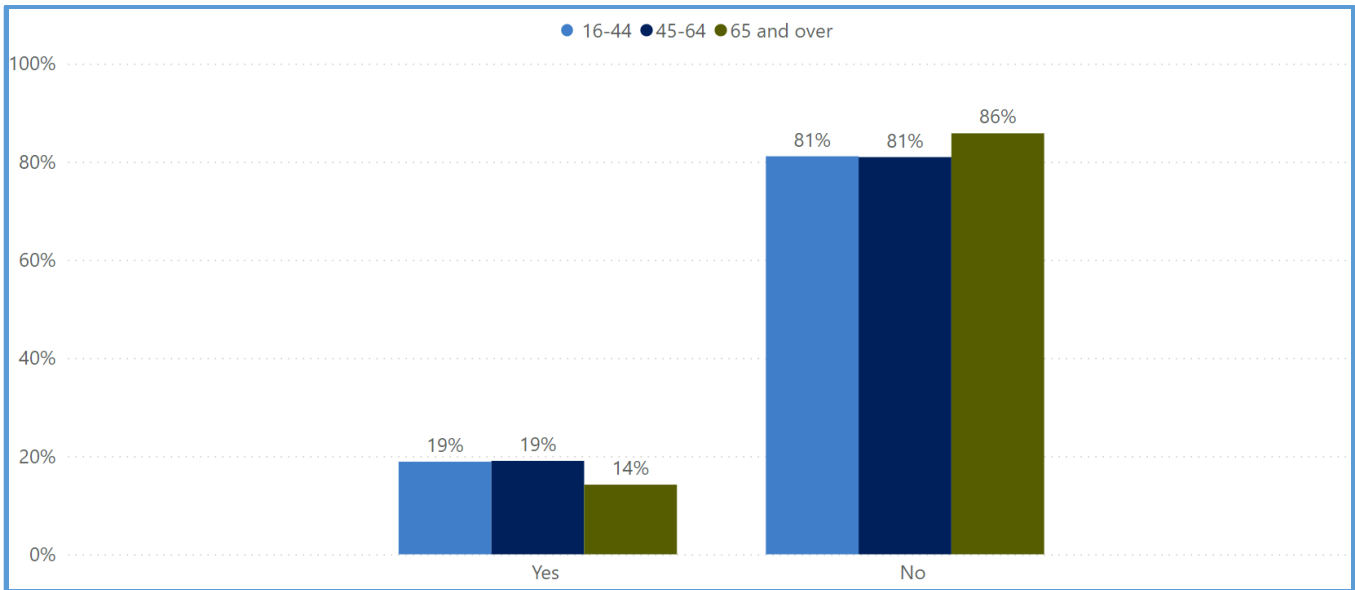


Some 19% of those people aged 45-64 or 16-44 had a high GHQ-12 score. This was significantly higher than for those aged 65 and over (14%) (Figure 6).

<sup>1</sup> General Health Questionnaire (GHQ-12) ©David Goldberg, 1978

<sup>2</sup> Users should be aware that the GHQ-12 questionnaire was completed by self-completion in the 2019-20 Health Survey Northern Ireland, whereas the GHQ-12 questionnaire was administered over the telephone in the NISRA Coronavirus (COVID-19) Opinion Survey. It is not known what effect, if any, the change in data collection mode has on GHQ-12 outcomes and, therefore, caution should be applied when making comparisons between the two sets of results.

**Figure 6: Proportion of people with a high GHQ-12 score, by age group, April 2021 – March 2022**



## Personal Wellbeing Indicators

This section contains estimates of reported ‘life satisfaction’, feeling that things done in life are ‘worthwhile’, ‘happiness’ and ‘anxiety’ for those people interviewed in the reporting period.

Personal wellbeing statistics are reported on in two different ways; (i) the average (mean) rating and (ii) the proportion of respondents scoring within each of the thresholds.

People are asked to respond to each question on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. This means that a **higher score** indicates **better wellbeing** in relation to ‘life satisfaction’, ‘worthwhile’ and ‘happiness’, and a **lower score** indicates **better wellbeing** for ‘anxiety’.

### (i) Average (mean) Wellbeing ratings

The average (mean) wellbeing ratings across the four measures of personal wellbeing for people interviewed in January - March 2022 were:

- 7.67 out of 10 for ‘life satisfaction’
- 7.91 out of 10 for **feeling that what you do in life is ‘worthwhile’**
- 7.55 out of 10 for ‘happiness’ yesterday
- 3.09 out of 10 for ‘anxiety’ yesterday

The average (mean) wellbeing ratings of people interviewed in the period January - March 2022 were not found to be significantly different than that reported for the period October - December 2021, signifying similar wellbeing in these measures (Table 1).

In the period January - March 2022, levels of Life Satisfaction (7.67) and feeling that what you do in life is Worthwhile (7.91) remained significantly lower than the pre-pandemic figures (7.86 and 8.05 respectively) reported by NISRA in 2019/20<sup>1</sup> (Table 1).

Levels of Anxiety in the period January – March 2022 (3.09) were not found to be significantly different than the pre-pandemic figure (3.00) reported by NISRA in 2019/20<sup>1</sup> (Table 1).

**Table 1: Comparing Personal Wellbeing averages with the NISRA published data for 2019/20**

Average (mean)	Life Satisfaction	Worthwhile	Happiness	Anxiety
January – March 22	7.67*	7.91*	7.55	3.09
October – December 21	7.67	7.96	7.61	3.18
Personal Wellbeing in NI 19/20	7.86*	8.05*	7.68	3.00

\*A significant difference has been observed.

\*\* Significance tests have only been calculated for each time period against January – March 22.

<sup>1</sup> [Personal Wellbeing in Northern Ireland 2019/20](#)



(ii) **The proportion of respondents scoring within each of the Personal Wellbeing thresholds  
Labelling of Thresholds**

Life satisfaction, Worthwhile and Happiness scores		Anxiety scores*	
Response on an 11 point Scale	Label	Response on an 11 point Scale	Label
0 to 4	Low	0 to 1	Very low
5 to 6	Medium	2 to 3	Low
7 to 8	High	4 to 5	Medium
9 to 10	Very high	6 to 10	High

\* A lower score indicates better wellbeing for anxiety.

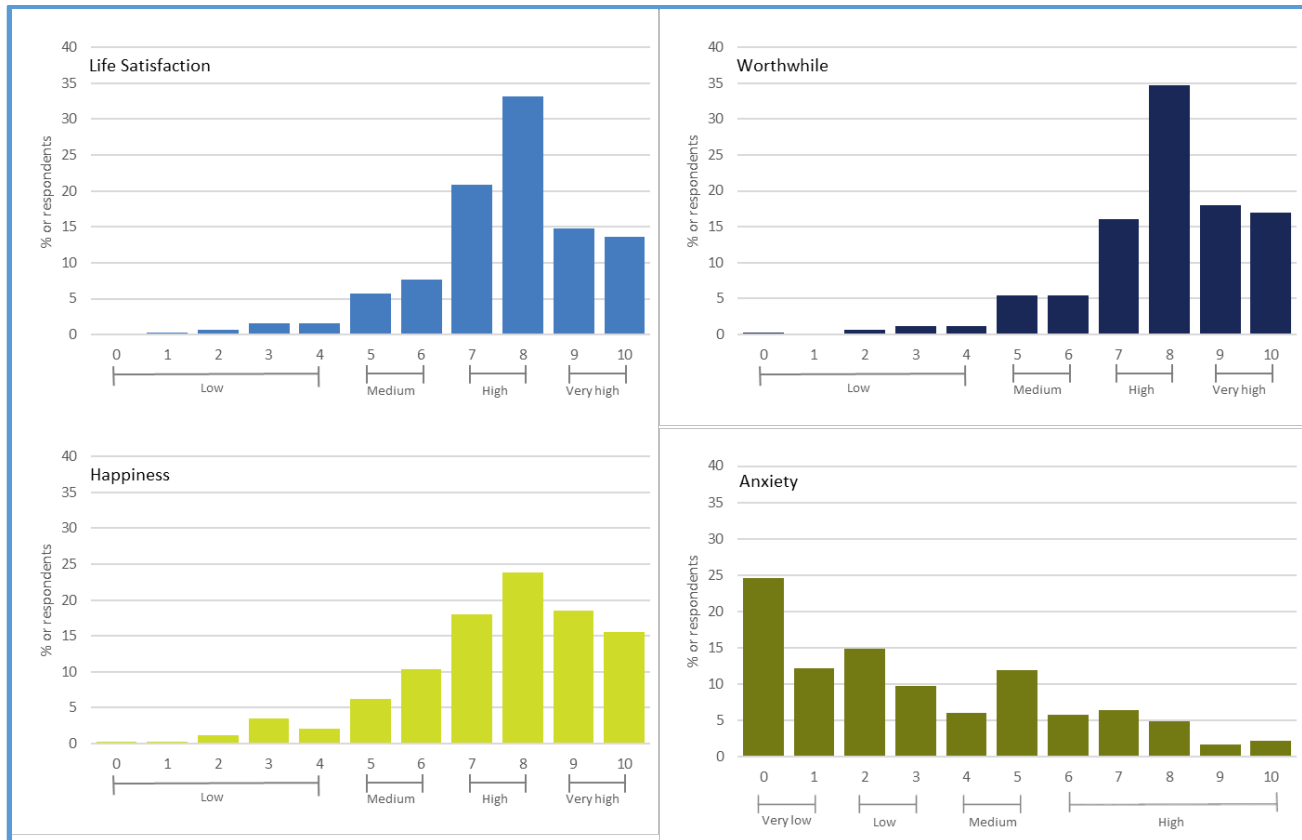
The proportion of people reporting 'Very high' (score of 9 or 10) levels of personal wellbeing, indicating better personal wellbeing was:

- 28% for '**life satisfaction**'
- 35% for feeling that what you do in life is '**worthwhile**'
- 34% for '**happiness**'.

In terms of '**anxiety**', where a lower score indicates better personal wellbeing, 37% of people reported a 'Very low' score (0 or 1).

Figure 7 shows the distribution of scores for each personal wellbeing measure. All four personal wellbeing measures are skewed towards the positive end of the scale (note that a lower score in the anxiety scale represents better personal wellbeing).

**Figure 7: Proportion of respondents scoring 0 to 10 on each of the personal wellbeing scales**



For the period January - March 2022, the proportion of people reporting better wellbeing (a 'Very high' score) for Life Satisfaction, Worthwhile and Happiness measures was significantly lower than the pre pandemic proportions reported by NISRA in 2019/20 (Table 2).

**Table 2: Comparing the proportion of people reporting better personal wellbeing with the NISRA published data for 2019/20**

Proportion of people reporting better wellbeing scores	Very high (score of 9 or 10)			Very low Score (0 or 1)
	Life Satisfaction	Worthwhile	Happiness	Anxiety
January – March 22	28%*	35%*	34%*	37%
October – December 21	28%	36%	33%	37%
Personal Wellbeing in NI 19/20	36%*	41%*	39 %*	41 %

\*A significant difference has been observed.

\*\* Significance tests have only been calculated for each time period against January – March 22.

## Loneliness

This measure asks respondents the question, ‘How often do you feel lonely?’ with the following 5 response options: ‘often/always’, ‘some of the time’, ‘occasionally’, ‘hardly ever’ and ‘never’. This question therefore measures the frequency with which people report feeling lonely, but not the level of loneliness that they experience.

All proportions of loneliness for the reporting period January - March 2022 were similar to pre-pandemic proportions of loneliness reported by NISRA in 2019/20<sup>2</sup> (Table 3).

**Table 3: Frequency of loneliness in people aged 16+**

	Often/always	Some of the time	Occasionally	Hardly ever	Never
<b>January – March 22</b>	<b>6%</b>	<b>14%</b>	<b>18%</b>	<b>35%</b>	<b>26%</b>
October – December 21	5%	13%	18%	36%	28%
Loneliness in NI 19/20	5%	12%	19%	33%	30%

\*\* Significance tests have only been calculated for each time period against January – March 22.

<sup>2</sup> [Loneliness in Northern Ireland 2019/20](#)

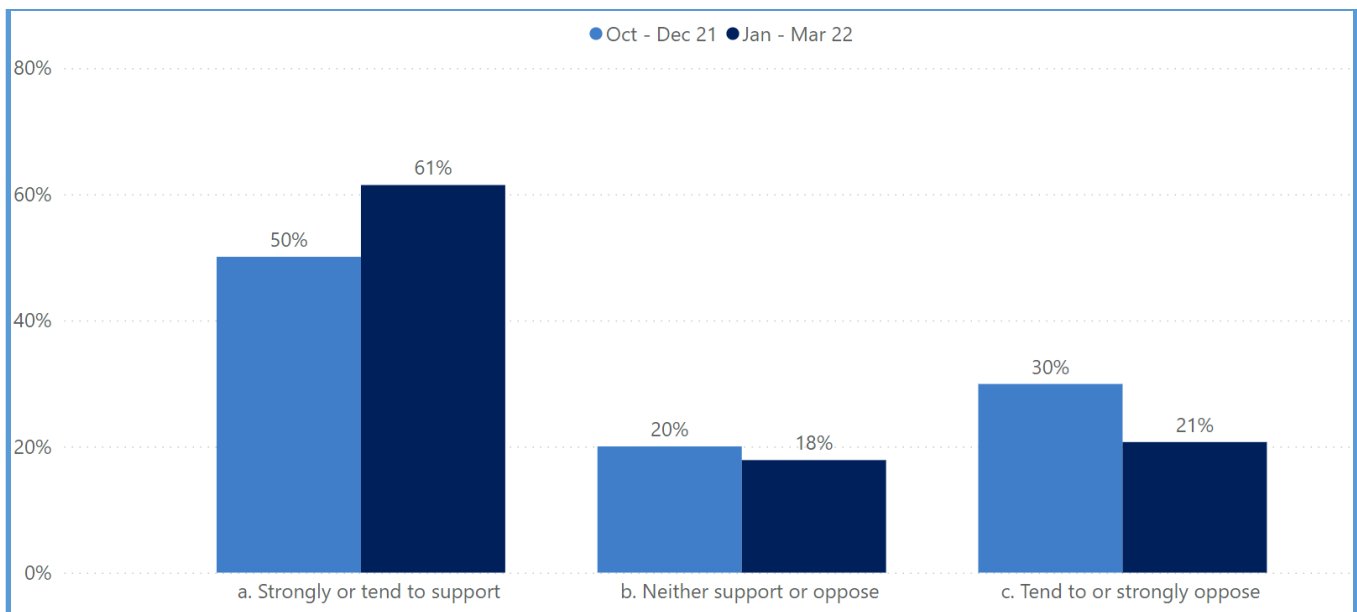
## Easing of Restrictions

People interviewed in the period October 2021 - March 2022 were asked some questions around the easing of restrictions in Northern Ireland.

Six out of ten people (61%), interviewed in the period January - March 2022, said that they supported the easing of restrictions by the Northern Ireland Executive. This was significantly higher than in the previous quarter (October – December 2021), when half of people (50%) did so.

During the months of January – March 2022, approximately one in five (21%) people opposed the easing of restrictions (Figure 8).

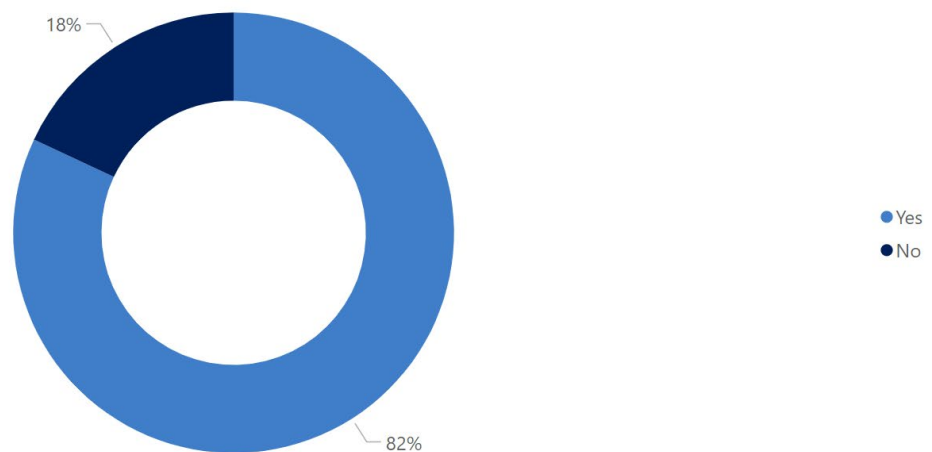
**Figure 8: Proportion of people who supported or opposed the easing of restrictions by the Northern Ireland Executive, at time of interview**



## Coronavirus (COVID-19) Booster Vaccinations

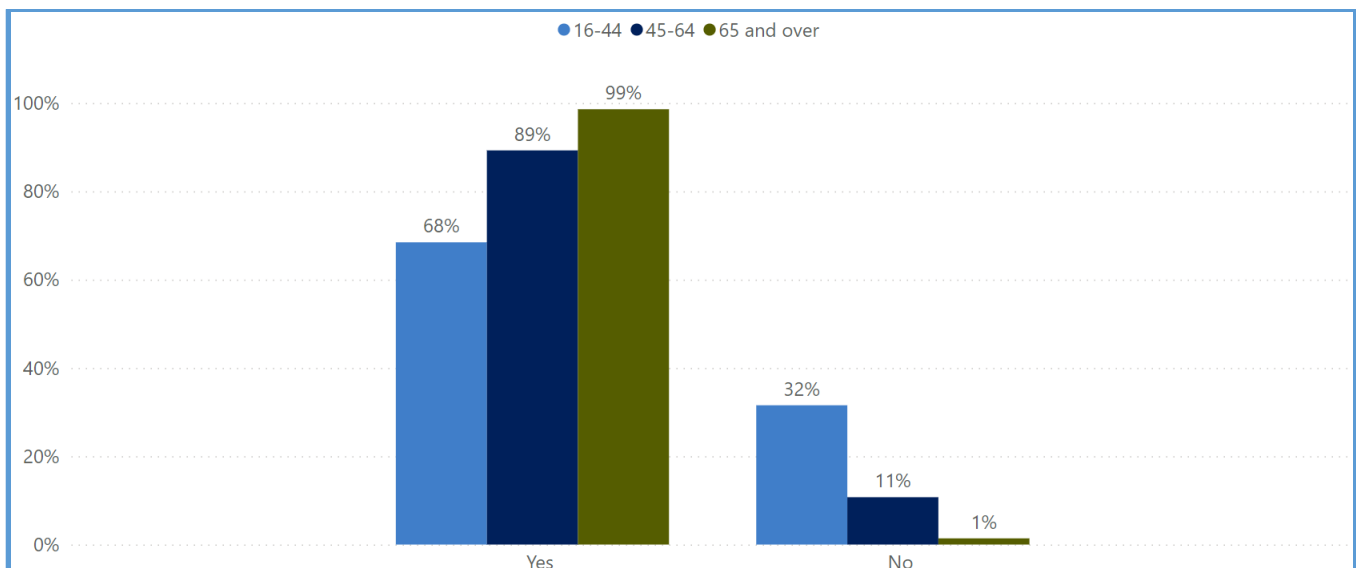
In September 2021, the booster vaccination programme launched in Northern Ireland and extended over the subsequent months. In the period January – March 2022, those people who were previously vaccinated were asked about the booster jab. Approximately, eight in ten vaccinated people (82%) had received their booster jab at the time of interview whilst 18% had not (Figure 9).

**Figure 9: Proportion of vaccinated people who had received a vaccine booster jab or not for Coronavirus (COVID-19)**



The uptake of the booster jab was higher in older age cohorts. Practically all vaccinated people aged 65 years and over (99%) had received the booster jab. This was significantly higher compared to those vaccinated people aged 45-64 (89%) or 16-44 (68%) (Figure 10).

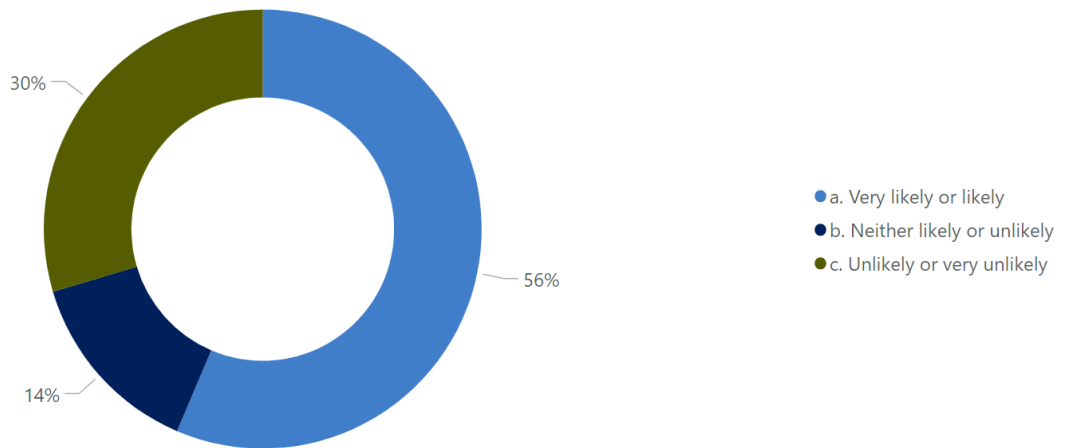
**Figure 10: Proportion of vaccinated people who had received a vaccine booster jab or not for Coronavirus (COVID-19), by age group**



Those 18% of previously vaccinated people, who had yet to receive their booster jab, were asked how likely or unlikely, they would be to have one, if offered.

Approximately half of these people (56%) said that they would be likely to have a booster jab for Coronavirus (COVID-19), whilst 30% said they would be unlikely to do so (Figure 11).

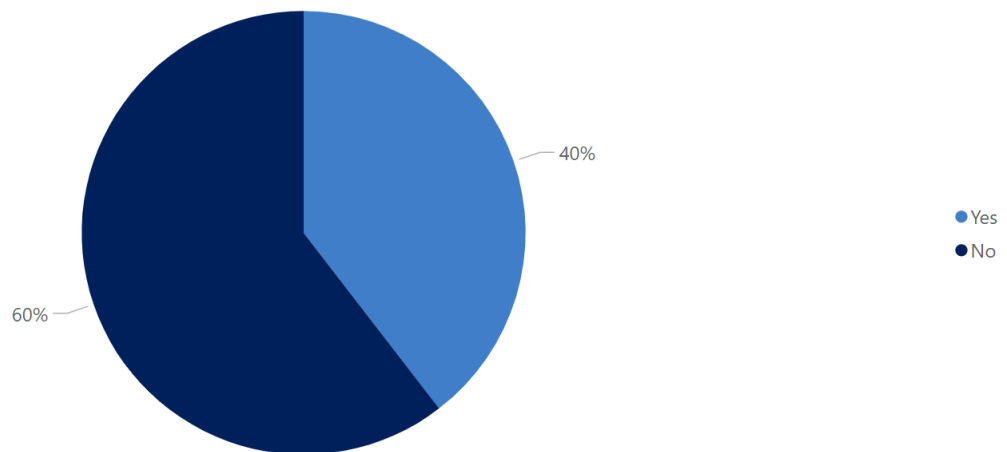
**Figure 11: Proportion of vaccinated people without a vaccine booster jab who would be likely or unlikely to have a vaccine booster jab for Coronavirus (COVID-19)**



## Rapid Lateral Flow Tests

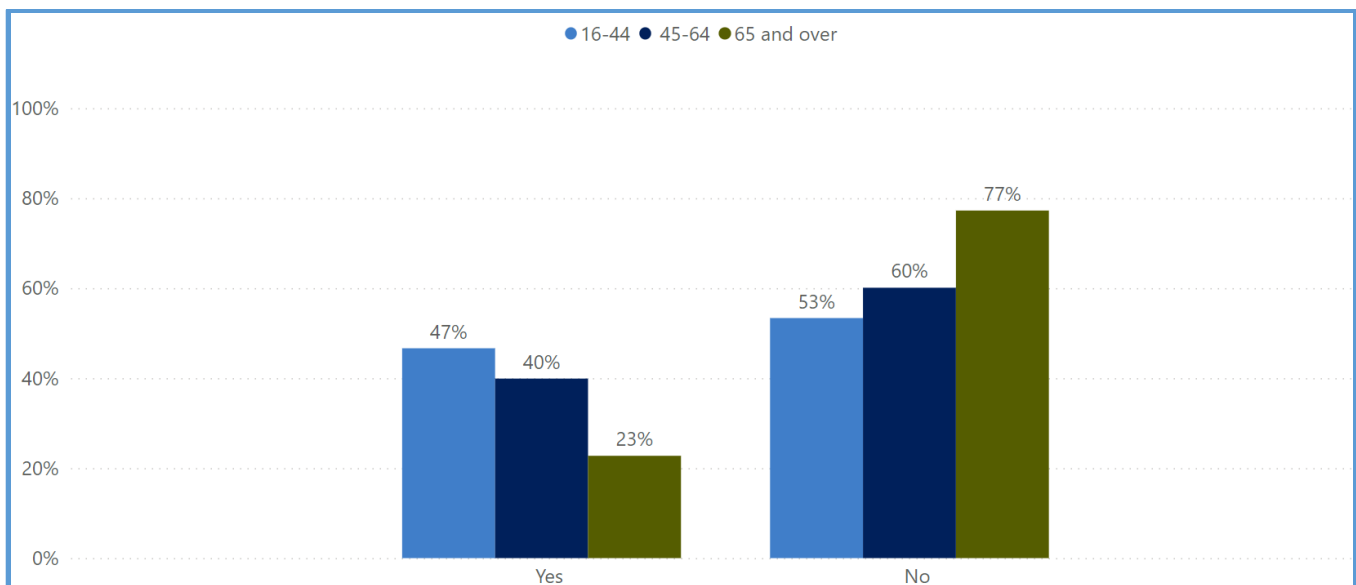
People interviewed in the period January - March 2022 were asked about rapid lateral flow tests. Overall, four in ten people (40%) reported that they had taken a rapid lateral flow test in the seven days prior to interview (Figure 12).

**Figure 12: Proportion of people who had taken a rapid lateral flow test in the seven days prior to interview**



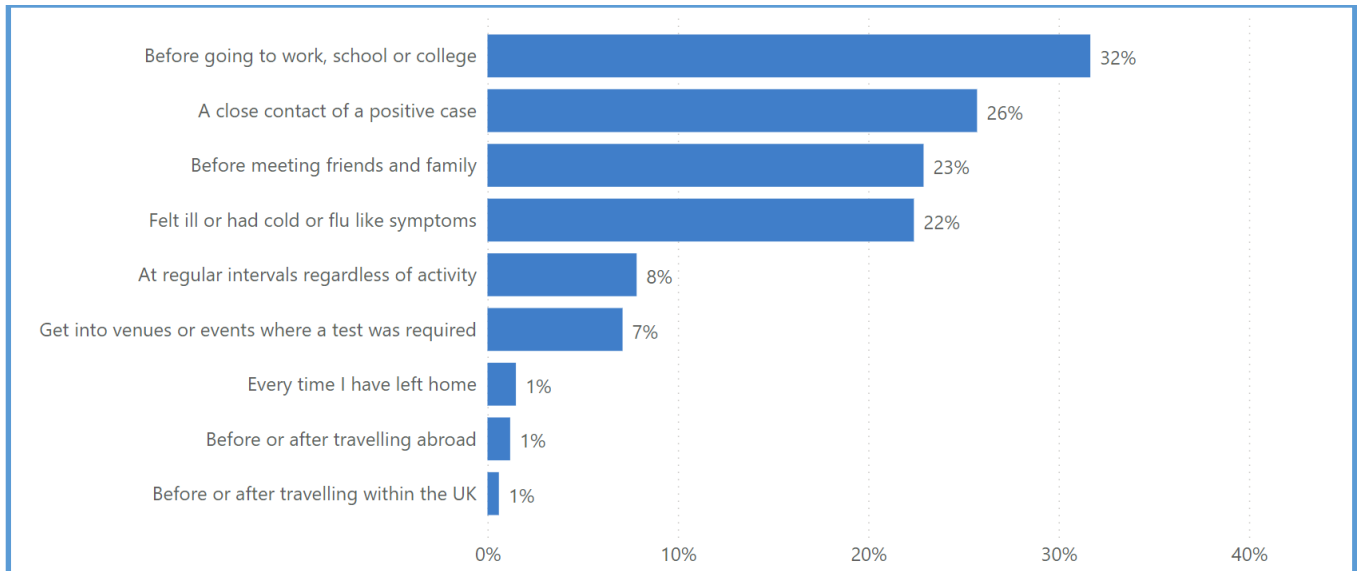
Usage of rapid lateral flow tests was more prevalent in the younger age cohorts. Approximately, half of people aged 16-44 (47%) reported that they had taken a rapid lateral flow test in the seven days prior to interview. This was a significantly higher proportion than those aged 45-64 (40%) or those aged 65 years and over (23%) (Figure 13).

**Figure 13: Proportion of people who had taken a rapid lateral flow test in the seven days prior to interview, by age group**



Those people, who had taken a rapid lateral flow test in the last seven days, were asked the reasons why they had taken the test(s). One in three of these people (32%) said that they had tested before going to work, school or college. Approximately, one quarter (26%) said that they had tested because they were a close contact of a positive case, whilst 23% had tested before meeting friends and family and 22% because they felt ill or had cold or flu like symptoms (Figure 14).

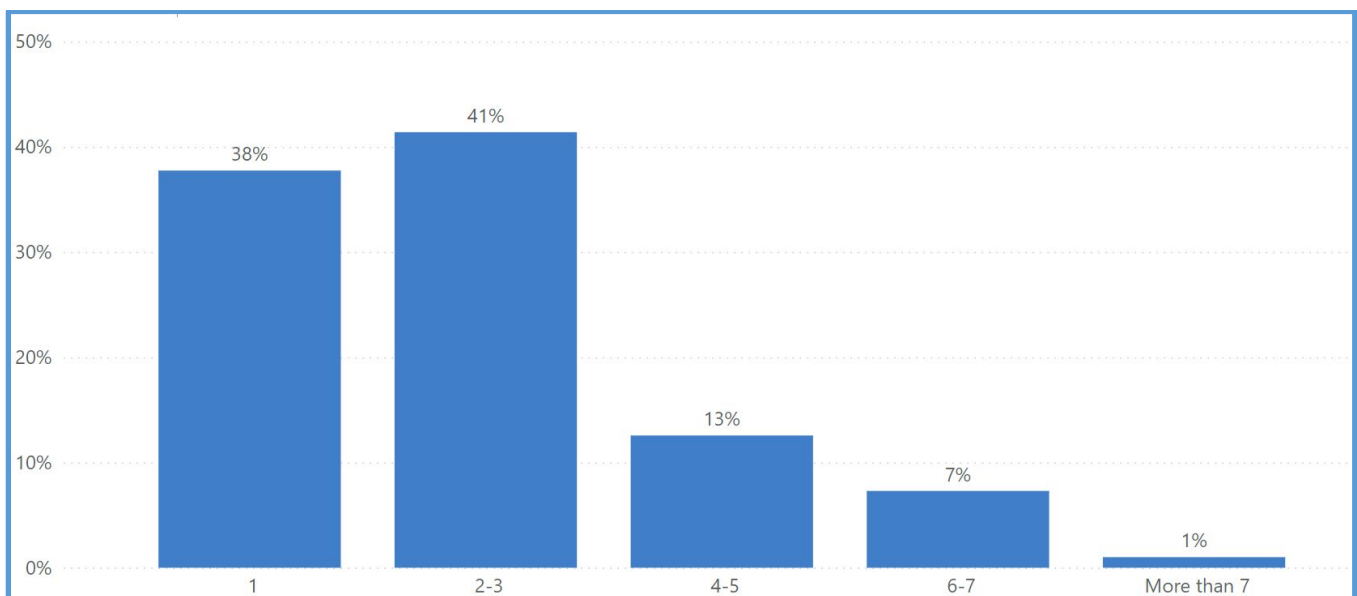
**Figure 14<sup>1</sup>: Reasons why people taken a rapid lateral flow test in the seven days prior to interview**



<sup>1</sup> Multiple responses allowed

Those people, who had taken a rapid lateral flow test, were also asked how many of these tests they had taken in the seven days prior to interview. The majority of these people had taken either one test (38%) or 2-3 tests (41%). Just under one in ten people (8%) reported that they had taken at least one test almost or every day in the previous seven days (Figure 15).

**Figure 15: The number of rapid lateral flow tests taken in the seven days prior to interview**

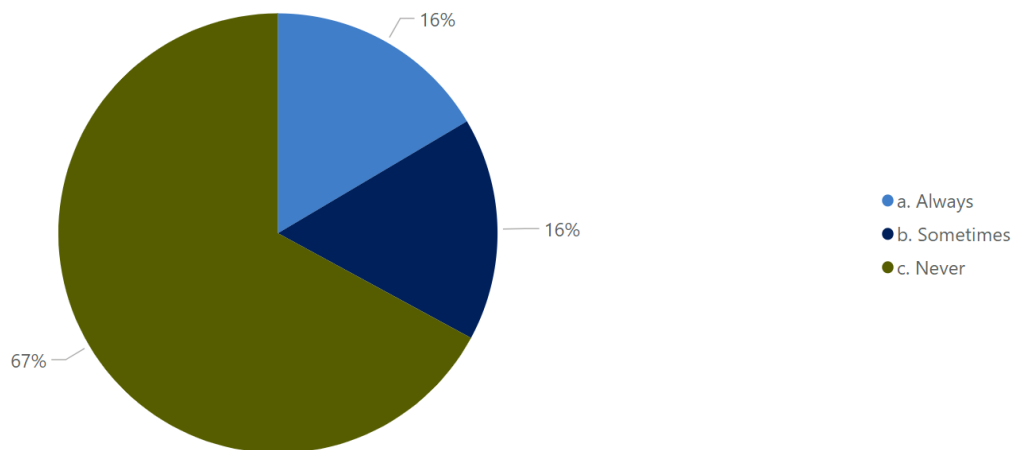




Some further questions were asked about how often the results of rapid lateral flow tests, taken in the previous seven days, were reported to the NHS, and if not, what the reasons were for not doing so.

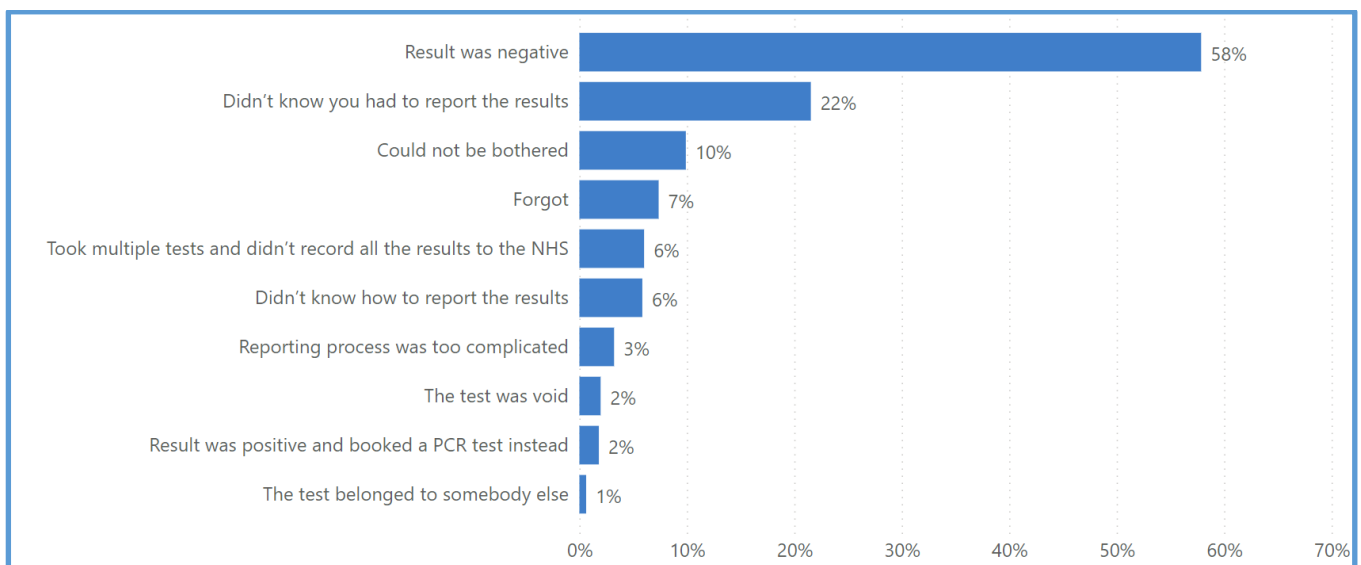
Two thirds of people (67%) said that they had not reported the results of any of the rapid lateral flow tests they had taken in the previous seven days to the NHS, whilst 16% said that they reported them sometimes and a further 16% of people said that they had reported the results every time (Figure 16).

**Figure 16: How often results of rapid lateral flow tests taken in the seven days prior to interview, were reported to the NHS**



The most common reasons given by those people who did not report the results of rapid lateral flow tests to the NHS were that the result was negative (58%), they didn't know that you had to report the results (22%) or they couldn't be bothered (10%) Figure 17.

**Figure 17<sup>1</sup>: Reasons the results of rapid lateral flow tests taken in the seven days prior to interview, were not reported to the NHS**

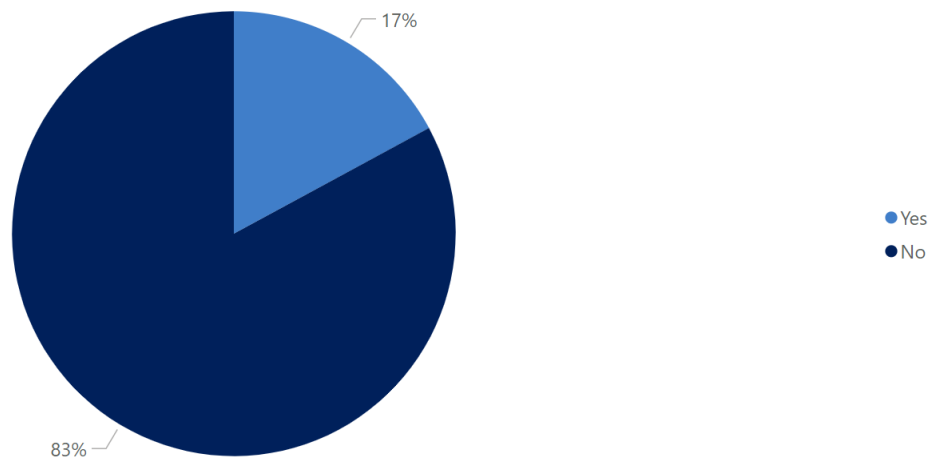


<sup>1</sup> Multiple responses allowed

During the months of February and March 2022, all respondents were asked some additional questions about accessing rapid lateral flow tests.

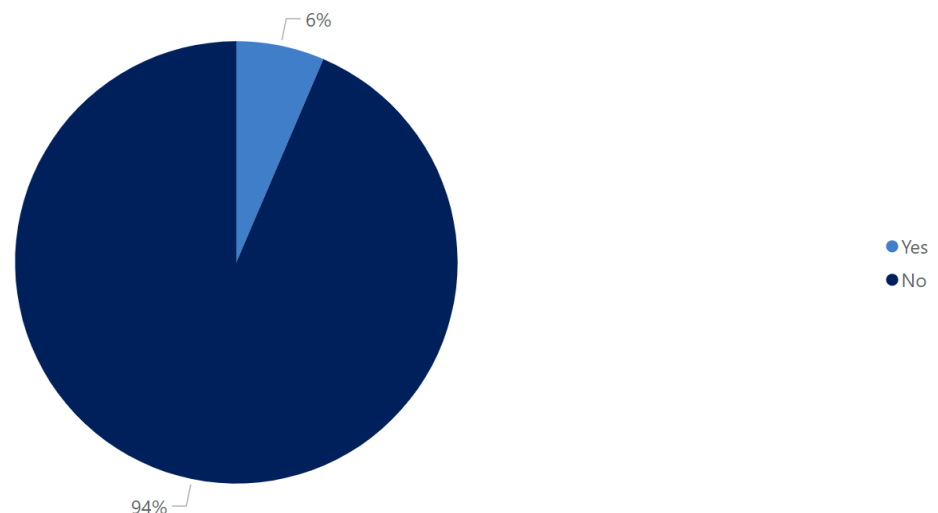
Approximately, one in six people (17%) reported that they had tried to obtain rapid lateral flow tests in the seven days prior to interview (Figure 18).

**Figure 18: Proportion of people who had tried to obtain rapid lateral flow tests in the seven days prior to interview**



Of those people who had tried to obtain rapid lateral flow tests in the seven days prior to interview, only a small proportion (6%) reported that they had experienced any difficulty in doing so (Figure 19).

**Figure 19: Proportion of people who tried but experienced difficulty getting a rapid lateral flow test in the seven days prior to interview**

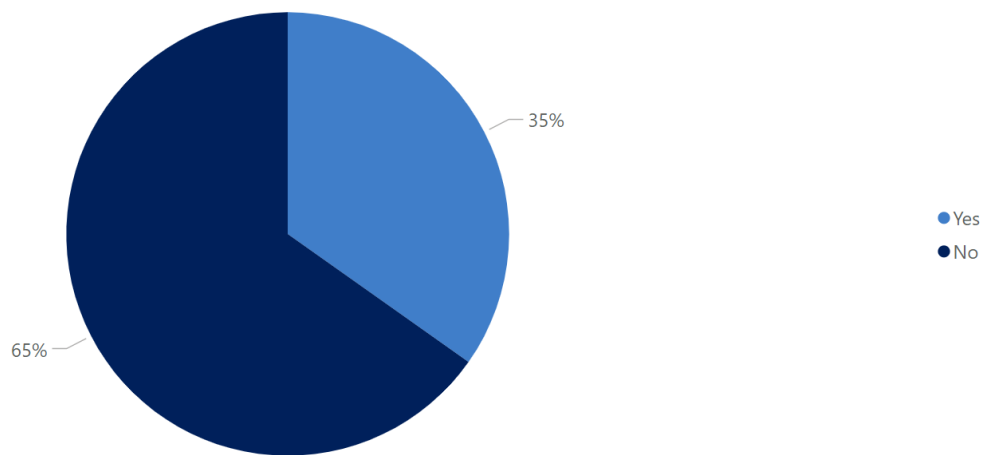


Diagnosis of Coronavirus (COVID-19)

People interviewed in the period January - March 2022 were asked whether or not they had tested positive for COVID-19.

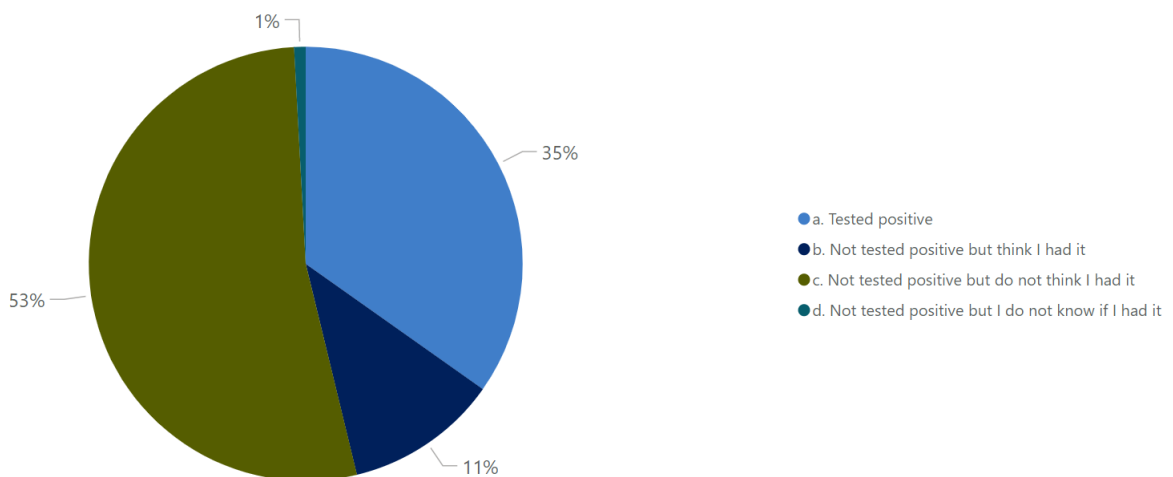
Approximately, just over one third of people (35%) reported that they had tested positive for Coronavirus (COVID-19) during the pandemic period (Figure 20).

**Figure 20: Proportion of people who reported that they had tested positive or not for Coronavirus (COVID-19)**



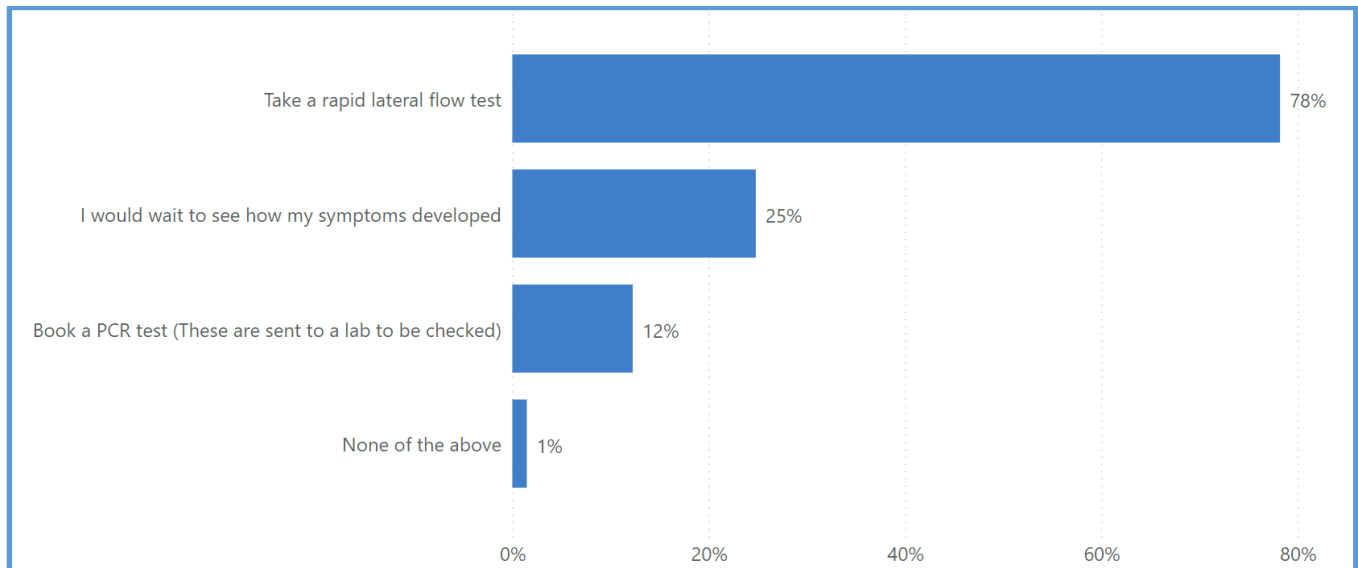
A further 11% of people reported that they thought they might have had Coronavirus (COVID-19) during the pandemic period, despite never testing positive for it (Figure 21). The chart below includes those people who had not taken a Coronavirus (COVID-19) test as well as those who had received a negative test result.

**Figure 21: Breakdown of people who tested positive or not for Coronavirus (COVID-19)**



During the months of January – March 2022, people were asked what they would do if they got a cold or flu like symptoms in the future. The vast majority of people (78%) said that they would take a rapid lateral flow test, a quarter of people (25%) said they would wait to see how their symptoms developed, whilst 12% said they would book a PCR test (Figure 22).

**Figure 22<sup>1</sup>: What people would do if they were to get a cold or flu like symptoms in the future**



<sup>1</sup> Multiple responses allowed

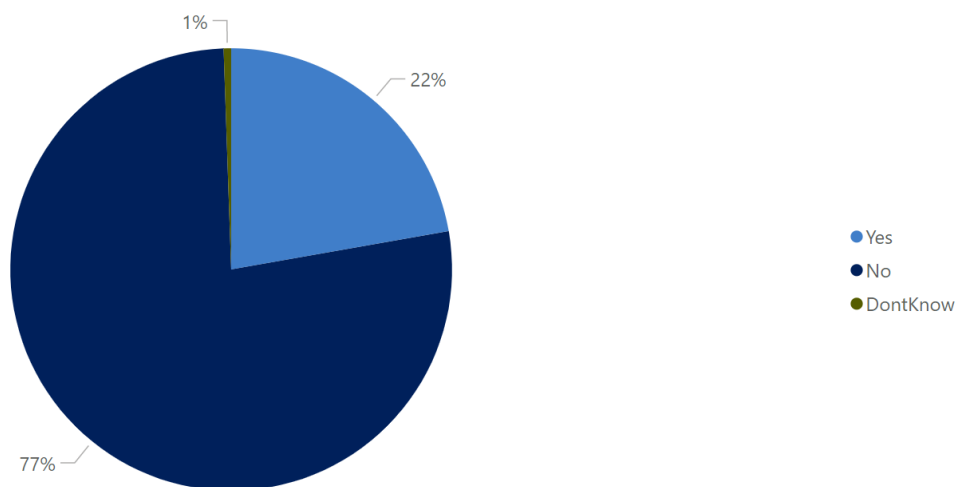
Prevalence of Long COVID and Long Term Effects of Coronavirus (COVID-19) (Long COVID)

Long COVID is a term used to describe the effects of Coronavirus (COVID-19) that can last weeks or months after the infection is gone.

Those people interviewed in the months of January – March 2022, either who had tested positive for Coronavirus (COVID-19) or who thought that they might have had Coronavirus (COVID-19), were asked a further question about whether or not they had experienced Long COVID. Approximately, one in five of these people (22%) reported that they had experienced Long COVID (Figure 23).

Overall, 10% of people aged 16 years and over interviewed in the period January – March 2022 said that they had experienced symptoms of Long COVID.

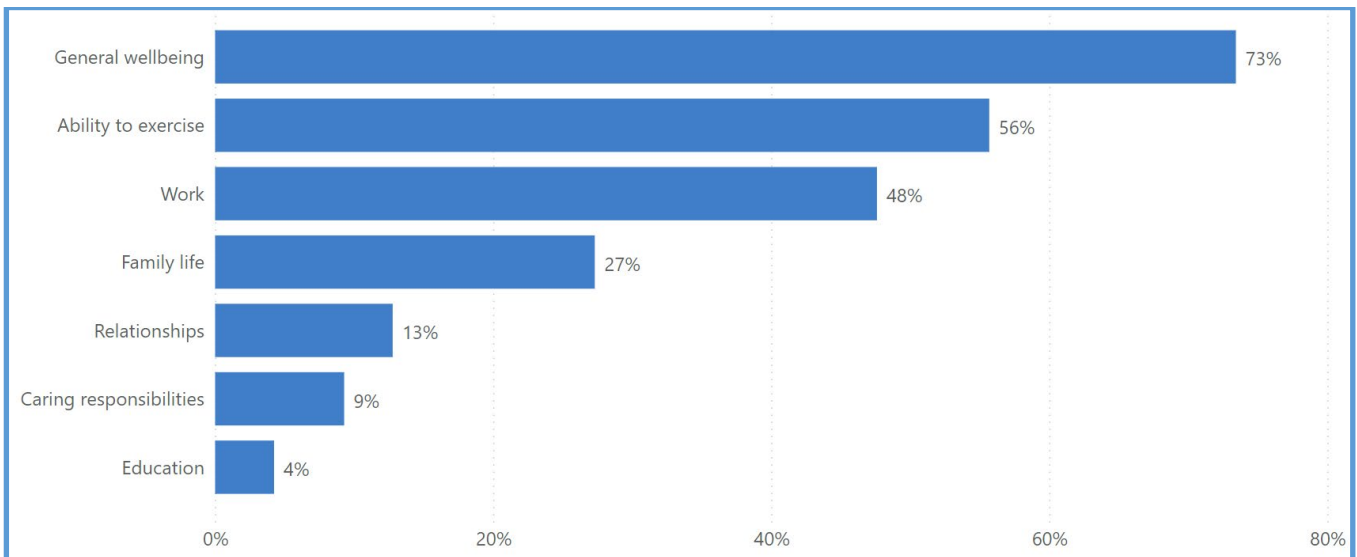
**Figure 23: Proportion of people, either who had tested positive for Coronavirus (COVID-19) or who thought that they might have had Coronavirus (COVID-19), reporting Long COVID**



Those people who had experienced Long COVID were asked a further question about whether or not it had negatively affected certain aspects of their life.

Almost three-quarters of people (73%) who reported symptoms of Long COVID said that it had negatively affected their general wellbeing. Some 56% said that it had negatively affected their ability to exercise and 48% reported that Long COVID had negatively affected their work (Figure 24).

**Figure 24<sup>1</sup>: Ways in which Long COVID has negatively affected certain aspects of life**



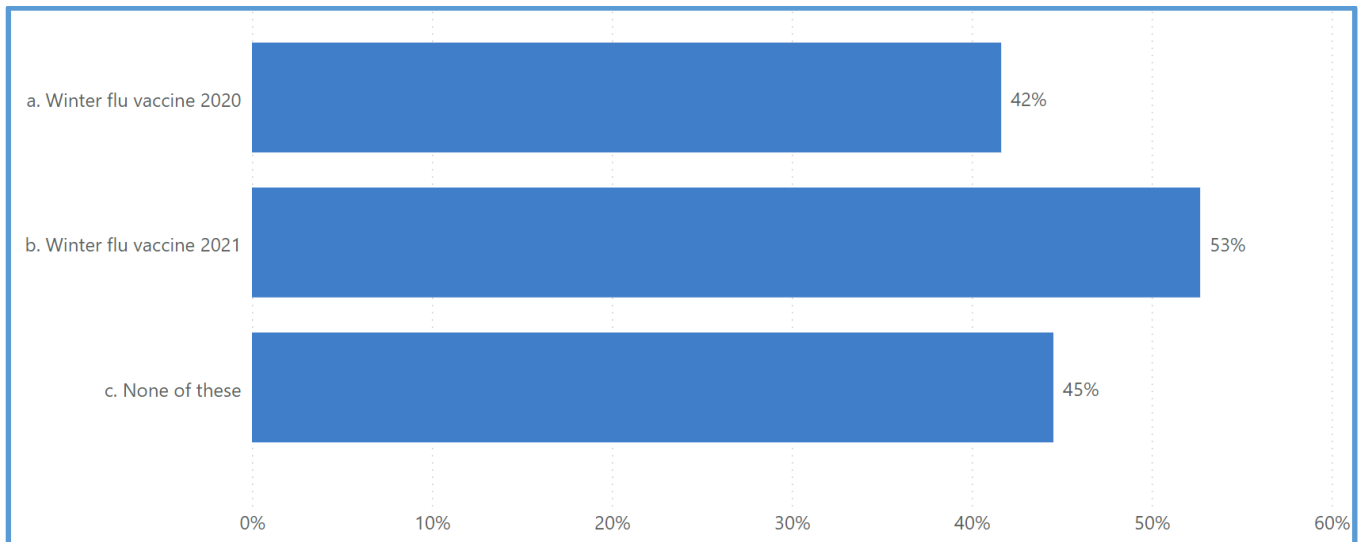
<sup>1</sup> Multiple responses allowed

## Winter Flu Vaccinations

In the period January - March 2022, people were asked some questions about the uptake of winter flu vaccines.

Approximately, half of people (53%) said that they had received the 2021 winter flu vaccine, whilst 42% said that they had received the 2020 winter flu vaccine. Some 45% of people had received neither the 2021 or 2020 winter flu vaccine (Figure 25).

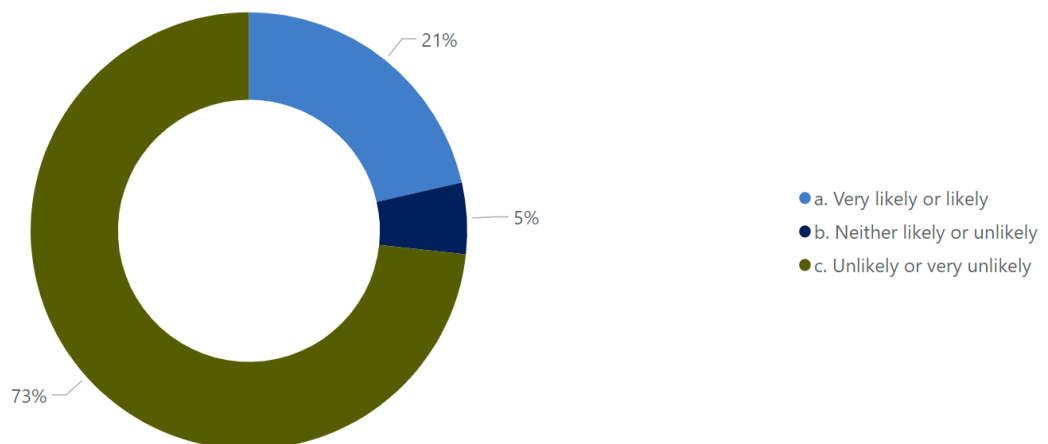
**Figure 25<sup>1</sup>: Proportion of people who had or had not received a 2020 or 2021 winter flu vaccine**



<sup>1</sup> Multiple responses allowed

Those people, who had not received a 2021 winter flu vaccine, were asked how likely or unlikely they would be to have that flu vaccine this winter. The majority of these people (73%) said that they were unlikely to have a flu vaccine this winter, whilst approximately a fifth of these people (21%) said that they were likely to do so (Figure 26).

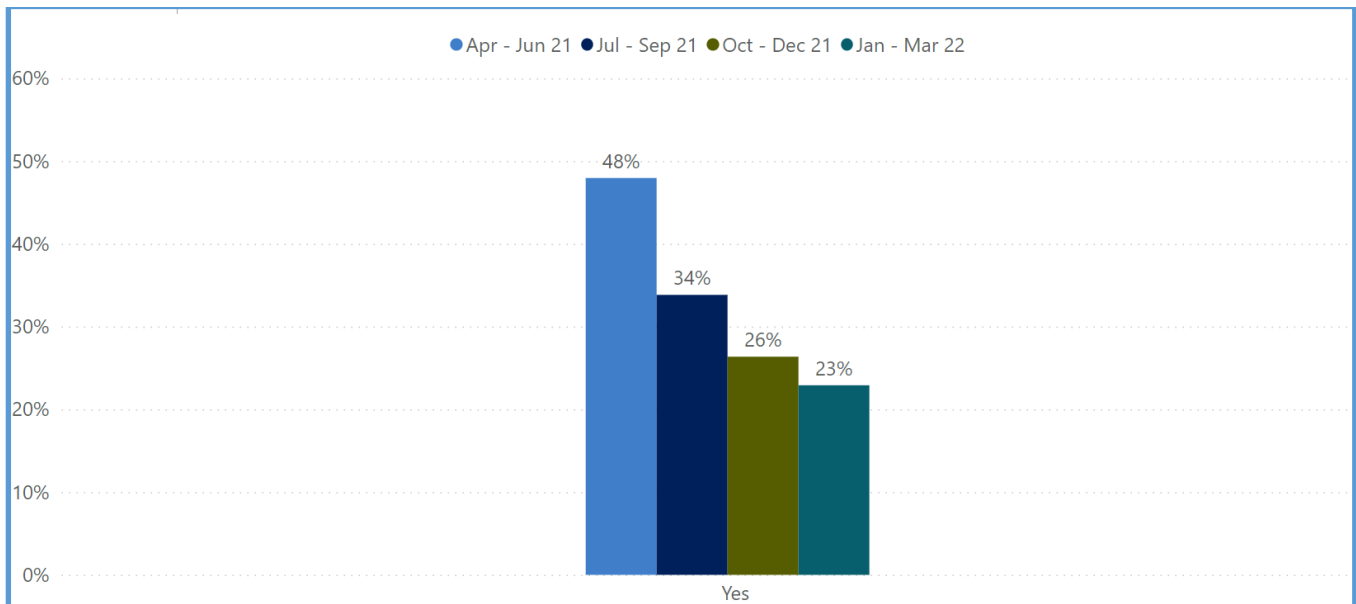
**Figure 26: Proportion of people who had not received a 2021 winter flu vaccine, who would be likely or unlikely to have a flu vaccine this winter**



## Protecting Older and Vulnerable People

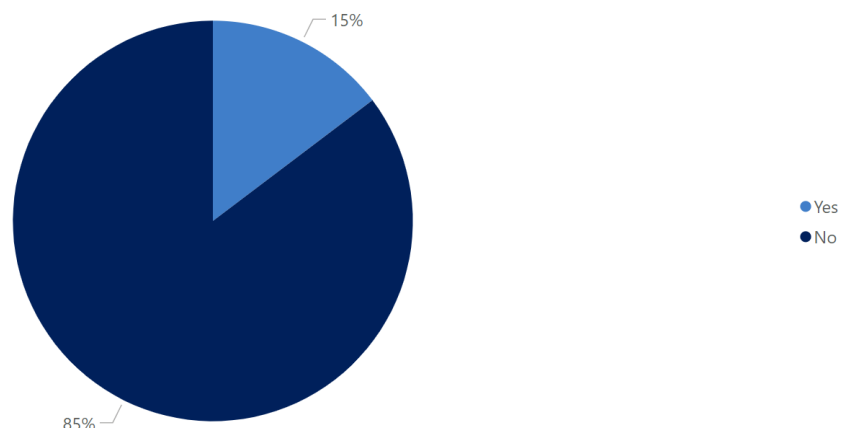
The proportion of people, who had avoided contact with older or vulnerable people in the seven days prior to interview because of the Coronavirus (COVID-19) outbreak, continued to decline from almost half (48%) of people in April - June 2021 to 23% in January – March 2022 (Figure 27).

**Figure 27: Proportion of people who avoided contact with older people or other vulnerable people in the seven days prior to interview because of the Coronavirus (COVID-19) outbreak, at time of interview**



Those people, who had avoided contact with older or other vulnerable people, were asked a further question about whether or not they had any care responsibilities for these people. Some 15% of these people had caring responsibilities for the older or vulnerable people they had avoided contact with (Figure 28).

**Figure 28: Proportion of people who avoided contact with older people or other vulnerable people in the seven days prior to interview because of the Coronavirus (COVID-19) outbreak with caring responsibilities for those people**

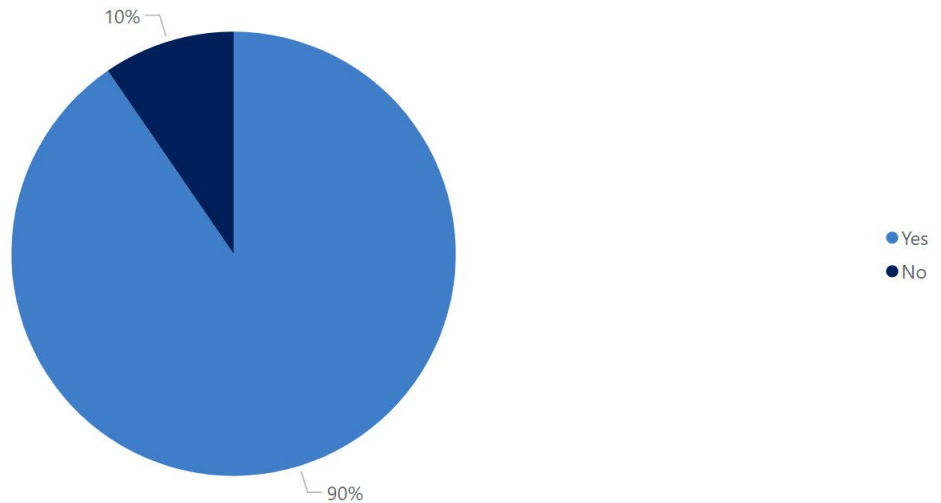




Use of Face Coverings

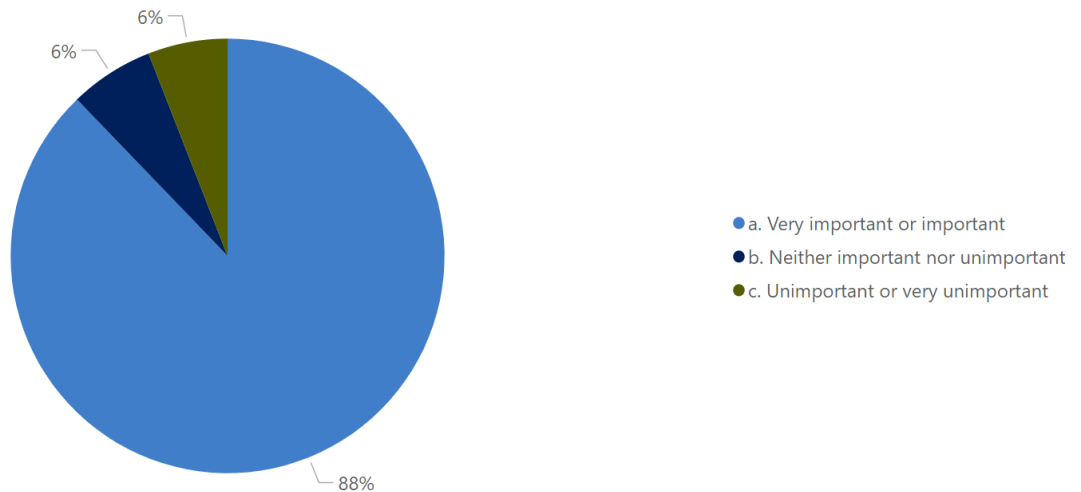
During the months of January – March 2022, the vast majority of people (90%) reported that they had worn a face covering when outside their home to help slow the spread of Coronavirus (COVID-19) in the seven days prior to interview (Figure 29).

**Figure 29: Proportion of people who used a face covering when outside their home to help slow the spread of Coronavirus (COVID-19) in the seven days prior to interview**



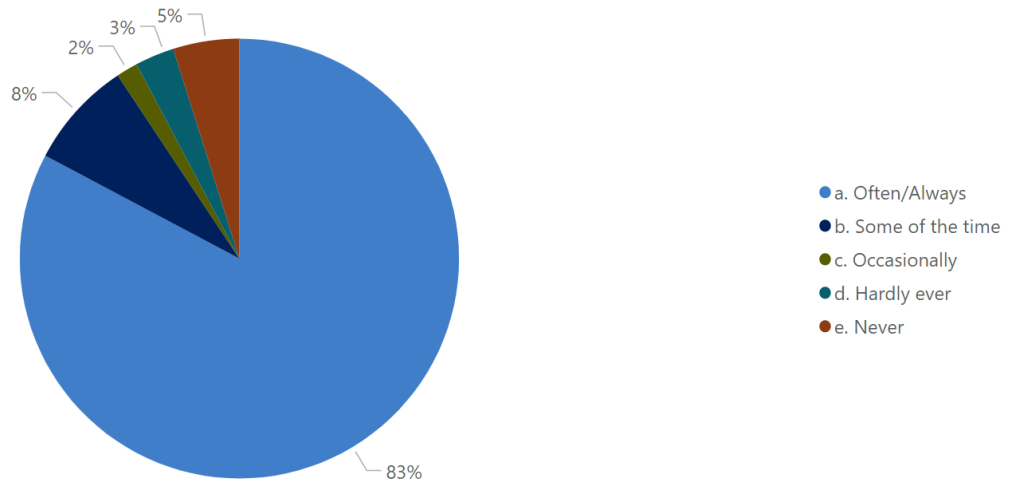
Among those interviewed during the months of January – March 2022, the vast majority of people (88%) felt that wearing a face covering was still important in slowing the spread of Coronavirus (COVID-19) (Figure 30).

**Figure 30: Proportion of people who thought wearing a face covering was important or unimportant in slowing the spread of Coronavirus (COVID-19)**



The vast majority of people (83%), who had been inside a shop in the previous seven days, reported that they had worn a face covering often or always. Only a small proportion (5%) said that they had never worn a face covering inside a shop in the previous seven days (Figure 31).

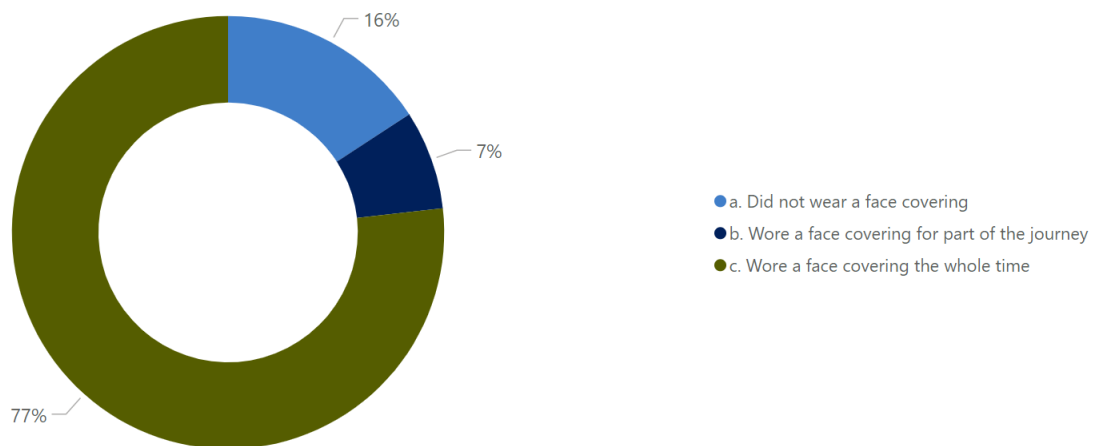
**Figure 31: Proportion of people who used a face covering or not, when inside a shop in the seven days prior to interview**



In the period January - March 2022, we asked the 14% of people who had used public transport about their usage of face coverings whilst travelling on these modes of transport.

Slightly more than three-quarters of these people (77%) reported that they had worn a face covering the whole time when travelling on public transport, whilst 7% did so for part of the journey and 16% did not wear a face covering at all (Figure 32).

**Figure 32: Proportion of people who used a face covering or not, whilst travelling on public transport in the seven days prior to interview**



## [Further Information](#)

NISRA would like to thank the survey interviewers and members of public who collected and provided the data for this report.

## [Results and Tables](#)

Each chart in the report is also supported by an excel spreadsheet which provides confidence intervals for each estimate. Additional tables for other variables asked from April 2021 onwards have also been published in this release, where validated data is of a sufficient quality to release. A visual representation of these findings can also be found at the following webpage:

[NISRA Coronavirus \(COVID-19\) Opinion Survey Visualizations](#)

## [Technical Report](#)

The technical report includes further details on the sampling method, data collection mode, respondent selection, fieldwork, weighting, sampling error, confidence intervals, significant differences and strengths and limitations of the survey:

[NISRA Coronavirus \(COVID-19\) Opinion Survey Technical Report](#)

## [Previous Publications](#)

Previous publications of the NISRA Coronavirus (COVID-19) Opinion Survey Key Findings are available at: [NISRA Coronavirus \(COVID-19\) Opinion Survey Previous Results | Northern Ireland Statistics and Research Agency](#)

## [Related Links to Coronavirus \(COVID-19\) Statistics](#)

The latest data and analysis on Coronavirus (COVID-19) in Northern Ireland and its effects on the economy and society can be found at the following link:

[NI summary statistics - Coronavirus \(COVID-19\) statistics](#)

## [Further Research](#)

NISRA is currently working with research partners on the Northern Ireland Coronavirus (COVID-19) Infection Survey. The household study helps provide a better understanding of the Coronavirus and helps the Government work out how to manage the pandemic better moving forward. The latest findings for Northern Ireland from the Coronavirus (COVID-19) Infection Survey can be found at:

[NI Coronavirus \(COVID-19\) Infection Survey](#)

## Contacts

We welcome feedback from users. For more information about the data used in this publication, please contact the following:

### **Media Queries:**

**E-mail:** [dof.pressoffice@finance-ni.gov.uk](mailto:dof.pressoffice@finance-ni.gov.uk)

**Telephone:** 028 9081 6724

**Out of hours please contact the**

**Duty Press Officer:** 028 9037 8110

### **Responsible Statistician:**

Nicola Ann Shiels  
Northern Ireland Statistics and Research Agency,  
Colby House,  
Stranmillis Court,  
Belfast BT9 5RR

**E-mail:** [Nicola.Shiels@nisra.gov.uk](mailto:Nicola.Shiels@nisra.gov.uk)

**Telephone:** 028 9025 5064

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