

## Supplementary Materials – LPS descriptions and acknowledgements

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### AIRWAVE: Airwave Health Monitoring Study

<b>Description of Study Population</b> (including citations and references if required)	The Airwave Health Monitoring Study was established in 2004 in response to the Stewart report; it is a long-term occupational cohort study following up the health of police officers and staff across Great Britain in relation to TETRA use and other exposures (Elliott et al., 2014). The cohort was described in detail here: <a href="https://pubmed.ncbi.nlm.nih.gov/25194498/">https://pubmed.ncbi.nlm.nih.gov/25194498/</a>
<b>Acknowledgements</b>	The Study is funded by the Medical Research Council (MRC), (MR/R023484/1), the National Institute for Health Care Research (NIHR) Health Protection Research Unit in Chemical and Radiation Threats and Hazards (NIHR-200922), the Imperial College Biomedical Research Centre (BRC) 2017-22, Imperial College London, and the Imperial College Healthcare NHS Trust. The initial phase of the study, including participant recruitment, was funded by the Home Office (780-TETRA; 2003-18). Views expressed are those of the authors and not necessarily those of the study sponsors. We thank all study participants for their involvement.
<b>Ethics</b>	REC reference is 19/NW/0054
<b>Further information</b>	<a href="https://police-health.org.uk/applying-access-resource">https://police-health.org.uk/applying-access-resource</a>

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### ALSPAC: Avon Longitudinal Study of Parents and Children

<b>Description of Study Population</b> (including citations and references if required)	Pregnant women resident in a defined area of the former county of Avon, UK with expected dates of delivery 1st April 1991 to 31st December 1992 were invited to take part in the study <sup>1,2</sup> . The initial number of pregnancies enrolled is 14,541 (14,676 fetuses), resulting in 14,062 live births and 13,988 children who were alive at 1 year of age. Further recruitment took place after the age of 7 years, the total sample size for analyses using any data collected after the age of 7 is therefore 15,454 pregnancies, resulting in 15,589 fetuses. Of these 14,901 were alive at 1 year of age. <sup>1</sup> Boyd A, Golding J, Macleod J, Lawlor DA, Fraser A, Henderson J, Molloy L, Ness A, Ring S, Davey Smith G. Cohort Profile: The 'Children of the 90s'; the index offspring of The Avon Longitudinal Study of Parents and Children (ALSPAC). <i>International Journal of Epidemiology</i> 2013; 42: 111-127. <sup>2</sup> Fraser A, Macdonald-Wallis C, Tilling K, Boyd A, Golding J, Davey Smith G, Henderson J, Macleod J, Molloy L, Ness A, Ring S, Nelson SM, Lawlor DA. Cohort Profile: The Avon Longitudinal Study of Parents and Children: ALSPAC mothers cohort. <i>International Journal of Epidemiology</i> 2013; 42:97-110.
<b>Acknowledgements</b>	We are extremely grateful to all the families who took part in this study, the midwives for their help in recruiting them, and the whole ALSPAC team, which includes interviewers, computer and laboratory technicians, clerical workers, research scientists, volunteers, managers, receptionists and nurses.
<b>Ethics</b>	Ethical approval for the study was obtained from the ALSPAC Law and Ethics committee and local research ethics committees (NHS Haydock REC: 10/H1010/70).
<b>Further information</b>	<a href="http://www.bristol.ac.uk/alspac/researchers/access/">http://www.bristol.ac.uk/alspac/researchers/access/</a>

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## BCS70: 1970 British Cohort Study

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**Description of Study Population** (including citations and references if required) The 1970 British Cohort Study (BCS70) follows the lives of more than 17,000 people born in England, Scotland and Wales in a single week of 1970. Over the course of cohort members' lives, BCS70 has collected information on health, physical, educational and social development, and economic circumstances, among other factors.

Since the birth survey in 1970, there have been nine 'sweeps' of all cohort members at ages 5, 10, 16, 26, 30, 34, 38, 42 and most recently at 46 (a biomedical data collection). The Age 51 Sweep is currently in the field (2022).

Data have been collected from a number of different sources, including the midwife present at birth, parents of the cohort members, head and class teachers, school health service personnel and the cohort members themselves.

The data have been collected in a variety of ways, including via paper and electronic questionnaires, clinical records, medical examinations, biological samples, physical measurements, tests of ability, educational assessments and diaries.

The study is conducted by the Centre for Longitudinal Studies.

**Acknowledgements** BCS70 is core-funded by the ESRC.

**Ethics** Ethics approval has been obtained for each follow-up from an NHS Research Ethics Committee (REC) since 2000. In addition, separate REC approval is in place to cover the ongoing activities of the study in between major sweeps of data collection (i.e. Keeping in touch with and tracing cohort members; cleaning, documenting and providing access to the data for research; and linking data from administrative sources to survey data to increase the utility of the data for research).

**Further information** <https://cls.ucl.ac.uk/cls-studies/bcs70/>

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**BIB: Born in Bradford****Description of Study Population** (including citations and references if required)

Born in Bradford (BiB) is a prospective pregnancy and birth cohort study of the children, mothers and fathers from 13,776 pregnancies from between 2007 and 2011, based in Bradford, UK. The study was established to examine how genetic, nutritional, environmental, behavioural and social factors affect health and development during childhood, and subsequently, adult life in a deprived multi-ethnic population<sup>1</sup>. From 2017 to 2021, a full follow-up of the cohort was conducted<sup>2</sup> to investigate the determinants of children's pre-pubertal health and development, including through understanding parents' health and wellbeing, and to obtain data on exposures in childhood that might influence future health. In 2022, the Age of Wonder study was launched to complete another full follow-up through adolescence into adulthood, focusing on priority areas of physical and mental health, growth, identity, cognition, socioeconomic status and environmental exposures<sup>3</sup>.

<sup>1</sup>John Wright, Neil Small, Pauline Raynor, Derek Tuffnell, Raj Bhopal, Noel Cameron, Lesley Fairley, Debbie A Lawlor, Roger Parslow, Emily S Petherick, Kate E Pickett, Dagmar Waiblinger, Jane West, on behalf of the Born in Bradford Scientific Collaborators Group, Cohort Profile: The Born in Bradford multi-ethnic family cohort study, *International Journal of Epidemiology*, Volume 42, Issue 4, August 2013, Pages 978–991, <https://doi.org/10.1093/ije/dys112>

<sup>2</sup>Rosemary R C McEachan, Gillian Santorelli, Aidan Watmuff, Dan Mason, Sally E Barber, Daniel D Bingham, Philippa K Bird, Laura Lennon, Dan Lewer, Mark Mon-Williams, Katy A Shire, Dagmar Waiblinger, Jane West, Tiffany C Yang, Deborah A Lawlor, Kate E Pickett, John Wright, Cohort Profile Update: Born in Bradford, *International Journal of Epidemiology*, Volume 53, Issue 2, April 2024, dyae037, <https://doi.org/10.1093/ije/dyae037>

<sup>3</sup>Shire KA, Newsham A, Rahman A et al. Born in Bradford's Age of Wonder cohort: protocol for adolescent data collection [version 1; peer review: 2 approved]. *Wellcome Open Res* 2024, 9:32 (<https://doi.org/10.12688/wellcomeopenres.20785.1>)

**Acknowledgements**

Born in Bradford has received funding from the Wellcome Trust [101597/Z/13/Z and 223601/Z/21/Z]; a joint grant from the UK Medical Research Council (MRC) and UK Economic and Social Science Research Council (ESRC) [MR/N024391/1; a British Heart Foundation Clinical Study grant [CS/16/4/32482]; the National Institute for Health Research under its Applied Research Collaboration Yorkshire and Humber [NIHR200166]; and a Health Foundation COVID-19 Award [2301201]. Born in Bradford is only possible because of the enthusiasm and commitment of the Children and Parents in BiB. We are grateful to all the participants, health professionals, schools and researchers who have made Born in Bradford happen.

**NMR metabolomics data – additional acknowledgement**

Researchers who use the NMR metabolomics data should cite the following data note:

<https://wellcomeopenresearch.org/articles/5-264>

The funding acknowledgement should be:

Funding for the metabolomics analyses in BiB has been provided by the US National Institutes of Health [R01 DK10324]; the European Research Council (ERC) under the European Union's Seventh Framework Programme [FP7/2007-2013] / ERC grant agreement no 669545; and the UK Medical Research Council [MC\_UU\_00011/6].

**Ethics**

Study: Born in Bradford Age of Wonder: a co-produced mixed methods longitudinal exploration of health and wellbeing trajectories through adolescence and young adulthood in the multi-cultural city of Bradford, UK.

REC: 21/YH/0261

Study: Born in Bradford's Growing up Family Study

REC: 16/YH/0320

Study: Born in Bradford: A longitudinal cohort study of babies born in Bradford and their mothers and fathers

REC: 07/H1302/112

**Further information**

<https://www.borninbradford.nhs.uk>

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**ELSA: English Longitudinal Study of Ageing**

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**Description of Study Population** (including citations and references if required) The English Longitudinal Study of Ageing (ELSA) is a unique and rich resource of information on the dynamics of health, social, wellbeing and economic circumstances in the English population aged 50 and older <sup>1</sup>.

The original sample was drawn from households that had previously responded to the Health Survey for England (HSE) between 1998 and 2001. The main fieldwork began in March 2002. The same group of respondents have been interviewed at two-yearly interviews.

<sup>1</sup>Banks J, Batty GD, Breedvelt JJF, Coughlin K, Crawford R, Marmot M, Nazroo J, Oldfield Z, Steel N, Steptoe A, Wood M, Zaninotto P (2021) English Longitudinal Study of Ageing: Waves 0-9, 1998-2019

**Acknowledgements** The English Longitudinal Study of Ageing was developed by a team of researchers based at University College London, NatCen Social Research, the Institute for Fiscal Studies, the University of Manchester and the University of East Anglia. The data were collected by NatCen Social Research. The funding is currently provided by the National Institute on Aging (Ref: R01AG017644) and by a consortium of UK government departments: Department for Health and Social Care; Department for Transport; Department for Work and Pensions, which is coordinated by the National Institute for Health Research (NIHR, Ref: 198-1074). Funding has also been provided by the Economic and Social Research Council (ESRC).

**Ethics** <https://www.elsa-project.ac.uk/ethical-approval>

**Further information** <https://www.elsa-project.ac.uk/data-and-documentation>

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**EPIC-Norfolk: European Prospective Investigation into Cancer – Norfolk study**

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**Description of Study Population** (including citations and references if required) EPIC-Norfolk is a prospective population-based cohort study that was established as part of the European Prospective Investigation of Cancer (EPIC) a large multi-centre cohort across 23 centres in 10 different European countries.

EPIC-Norfolk was primarily established to examine the links between diet, lifestyle factors and cancer risk, but the study was broadened from the outset to include other chronic diseases and health conditions. At baseline from 1993-97, 25,000 people aged 40-79 years were recruited into EPIC-Norfolk and provided a baseline blood sample. Participants were recruited from the sampling frame of 42 GP practices through Norfolk. Participants have been followed up in a total of five health checks and have additionally provided information through questionnaires over 25 years. Extensive record linkage has enabled collection of health endpoint data on a continuing basis.

**Acknowledgements** The EPIC-Norfolk study (<https://doi.org/10.22025/2019.10.105.00004>) has received funding from the Medical Research Council (MR/N003284/1 MC-UU\_12015/1 and MC\_UU\_00006/1) and Cancer Research UK (C864/A14136). The genetics work in the EPIC-Norfolk study was funded by the Medical Research Council (MC\_PC\_13048). We are grateful to all the participants who have been part of the project and to the many members of the study teams at the University of Cambridge who have enabled this research.

**Ethics** The EPIC-Norfolk study was approved by the Norwich Local Ethics Committee (previously known as Norwich District Ethics Committee) (REC Ref: 98CN01); all participants gave their informed written consent before entering the study.

**Further information** <https://www.epic-norfolk.org.uk/for-researchers/data-sharing/data-requests/>

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**EXCEED: Extended Cohort for E-Health, Environment and DNA**

**Description of Study Population** (including citations and references if required) EXCEED is a longitudinal population-based cohort which facilitates investigation of genetic, environmental and lifestyle-related determinants of a broad range of diseases and of multiple morbidity through data collected at baseline and via electronic healthcare record linkage. Recruitment has taken place in Leicester, Leicestershire and Rutland since 2013 and is ongoing, with 11,000 participants. Participants provided a DNA sample, have consented to follow-up for up to 25 years through electronic health records and additional bespoke data collection is planned. Data available includes baseline demographics, anthropometry, spirometry, lifestyle factors (smoking and alcohol use), multi-omics data, and longitudinal health information from primary and secondary care records. Patients have consented to be contacted for recall-by-genotype and recall-by-phenotype sub-studies. Further details about the study can be accessed in the Cohort Profile Paper<sup>1</sup>, with additional information about our COVID-19 Focus available as a Data Note Paper<sup>2</sup>.

<sup>1</sup>Catherine John, Nicola F Reeve, Robert C Free, [...] Edward J Hollox, Louise V Wain, Martin D Tobin. Cohort Profile: Extended Cohort for E-health, Environment and DNA (EXCEED). *International Journal of Epidemiology*, Volume 48, Issue 3, June 2019, Pages 678–679j, <https://doi.org/10.1093/ije/dyz073>

<sup>2</sup>Lee PH, Guyatt AL, John C et al. Extended Cohort for E-health, Environment and DNA (EXCEED) COVID-19 focus [version 1; peer review: awaiting peer review]. *Wellcome Open Res* 2021, 6:349, <https://doi.org/10.12688/wellcomeopenres.17437.1>

**Acknowledgements** EXCEED is funded by the University of Leicester, the NIHR Leicester Respiratory Biomedical Research Centre, the NIHR Clinical Research Network East Midlands, the Medical Research Council (grant G0902313) the Wellcome Trust (grant 202849) and HDR UK BREATHE- Health Data Research Hub for Respiratory Health (grant MC-PC\_19004). EXCEED gratefully acknowledges the support of all participants and staff who have contributed to the study.

**Ethics** The study is led by the University of Leicester, in partnership with University Hospitals of Leicester NHS Trust and in collaboration with Leicestershire Partnership NHS Trust, local general practices and smoking cessation services. Ethical approval for the study was obtained from the Leicester Central Research Ethics Committee (13/EM/0226).

**Further information** [www.exceed.org.uk/research](http://www.exceed.org.uk/research)



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**Fenland Study**

<b>Description of Study Population</b> (including citations and references if required)	The Fenland Study is a population-based detailed quantitative metabolic trait cohort study designed to investigate the interplay between environmental, behavioural and genetic factors in determining the risk of obesity, type 2 diabetes, and related metabolic disorders. At baseline from 2004-15, 12,435 participants were recruited from an age-sex sampling frame from GP practices in the Fenland area and completed extensive metabolic phenotyping. From 2015 to 2020, study participants were invited for a follow up study and nearly 8,000 repeated the same measurements. In 2020/21, 4,000 participants in the Fenland cohort were recruited to a COVID-19 remote monitoring study in which they provided blood samples at home at 3-monthly intervals that were used to quantify COVID-19 antibodies. Information about symptoms and signs, collected using objective methods, were ascertained via an App or through completion of online questionnaires.
<b>Acknowledgements</b>	The study is supported by the Medical Research Council (grant MC_UU_00006/1). We are grateful to the Fenland Study participants for their willingness and time to take part. We thank all members of the following teams responsible for practical aspects of the study; Study Coordination, Field Epidemiology, Anthropometry Team, Physical Activity Technical Team, IT and Data Management.
<b>Ethics</b>	Cambridge East (ref 04/Q0108/19).
<b>Further information</b>	<a href="https://www.mrc-epid.cam.ac.uk/research/studies/fenland/information-for-researchers/">https://www.mrc-epid.cam.ac.uk/research/studies/fenland/information-for-researchers/</a>

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**Generation Scotland**

<b>Description of Study Population</b> (including citations and references if required)	The Generation Scotland Scottish Family Health Study has 24,000 adult volunteers recruited in Scotland 2006-2011, with consent for linkage to medical records and recontact for further studies <sup>1</sup> . Smith, B. H., Campbell, A., Linksted, P., Fitzpatrick, B., Jackson, C., Kerr, S. M., ... Morris, A. D. (2013). Cohort Profile: Generation Scotland: Scottish Family Health Study (GS:SFHS). The study, its participants and their potential for genetic research on health and illness. <i>International Journal of Epidemiology</i> , 42(3), 689-700. <a href="http://doi.org/10.1093/ije/dys084">http://doi.org/10.1093/ije/dys084</a>
<b>Acknowledgements</b>	Generation Scotland received core support from the Chief Scientist Office of the Scottish Government Health Directorates [CZD/16/6] and the Scottish Funding Council [HR03006] and is currently supported by the Wellcome Trust [216767/Z/19/Z].
<b>Ethics</b>	Generation Scotland obtained Research Tissue Bank approval from the East of Scotland Research Ethics Service (on behalf of NHS Scotland). Reference number 20/ES/0021.
<b>Further information</b>	<a href="http://www.generationscotland.org">www.generationscotland.org</a>

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**GLAD: Genetic Links to Anxiety and Depression Study dataset including the Eating Disorders Genetics Initiative (EDGI) and COVID-19 Psychiatry and Neurological Genetics Study (COPING) study**


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<b>Description of Study Population</b> (including citations and references if required)	<p>The Genetic Links to Anxiety and Depression (GLAD) Study is an NIHR BioResource funded project assessing the genetic and environmental links to anxiety and depression (N~35,000; Davies et al. 2019).</p> <p>The <u>C</u>ovid-19 <u>P</u>sychiatry and <u>N</u>eurological <u>G</u>enetics Study (COPING) was set up as a COVID-19 specific study investigating the mental health impact of individuals living in the UK (N=30,450). COPING participants were recruited from the existing GLAD, EDGI and NIHR BioResource studies to provide pandemic relevant data (Young et al. 2021).</p> <p>The Eating Disorders Genetics Initiative (EDGI) study is an NIHR BioResource funded project assessing the genetic and environmental links to all eating disorders (N~5,000; Monssen et al. 2023).</p> <p><b>References</b></p> <p>Davies, M. R., Kalsi, G., Armour, C., Jones, I. R., McIntosh, A. M., Smith, D. J., &amp; Breen, G. (2019). The Genetic Links to Anxiety and Depression (GLAD) Study: Online recruitment into the largest recontactable study of depression and anxiety. <i>Behaviour Research and Therapy</i>, <i>123</i>, 103503.</p> <p>Young, K. S., Purves, K. L., Hübel, C., Davies, M. R., Thompson, K. N., Bristow, S., &amp; Breen, G. (2021). Depression, anxiety and PTSD symptoms before and during the COVID-19 pandemic in the UK.</p> <p>Monssen, D., Davies, H. L., Kakar, S., Bristow, S., Curzons, S. C., Davies, M. R., &amp; Breen, G. (2023). The United Kingdom Eating Disorders Genetics Initiative. <i>International Journal of Eating Disorders</i>.</p>
<b>Acknowledgements</b>	<p>The NIHR BioResource Centre Maudsley and the NIHR BioResource should be acknowledged in all publications resulting from any study that we have supported. Please use the following wording:</p> <p>We thank the GLAD/EDGI/COPING and NIHR BioResource volunteers for their participation, and gratefully acknowledge NIHR BioResource centres, NHS Trusts and staff for their contribution. We thank the National Institute for Health Research, NHS Blood and Transplant, and Health Data Research UK as part of the Digital Innovation Hub Programme. This work was supported by the National Institute of Health Research (NIHR) BioResource Centre Maudsley and is part-funded by the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. Patient and public involvement groups and services were provided by the NIHR KCL-Maudsley Biomedical Research Centre. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.</p>
<b>Ethics</b>	<p>GLAD – 18/LO/1218 – London Fulham REC</p> <p>EDGI – 19/LO/1254 – London Fulham REC</p> <p>COPING – 20/SW/0078 – South West Central Bristol REC</p>
<b>Further information</b>	<p><a href="https://gladstudy.org.uk">https://gladstudy.org.uk</a> (changing Autumn 2022)</p> <p><a href="https://edgiuk.org">https://edgiuk.org</a></p>

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## MCS: Millennium Cohort Study

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**Description of Study Population** (including citations and references if required) The Millennium Cohort Study (MCS) is following the lives of young people born across England, Scotland, Wales and Northern Ireland in 2000-02. The study began with an original sample of 18,818 cohort members. The study is designed and led by the Centre for Longitudinal Studies (CLS) at University College London.

The broad aim of the study is to examine the impact that circumstances and experiences at one stage of life have on outcomes and achievements in later life. Since the baseline survey at age 9 months, there have been six major 'sweeps' at ages 3, 5, 7, 11, 14 and 17. The next sweep, at age 22, is currently under development.

Data have been collected from a number of different sources, including the cohort members and their parents and teachers. The data have been collected in a variety of ways, including via paper and electronic questionnaires, biological samples, physical measurements, tests of ability, and linked educational attainment and health records.

The information collected forms a high quality data resource for scientific investigations across a full range of domains of individuals' lives and across different points in time in them. The study has been designed to ensure comparability with other major cohort studies both in the UK and internationally and to permit the examination of links between social change and the changing experiences of different cohorts.

<https://www.llcsjournal.org/index.php/llcs/article/view/410/0>

<https://academic.oup.com/ije/article/43/6/1719/703283>

**Acknowledgements** MCS is core-funded by the ESRC and co-funded by a consortium of government departments.

**Ethics** Ethics approval has been obtained for each follow-up from an NHS Research Ethics Committee (REC). In addition, separate REC approval is in place to cover the ongoing activities of the study in between major sweeps of data collection (i.e. Keeping in touch with and tracing cohort Members; cleaning, documenting and providing access to the data for research and linking data from administrative sources to survey data to increase the utility of the data for research.)

**Further information** <https://cls.ucl.ac.uk/cls-studies/mcs/>

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## NCDS: National Child Development Study

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**Description of Study Population** (including citations and references if required)

The National Child Development Study (NCDS) is a continuing longitudinal study that seeks to follow the lives of all those living in Great Britain who were born in one particular week in 1958. Conducted by the Centre for Longitudinal Studies, the aim of the study is to improve understanding of the factors affecting human development over the whole lifespan. It collects information on physical and educational development, economic circumstances, employment, family life, health behaviour, wellbeing, social participation and attitudes.

The broad aim of the study is to examine the impact that circumstances and experiences at one stage of life have on outcomes and achievements in later life. Since the birth survey in 1958, there have been ten 'sweeps' of all cohort members at ages 7, 11, 16, 23, 33, 42, 44/5 (a biomedical collection) 46, 50 and most recently at 55. The Age 62 Sweep is currently in the field (2022).

Data have been collected from a number of different sources, including the midwife present at birth, parents of the cohort members, teachers, doctors and the cohort members themselves. The data have been collected in a variety of ways, including via paper and electronic questionnaires, clinical records, medical examinations, biological samples, physical measurements, tests of ability and educational assessments.

The information collected forms a high quality data resource for scientific investigations across a full range of domains of individuals' lives and across different points in time in them. The study has been designed to ensure comparability with other major cohort studies and to permit the examination of links between social change and the changing experiences of different cohorts.

<https://cls.ucl.ac.uk/cls-studies/1958-national-child-development-study/>

**Acknowledgements** NCDS is core-funded by the ESRC.

**Ethics** Ethics approval has been obtained for each follow-up from an NHS Research Ethics Committee (REC) since 2000. In addition, separate REC approval is in place to cover the ongoing activities of the study in between major sweeps of data collection (i.e. Keeping in touch with and tracing cohort members; cleaning, documenting and providing access to the data for research; and linking data from administrative sources to survey data to increase the utility of the data for research).

**Further information** <https://cls.ucl.ac.uk/cls-studies/ncds/>

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## Next Steps

**Description of Study Population** (including citations and references if required)

Next Steps (previously known as the Longitudinal Study of Young People in England (LSYPE1)) is a major longitudinal study that follows the lives of around 16,000 people born in 1989-90. The first seven sweeps of the study (2004-2010) were funded and managed by the Department for Education and mainly focused on the educational and early labour market experiences of young people.

The study began in 2004 and included young people in Year 9 who attended state and independent schools in England. Following the initial survey at age 13-14, the cohort members were interviewed every year until 2010.

In 2013, the management of Next Steps was transferred to the Centre for Longitudinal Studies (CLS) at the IOE, UCL's Faculty of Education and Society. The first sweep conducted by CLS aimed to find out how the lives of the cohort members had turned out at age 25. It maintained the strong focus on education, but the content was broadened to become a more multi-disciplinary research resource.

The Age 32 Sweep is currently in the field (2022).

[https://doc.ukdataservice.ac.uk/doc/5545/mrdoc/pdf/next\\_steps\\_userguide\\_to\\_the\\_redeposit\\_of\\_sweeps\\_1to7\\_may2020.pdf](https://doc.ukdataservice.ac.uk/doc/5545/mrdoc/pdf/next_steps_userguide_to_the_redeposit_of_sweeps_1to7_may2020.pdf)

[https://doc.ukdataservice.ac.uk/doc/5545/mrdoc/pdf/nextsteps\\_age25\\_survey\\_user\\_guide\\_v3.pdf](https://doc.ukdataservice.ac.uk/doc/5545/mrdoc/pdf/nextsteps_age25_survey_user_guide_v3.pdf)

<https://cls.ucl.ac.uk/cls-studies/next-steps/>

**Acknowledgements** Next Steps now is core-funded by the ESRC.

**Ethics** Ethics approval is obtained for each follow-up from an NHS Research Ethics Committee (REC). In addition, separate REC approval is in place to cover the ongoing activities of the study in between major sweeps of data collection (i.e. keeping in touch with and tracing cohort members; cleaning, documenting and providing access to the data for research; and linking data from administrative sources to survey data to increase the utility of the data for research).

**Further information** <https://cls.ucl.ac.uk/cls-studies/next-steps/>

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## NICOLA: Northern Ireland Cohort for the Longitudinal Study of Ageing

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<b>Description of Study</b>	NICOLA is a large-scale longitudinal study in Northern Ireland designed to investigate ageing.
<b>Population</b> (including citations and references if required)	<p>Set up in 2013, the study visited households where at least one member was <math>\geq 50</math> years old and in its first wave recruited a representative sample of 8,478 men and women living in private residential accommodation in Northern Ireland.</p> <p>Wave 1 data collection involved four components: a computer assisted face-to-face home interview, a self-completion questionnaire, a health assessment (during which blood and urine samples were collected) and subsequently a dietary questionnaire.</p> <p>The participants who consented to follow up for Wave 2 (2017-2019) were again invited to take part in a face-to-face home interview and complete a self-completion questionnaire. From these participants, 5,925 did not opt-out of additional linkage and were mailed an additional self-completion Covid-19 questionnaire (3,149 completed).</p> <p>Neville C, Burns F, Cruise S, Scott A, O'Reilly D, Kee F, Young I. Cohort Profile: The Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA). <i>Int J Epidemiol</i>. 2023 Aug 2;52(4):e211-e221. <a href="http://doi.org/10.1093/ije/dyad026">http://doi.org/10.1093/ije/dyad026</a>. PMID: 37011634; PMCID: PMC10396407.</p> <p>Neville CE, Young IS, Kee F, Hogg RE, Scott A, Burns F, Woodside JV, McGuinness B. Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA): health assessment protocol, participant profile and patterns of participation. <i>BMC Public Health</i>. 2023 Mar 10;23(1):466. <a href="http://doi.org/10.1186/s12889-023-15355-x">http://doi.org/10.1186/s12889-023-15355-x</a>. PMID: 36899371; PMCID: PMC9999338.</p>
<b>Acknowledgements</b>	<p>We are grateful to all the participants of the NICOLA Study, and the whole NICOLA team.</p> <p>The study has received funding from The Atlantic Philanthropies, the Economic and Social Research Council, the UKCRC Centre of Excellence for Public Health Northern Ireland, the Centre for Ageing Research and Development in Ireland, the Office of the First Minister and Deputy First Minister, HSC Research and Development Division of the Public Health Agency, the Wellcome Trust/Wolfson Foundation and Queen's University Belfast which provide core financial support for NICOLA. The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the authors and do not necessarily represent those of the NICOLA Study team.</p>
<b>Ethics</b>	Ethical approval for NICOLA was obtained from the School of Medicine, Dentistry and Biomedical Sciences Ethics Committee, Queen's University Belfast.
<b>Further information</b>	<a href="https://www.qub.ac.uk/sites/NICOLA/InformationforResearchers/">https://www.qub.ac.uk/sites/NICOLA/InformationforResearchers/</a>

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**NIHR BioResource: National Institute of Health Research BioResource COVID-19 Psychiatry and Neurological Genetics (COPING) Study**


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<b>Description of Study Population</b> (including citations and references if required)	The NIHR BioResource is a recallable resource of over 200,000 volunteers from the general population, and patients with rare and common diseases. Participants provide information about their health and lifestyle, together with biological samples, including DNA, and consent for access to their health records and for re-contact. The BioResource is one of four key infrastructures supporting population level genomic projects in the UK Life Science Industrial Strategy. Key unique features of the NIHR BioResource are its focus on recall of participants for experimental medicine studies by genotype and/or phenotype, and the inclusion of both healthy volunteers and patients with common and rare diseases. Participants represented in UK LLC are respondents to an online recall study, the Covid-19 Psychiatry and Neurological Genetics (COPING) study <sup>1</sup> . <sup>1</sup> <a href="https://www.maudsleybrc.nihr.ac.uk/posts/2020/may/covid-19-psychiatry-and-neurological-genetics-coping-study/">https://www.maudsleybrc.nihr.ac.uk/posts/2020/may/covid-19-psychiatry-and-neurological-genetics-coping-study/</a>
<b>Acknowledgements</b>	We thank NIHR BioResource volunteers for their participation, and gratefully acknowledge NIHR BioResource centres, NHS Trusts and staff for their contribution. We thank the National Institute for Health and Care Research, NHS Blood and Transplant, and Health Data Research UK as part of the Digital Innovation Hub Programme. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. BioResource is funded by the NIHR (NIHR203312 and RG94028).
<b>Ethics</b>	Research Tissue Bank (REC REF: 17/EE/0025).
<b>Further information</b>	<a href="https://bioresource.nihr.ac.uk/using-our-bioresource/academic-and-clinical-researchers/apply-for-bioresource-data/">https://bioresource.nihr.ac.uk/using-our-bioresource/academic-and-clinical-researchers/apply-for-bioresource-data/</a>

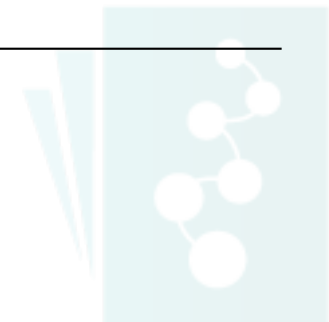
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**NSHD: Medical Research Council National Survey of Health and Development**


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<b>Description of Study Population</b> (including citations and references if required)	The MRC National Survey of Health and Development (NSHD) is a socially stratified birth cohort of 2,547 women and 2,815 men. It is a sample of all births in England, Scotland, and Wales that occurred in one week in 1946, and consists of all singleton births to married women with a husband in non-manual and agricultural employment and 1 in 4 of all comparable births to women with a husband in manual employment. <sup>1</sup> The study members have been followed up in over 25 data collections. Regular interviews with the mothers were conducted by health visitors, with additional assessments by school doctors and teachers. In adult life, research nurses conducted home visits at ages 26, 36, 43, 53 and 69, a detailed clinic visit took place between ages 60-64, as well as clinical sub studies focusing on the heart (Myofit46) and brain (Insight46). <sup>1</sup> Kuh et al. Cohort profile: updating the cohort profile for the MRC National Survey of Health and Development: a new clinic-based data collection for ageing research. <i>Int J Epidemiol.</i> 2011 Feb;40(1):e1-9. <a href="http://doi.org/10.1093/ije/dyq231">http://doi.org/10.1093/ije/dyq231</a> .
<b>Acknowledgements</b>	The UK Medical Research Council provides core funding for the MRC National Survey of Health and Development (MC_UU_00019/1; MR/Y014022/1). We are extremely grateful to the NSHD study members for their lifelong participation and continuing support; and to past and present members of the study teams, who helped to collect and process the data.
<b>Ethics</b>	Ethical approval for the study was obtained from the UK Research Ethics Committee (REC).
<b>Further information</b>	<a href="https://skylark.ucl.ac.uk/">https://skylark.ucl.ac.uk/</a>

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## SABRE: Southall and Brent Revisited

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<b>Description of Study Population</b> (including citations and references if required)	<p>SABRE (Southall and Brent Revisited) is a population-based cohort study consisting of White British people and first-generation migrants of South Asian or African Caribbean heritage recruited from West London<sup>1</sup></p> <p>The focus of the study is on health in ageing, including health of the heart and cardiovascular system, physical and brain function, metabolic health (for example diabetes). The study examines how mid-life health, lifestyle and social factors affect health in older age and aims to improve understanding of the reasons underlying ethnic group differences in health.</p> <p>Participants were aged 40-69 years at baseline (1988-1991) and comprised 2,346 people of European, 1,710 people of South Asian and 801 people of African Caribbean ethnicity respectively. A total of 3,571 participants were followed up in the second wave (2008-2011) and 1,412 participants (including partners of index cases and a booster sample of people of African Caribbean ethnicity) were seen in clinic during the third wave (2014-2018).</p> <p><sup>1</sup>Jones S et al. Cohort Profile Update: Southall and Brent Revisited (SABRE) study: a UK population-based comparison of cardiovascular disease and diabetes in people of European, South Asian and African Caribbean heritage. <i>Int J Epidemiol.</i> 2020 Oct 1;49(5):1441-1442e. <a href="http://doi.org/10.1093/ije/dyaa135">http://doi.org/10.1093/ije/dyaa135</a>.</p>
<b>Acknowledgements</b>	<p>The study was funded at baseline by the Medical Research Council, Diabetes UK, and the British Heart Foundation, and at follow-up by the Wellcome Trust, the British Heart Foundation and NIHR.</p> <p>We are extremely grateful to all the people who took part in the study, and past and present members of the SABRE team who helped to collect and analyse the data.</p>
<b>Ethics</b>	<p>Ethical approval for the study was obtained from the UK Research Ethics Committee (REC).</p>
<b>Further information</b>	<p>Data sharing applications are welcome. Please contact <a href="mailto:mrclha.swiftinfo@ucl.ac.uk">mrclha.swiftinfo@ucl.ac.uk</a> with an outline of proposed analyses or query.</p>

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**TEDS: Twins Early Development Study****Description of Study** **TEDS**

**Population** (including citations and references if required)

The Twins Early Development Study (TEDS) is a population-based sample of twins born in England and Wales between January 1994 and December 1996. Families were identified using electronic birth records and invited to take part through the Office of National Statistics (ONS). Of the families contacted, 13,759 parents registered their twins in the study.

TEDS parents, twins and teachers have provided reports on a range of cognitive, behavioural and emotional measures at regular intervals throughout the study (A full list can be found in the TEDS data dictionary: <https://www.teds.ac.uk/datadictionary/home.htm>).

Lockhart, C., Ahmadzadeh, Y., Breen, G., Bright, J., Bristow, S., Boyd, A., Downs, J., Hotopf, M., Palaiologou, E., Rimfeld, K., Maxwell, J., Malanchini, M., McAdams, T. A., Plomin, R., & **Eley, T. C.** (2023). Twins Early Development Study (TEDS): A genetically sensitive investigation of mental health outcomes in the mid-twenties. *JCPP Advances*, 3. <http://dx.doi.org/10.1002/jcv2.12154>; PMC10519737

**E-Risk**

The Environmental Risk (E-Risk) Longitudinal Twin Study is a sub-study of TEDS involving 1,116 of the TEDS families with same-sex twins selected based on residential location throughout England and Wales and mother's age. These 2,232 twins were assessed via home visits initially at age 5 and then ages 7, 10, 12 and 18 (participation rates were 98%, 96%, 96% and 93%, respectively). These comprehensive assessments covered behaviour, cognition, mental and physical health, victimisation, family and neighbourhood environment, plus collection of biological samples. The E-Risk twins are currently being assessed in online interviews at age 30.

Moffitt, T.E., & E-Risk Study Team (2002). Teen-aged mothers in contemporary Britain. *Journal of Child Psychology & Psychiatry* 43(6), 727-742.

**Acknowledgements****TEDS**

We are very grateful to the TEDS twins and their families for all of their time and effort given to our research over the years.

TEDS has been funded by the UK Medical Research Council (MRC) with 6 consecutive programme grants, the most recent being awarded to T.C. Eley (current grant ref: MR/V012878/1; previously: MR/M021475/1, G0901245, G0500079, G9424799, and G9424799).

**E-Risk**

We are extremely grateful to the E-Risk study mothers and fathers, the twins, and the twins' teachers and neighbours for their participation. Our thanks to the E-Risk team for their dedication, hard work, and insights.

The E-Risk Study is funded by the Medical Research Council [G1002190; MR/X010791/1]. Additional support was provided by the National Institute of Child Health and Human Development [HD077482], the Jacobs Foundation, and the Economic and Social Research Council Centre for Society and Mental Health at King's College London [ES/S012567/1].

**Ethics****TEDS**

TEDS has been granted ethical approval by the King's College London Ethics Committee (Ref: PNM/09/10-104; Ref: HR/DP-20/21-22060).

**E-Risk**

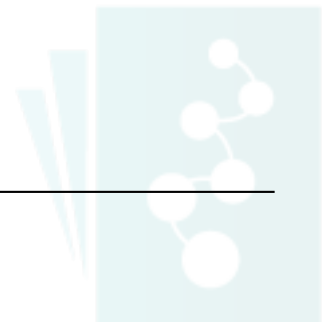
The Joint South London and Maudsley and the Institute of Psychiatry Research Ethics Committee approved phases 5-18 of the E-Risk study (1997/122) and King's College London Ethics Committee approved phase 30 (HR/DP-23/24-39753).

**Further information****TEDS**

<https://www.teds.ac.uk/researchers/teds-data-access-policy>

**E-Risk**

<https://eriskstudy.com/data-access/>



**TRACK-COVID Study****Description of Study Population** (including citations and references if required)

The study employed a two-stage design. During the first stage of this effort, ~90,000 individuals previously recruited into the INTERVAL<sup>1</sup>, COMPARE<sup>2</sup> and STRIDES<sup>3</sup> studies (i.e., National Blood Donor Studies<sup>4</sup>) were invited via email to participate and to provide Covid-19-related information using an online questionnaire. During the second stage, participants were asked to provide self-collected finger-prick capillary blood sample every 6 weeks over a period of 18 months.

<sup>1</sup>Di Angelantonio E, Thompson SG, Kaptoge SK, Moore C, Walker M, Armitage J, Ouwehand WH, Roberts DJ, Danesh J, INTERVAL Trial Group. Efficiency and safety of varying the frequency of whole blood donation (INTERVAL): a randomised trial of 45 000 donors. *Lancet*. 2017 Nov 25;390(10110):2360-2371.

<sup>2</sup>Bell S, Sweeting M, Ramond A, Chung R, Kaptoge S, Walker M, Bolton T, Sambrook J, Moore C, McMahon A, Fahle S, Cullen D, Mehenny S, Wood AM, Armitage J, Ouwehand WO, Mifflin G, Roberts DJ, Danesh J, Di Angelantonio E, COMPARE Study Group. Comparison of four methods to measure haemoglobin concentrations in whole blood donors (COMPARE): A diagnostic accuracy study. *Transfus Med*. 2020 Dec 20.

<sup>3</sup>McMahon A, Kaptoge S, Walker M, Mehenny S, Gilchrist PT, Sambrook J, Akhtar N, Sweeting M, Wood AM, Stirrups K, Chung R, Fahle S, Johnson E, Cullen D, Godfrey R, Duthie S, Allen L, Harvey P, Berkson M, Allen E, Watkins NA, Bradley JR, Kingston N, Mifflin G, Armitage J, Roberts DJ, Danesh J, Di Angelantonio E. Evaluation of interventions to prevent vasovagal reactions among whole blood donors: rationale and design of a large cluster randomised trial. *Trials*. 2023 Aug 10;24(1):512. <http://doi.org/10.1186/s13063-023-07473-z>.

<sup>4</sup><http://www.donorhealth-btru.nihr.ac.uk/>

**Acknowledgements**

The TRACK-COVID study recruited participants from the STRIDES Bioresource, INTERVAL and COMPARE trials and the academic coordinating centre would like to thank blood donor centre staff and blood donors for their participation. The academic coordinating centre at the Department of Public Health and Primary Care for INTERVAL, COMPARE, STRIDES BioResource and TRACK-COVID was supported by core funding from the: NIHR BTRU in Donor Health and Genomics (NIHR BTRU-2014-10024), NIHR BTRU in Donor Health and Behaviour (NIHR203337), UK Medical Research Council (MR/L003120/1), British Heart Foundation (SP/09/002; RG/13/13/30194; RG/18/13/33946) and NIHR Cambridge BRC (BRC-1215-20014; NIHR203312) [\*].

We thank NIHR BioResource volunteers for their participation, and gratefully acknowledge NIHR BioResource centres, NHS Trusts and staff for their contribution. We thank the NIHR, NHS Blood and Transplant (NHSBT) and Health Data Research (HDR) UK as part of the Digital Innovation Hub Programme. We thank Leeds Teaching Hospitals NHS Foundation Trust for their contribution to the SARS-COV-2 antibody analysis.

Participants in the COMPARE study were recruited with the active collaboration of NHSBT ([www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)). Funding was provided by NHSBT and the NIHR BTRU in Donor Health and Genomics (NIHR BTRU-2014-10024). DNA extraction and genotyping were co-funded by the NIHR BTRU and the NIHR BioResource (<http://bioresource.nihr.ac.uk>). A complete list of the investigators and contributors to the COMPARE study is provided in reference [\*\*]. Participants in the STRIDES BioResource study were recruited with the active collaboration of NHSBT ([www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)). Funding was provided by NHSBT (17-01-GEN) and the NIHR BTRU in Donor Health and Genomics (NIHR BTRU-2014-10024). A complete list of the investigators and contributors to the STRIDES BioResource trial is provided in reference [\*\*\*]. Participants in the INTERVAL randomised controlled trial were recruited with the active collaboration of NHSBT, which has supported fieldwork and other elements of the trial. DNA extraction and genotyping were co-funded by the NIHR, the NIHR BioResource (<http://bioresource.nihr.ac.uk>) and the NIHR Cambridge Biomedical Research Centre (BRC-1215-20014) [\*]. A complete list of the investigators and contributors to the INTERVAL trial is provided in reference [\*\*\*\*].

Persons from the University of Cambridge academic coordinating centre were funded by the NIHR Blood and Transplant Research Unit (BTRU) in Donor Health and Genomics (NIHR BTRU-2014-10024) and are now funded by the NIHR BTRU in Donor Health and Behaviour (NIHR203337) and the NIHR Cambridge Biomedical Research Centre (BRC-1215-20014; NIHR203312) [\*].

John Danesh holds a British Heart Foundation Professorship and a NIHR Senior Investigator Award. This work was supported by core funding from the: British Heart Foundation (RG/18/13/33946: RG/F/23/110103), NIHR Cambridge Biomedical Research Centre (NIHR203312), Cambridge BHF Centre of Research Excellence (RE/18/1/34212) and BHF Chair Award (CH/12/2/29428), and by Health Data Research UK, which is funded by the UK Medical Research Council, Engineering and Physical Sciences Research Council, Economic and Social Research Council, Department of Health and Social Care (England), Chief Scientist Office of the Scottish Government Health and Social Care Directorates, Health and Social Care Research and Development Division (Welsh Government), Public Health Agency (Northern Ireland), British Heart Foundation and Wellcome.

This work was supported by Health Data Research UK (Molecules to Health Records programme), which is funded by the Medical Research Council (UKRI), the National Institute for Health Research, the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council (UKRI), the Engineering and Physical Sciences Research Council (UKRI), Health and Care Research Wales, Chief Scientist Office of the Scottish Government Health and Social Care Directorates, and Health and Social Care Research and Development Division (Public Health Agency, Northern Ireland).

\*The views expressed are those of the authors and not necessarily those of the NIHR, NHSBT or the Department of Health and Social Care.

\*\*Bell S, Sweeting M, Ramond A, Chung R, Kaptoge S, Walker M, Bolton T, Sambrook J, Moore C, McMahon A, Fahle S, Cullen D, Mehenny S, Wood AM, Armitage J, Ouwehand WO, Mifflin G, Roberts DJ, Danesh J, Di Angelantonio E, COMPARE Study Group. Comparison of four methods to measure haemoglobin concentrations in whole blood donors (COMPARE): A diagnostic accuracy study. *Transfus Med*. 2021 Apr;31(2):94-103.

\*\*\* McMahon A, Kaptoge S, Walker M, Mehenny S, Gilchrist PT, Sambrook J, Akhtar N, Sweeting M, Wood AM, Stirrups K, Chung R, Fahle S, Johnson E, Cullen D, Godfrey R, Duthie S, Allen L, Harvey P, Berkson M, Allen E, Watkins NA, Bradley JR, Kingston N, Mifflin G, Armitage J, Roberts DJ, Danesh J, Di Angelantonio E. Evaluation of interventions to prevent vasovagal reactions among whole blood donors: rationale and design of a large cluster randomised trial. *Trials*. 2023 Aug 10;24(1):512.

\*\*\*\*Di Angelantonio E, Thompson SG, Kaptoge SK, Moore C, Walker M, Armitage J, Ouwehand WH, Roberts DJ, Danesh J, INTERVAL Trial Group. Efficiency and safety of varying the frequency of whole blood donation (INTERVAL): a randomised trial of 45 000 donors. *Lancet*. 2017 Nov 25;390(10110):2360-2371.

**Ethics**

20/EM/0121 - East Midlands - Nottingham 2 Research Ethics Committee

**Further information**

<http://www.donorhealth-btru.nihr.ac.uk/>

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**TwinsUK**

**Description of Study Population** (including citations and references if required) TwinsUK is the largest adult twin registry in the UK and the most clinically detailed in the world. The national, population-based study was founded in 1992 and aims to investigate the genetic and environmental basis of a range of complex diseases and conditions. TwinsUK currently consists of over 15,700 volunteer adult twins (both monozygotic and dizygotic) who are between 18 to 104 years of age from around the UK (mean age 59)<sup>1</sup>. The cohort is predominantly female, and disease prevalence is broadly reflective of the UK population. Over 750,000 biological samples and extensive phenotypes have been collected longitudinally over 30 years.

<sup>1</sup>Verdi S, Abbasian G, Bowyer RCE, et al.: TwinsUK: The UK Adult Twin Registry Update. *Twin Res Hum Genet.* 2019; 22(6): 523–529.

**Acknowledgements** We thank TwinsUK members for their participation and the TwinsUK operations team for coordinating and undertaking twin clinic visits and data and sample collections.

TwinsUK is funded by the Medical Research Council (MRC), Wellcome LEAP, Wellcome Trust, EPSRC, BBSRC, Versus Arthritis, European Commission, Chronic Disease Research Foundation (CDRF), Zoe Ltd, the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust in partnership with King's College London.

**Ethics** All collections of TwinsUK data have received ethical approval associated with TwinsUK Biobank (19/NW/0187), TwinsUK (EC04/015) or Healthy Ageing Twin Study (H.A.T.S) (07/H0802/84) from NHS Research Ethics Committees. Linkage to health and environmental records is also covered by approval from the Health Research Authority (19/CAG/0223).

**Further information** <https://twinsuk.ac.uk/resources-for-researchers/access-our-data/>

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**UK-REACH: The United Kingdom Research study into Ethnicity And COVID-19 outcomes in Healthcare workers**

**Description of Study Population** (including citations and references if required) The UK-REACH cohort was established to understand why ethnic minority healthcare workers (HCWs) are at risk of poorer outcomes from COVID-19 when compared with their White ethnic counterparts in the UK.<sup>1</sup>

The cohort comprises 17,891 HCWs aged 16–89 years (mean age 44 years). Online questionnaires include information on demographics, COVID-19 exposures at work and home, redeployment in the workforce due to COVID-19, mental health measures, workforce attrition and opinions on COVID-19 vaccines.

<sup>1</sup>Luke Bryant, Robert C Free, Katherine Woolf, et al. Cohort Profile: The United Kingdom Research study into Ethnicity and COVID-19 outcomes in Healthcare workers (UK-REACH). *Int J Epidemiol*, Volume 52, Issue 1, February 2023, Pages e38–e45. <http://doi.org/10.1093/ije/dyac171>

**Acknowledgements** UK-REACH is supported by a grant to the University of Leicester from the MRC-UK Research and Innovation, and National Institute for Health Research (NIHR) rapid response panel to tackle COVID-19 and by core funding provided by NIHR Leicester Biomedical Research Centre – a partnership between the University of Leicester and University Hospitals of Leicester NHS Trust.

**Ethics** UK-REACH has been granted ethical approval by the London – Brighton & Sussex Research Ethics Committee (Ref: 20/HRA/4718).

**Further information** [https://uk-reach.org/main/data\\_sharing](https://uk-reach.org/main/data_sharing)

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## Understanding Society – the UK Household Longitudinal Study

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**Description of Study Population** (including citations and references if required) Understanding Society, the UK Household Longitudinal Study, is a longitudinal survey of the members of ~40,000 households (at Wave 1, 2009-10) in the United Kingdom. The survey sample consists of a large General Population Sample (~26,000 households) plus three other components: the Ethnic Minority Boost Sample (~4,000 households), the former British Household Panel Survey sample (~8,000 households) and the Immigrant and Ethnic Minority Boost Sample (~2,900 households, added at Wave 6). Household and individual interviews are conducted annually. The study is multi-topic and multi-purpose.

From April 2020 to September 2021, participants from the main Understanding Society sample were asked to complete nine short web-surveys (with a telephone option in some months). The COVID-19 study covered the changing impact of the pandemic on the welfare of UK individuals, families and wider communities. ~18,000 individuals provided a full or partial interview at Wave 1 (April 2020).

At Wave 8 of the COVID-19 study, 8477 participants provided consent to link their survey data to administrative health records.

**Acknowledgements** Understanding Society is an initiative funded by the Economic and Social Research Council and various Government Departments, with scientific leadership by the Institute for Social and Economic Research, University of Essex, and survey delivery by NatCen Social Research and Kantar Public

The COVID-19 study (2020-2021) was funded by the Economic and Social Research Council and the Health Foundation. Serology testing was funded by the COVID-19 Longitudinal Health and Wealth – National Core Study. Fieldwork for the web survey was carried out by Ipsos MORI and for the telephone survey by Kantar.

**Ethics** The University of Essex Ethics Committee has approved all data collection on Understanding Society main study, COVID-19 surveys and innovation panel waves, including asking consent for all data linkages except to health records.

Approval for asking consent for health record linkage and for the collection of blood and subsequent serology testing in the March 2021 wave of the COVID-19 study was obtained from London – City & East Research Ethics Committee (21/HRA/0644).

**Further information** <https://ukllc.ac.uk>  
<https://ukdataservice.ac.uk>

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