



# ITALIAN LIVES

## AD HOC MODULE 1: ITA.LI COVID-19 Brief Report

Edited by  
Tiziano Gerosa and Chiara Respi

Institute for Advanced Study in Social Change (IASSC)  
Università degli Studi di Milano-Bicocca

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**IASSC**  
INSTITUTE FOR ADVANCED STUDY  
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## 1. Introduction

The COVID-19 pandemic declared by the World Health Organization in March 2020 represents an exogenous shock of unexpected magnitude. It has led many countries to impose unprecedented measures of lockdown aimed at containing the spread and lethality of the virus. Such measures of confinement, limitation of free movement, and social distancing implemented through the closure of industrial plants, schools, leisure centers, etc., may have had a substantial impact on the well-being of the population (Ferguson et al. 2020; Lourenco et al. 2020; Layard et al. 2020). Moreover, they may have had direct effects on physical and mental health in the short and medium-long term (Brooks et al. 2020; González-Sanguino et al. 2020; Brodeur et al. 2020; Leigh-Hunt et al. 2017; Lau et al. 2006). At the same time, the economic crisis triggered by the pandemic may have had negative effects on the socio-economic conditions of workers, both employed and entrepreneurs or self-employed, triggering serious repercussions on the daily life of individuals and families. Furthermore, the forced closure of schools, kindergartens, oratories and aggregation centers for children and adolescents might have intensified problems linked to the reconciliation between work and care, thus undermining the delicate relationship balance within families. Finally, forced isolation has imposed physical limits to the provision of all those mutual aid services that typically take place within the family circle or in the reference community.

The COVID emergency and its subsequent economic crisis are likely to exert a stronger and negative effect on the most vulnerable groups of society and to widen the existing socio-economic divides in health within the population (Karanikolos et al 2013; Marmot 2015). Therefore, special attention should be placed on segments of the population that might result particularly vulnerable in the new circumstances posed by the COVID-19 pandemic (The Lancet 2020, OECD 2020).

The availability of high quality data is of crucial importance in order to study the social consequences of the pandemic. A first ITA.LI Ad Hoc Module (AHM01) was then

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conducted from April to September 2020 on a subsample of ITA.LI W1 respondents, collecting a rich set of information on changes introduced by the health crisis in relevant areas of their life, such as work, family, social relations, health and well-being. This module represents a unique resource to investigate the social consequences of the health crisis also from longitudinal perspective, by merging the information extracted from ITA.LI W1 before the pandemic outbreak with fresh data collected on the same individuals since the first weeks after the introduction of the lockdown measures. Some questions from the AHM01 have been selected and adapted to be administered in the second wave of ITA.LI data collection, in order to lay the foundations for tracing the social consequences of the pandemic even in the medium term.

## 2. Module: aims and contents

The AHM01 survey focuses on respondents' perceptions and attitudes towards the pandemic and on changes introduced by the lockdown measures in five relevant areas of their daily life, such as (non)work, childcare, support networks, media exposure and information, health and well-being. The survey questionnaire was developed to answer three main research objectives (see Table 1).

First, it collects information for studying individuals' exposure to the virus and their general perceptions about the pandemic and its consequences. Respondents were asked to report on their use of swab and/or serological test, on their experiences of self-quarantine, on symptoms experienced at the time of the interview and on the way they get informed about the pandemic. The questionnaire focuses also on how people get informed, self-perceived risks of being infected and becoming seriously ill, on the probability that negative events occur due to the virus in various areas of life and on general opinions about the social consequences of the pandemic in the long run.

A second aim is to identify the most relevant changes introduced by the advent of the pandemic in the respondents' lives. Changes in job experience are investigated looking at employment status, smart-working practices, working time and intensity, loss of the job and related unemployment subsidies. Family-related questions focus on childcare and the quality of distance learning for children in primary or lower secondary school. Finally, the social support domain encompasses questions on forms of informal help activated during the pandemic with relatives, friends, colleagues or neighbors.

The third aim goes beyond a descriptive approach for the analysis of the health crisis, focusing on the evaluation of its impact on the following set of health and wellbeing indicators, measured before and after the pandemic outbreak (in ITA.LI W1 and AHM01, respectively): satisfaction with specific aspects of life and life in general, perceived health, personal productivity, psycho-emotional state and its influence on social relationships, insomnia. In addition, a retrospective section on alcohol and tobacco consumption was included in AHM01 to compensate for the absence of

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information on such topics in ITA.LI W1 and ensure the opportunity to assess the effects of the pandemic on their consumption.

*Table 1. Questionnaire by general aims and contents*

	Aim 1: covid exposure and perceived consequences	Aim 2: Life changes	Aim 3: covid impact on health and wellbeing
Job		AHM01V004B - Past episodes unemployment due to covid AHM01V006 - Place of work AHM01V007 - Job changes AHM01V008 - Unemployment caused by covid AHM01V009 - Welfare subsidy	
Children		AHM01V010 - Children 0-6 AHM01V011 - Children 6-14 AHM01V012 - Children all	
Internet, media & information	AHM01V014 - Sources of information AHM01V015 - Recommendations		
Health & quality of life	AHM01V031 - Swab test done AHM01V032 - Swab test date AHM01V033 - Swab test results AHM01V034 - Serological test done AHM01V035 - Serological test date AHM01V036 - Serological test results AHM01V037 - Currently in self-quarantine AHM01V038 - Current symptoms AHM01V039 - Probability of contagion AHM01V040 - Probability of severe symptoms AHM01V023 - Changes in life AHM01V024 - Next 12 months		AHM01V016 - Satisfaction for aspects of life AHM01V017 - Life satisfaction AHM01V018 - Self-reported health AHM01V019 - Activity limitation and mental health AHM01V020 - General limitation AHM01V021 - Interference psycho-physical state on activities AHM01V022 - Insomnia AHM01V025 - Current alcohol consumer AHM01V26 - Post-covid changes in alcohol consumption AHM01V027 - Pre-covid alcohol consumer AHM01V028 - Current smoker AHM01V029 - Post-covid changes in

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			smoking AHM01V030 - Pre-covid smoker
Interpersonal relationships		AHM01V041 - Help received AHM01V042 - Help given	
Personal and household characteristics	AHM01SEX - sex AHM01BIRTH - date of birth AHM01RES - Area of residence AHM01V003 - Cohabitants AHM01V003B - Children number AHM01V004 - Employment status AHM01V005 - Working position AHM01V013 - Efficiency of online connection and digital devices AHM01V043 - Living environment		

### 3. Sample and data collection

As ITA.LI wave 1 was still in progress when the ITA.LI COVID-19 survey started, not all panel members had already been interviewed or contacted. Moreover, among ITA.LI respondents, some did not provide the research group with their contact details (i.e. mobile number, landline number, and email address).

Based on this lack of contact information, not only non-respondents (i.e. who refused the first interview), but also non-interviewed, and non-contacted panel members were excluded from the initial sample of the ITA.LI COVID-19 survey. A total of 3,532 individuals were finally contacted, asking them also to invite all the other household members to take part in the survey. Overall, an initial sample of 5,605 participants, who were interviewed in the first wave of ITA.LI, was potentially reached (Respi & Gerosa 2021).

Data collection started in April 2020 and finished at the beginning of September 2020. Invitations and reminders were sent via email, a text message (SMS) or processed by phone call, offering an economic incentive (i.e. a shopping voucher) conditional on the individuals' participation in the survey.

The following sequential CAWI-CATI-CAWI2 survey protocol was implemented.

1. CAWI: from 22th April to 28th May, using text message or email as contact modes;
2. CATI: from 14th July to 7th August, focusing on one non-respondent (selecting only one telephone number) for each non-respondent household to the previous CAWI survey and on a fresh sample of ITA.LI respondents (i.e. people for whom only a landline phone number was available or for whom the survey company had collected mobile/landline phone numbers during wave 1 data collection and after the ITA.LI COVID-19 survey started in April).

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3. CAWI2: from 21st August to 2nd September, administering the questionnaire to a small group of other ITA.LI respondents (email addresses were collected from the telephone interviews with their household members).

Detailed information on all the stages of data collection are shown in Table 2.

*Table 2. Stages of data collection: method, contact, and sample*

<i>Stage</i>	<i>Method</i>	<i>Contact type</i>	<i>Date</i>	<i>Invitation/reminder</i>	<i>Initial sample</i>
I	CAWI	SMS	22/04/2020	Invitation	2.736
			29/04/2020	1° reminder	2.456
			06/05/2020	2° reminder	2.047
			13/05/2020	3° reminder	761
		Email	20/04/2020	Invitation	335
			28/04/2020	1° reminder	310
			06/05/2020	2° reminder	184
			12/05/2020	3° reminder	130
			28/05/2020	End of data collection	
		II	CATI	Telephone	14/07/2020
07/08/2020	End of data collection				
III	CAWI2	Email	21/08/2020	Invitation	35
			02/09/2020	End of data collection	

## 4. Participation and sample composition

A total of 950 complete questionnaires were obtained at the end of the data collection process: 267 questionnaires from the first CAWI survey, 677 interviews from the CATI survey, and 4 questionnaires from the second CAWI survey. The AHM01 data for 904 respondents were successfully merged with ITA.LI wave 1 records, while the remaining 46 questionnaires were excluded because they were completed either by non-ITA.LI members or by ITA.LI members who didn't take part in wave 1. Other 44 COVID-19 members (11 of whom completed the questionnaire) were excluded at the end of the ITA.LI wave 1 data collection because of ineligibility issues, thus obtaining a longitudinal dataset that includes 893 respondents.

The final response rate, calculated on the 2,414 eligible individuals who were issued to be directly contacted by the research group, is 31.9% (AAPOR Response Rate 1). Looking at all the ITA.LI members potentially reached by the COVID-19 survey invitation (i.e., directly contacted by the research team or indirectly contacted by other household members), the percentage of respondents results to be 16.1%.

Table 3 summarises the descriptive characteristics of a) the ITA.LI COVID-19 initial sample (N=5,560), b) the sample of ITA.LI COVID-19 respondents successfully merged with ITA.LI wave 1 data (N=893), and c) the whole responding sample from ITA.LI COVID-19 survey (N=950).

Overall, the longitudinal (b) and the ITA.LI COVID-19 (c) responding samples are not substantially different from the initial ITA.LI sample (a), on the variables of interest presented in Table 3, except for specific categories. In particular, b) and c) samples slightly over-represent women, people aged 45-69, unemployed members, and single-person households, while they under-represent people aged 16-34, economically inactive individuals, and households with 3 members.

Table 3. Sample composition: initial, longitudinal, and AHM01 responding samples.

	a		b		c	
	Initial sample (n=5,560)		Longitudinal sample (n=893)		AHM01 sample (n=950)	
	n	%	n	%	n	%
Sex						
Male	2,543	45.7	357	40.0	377	39.7
Female	3,017	54.6	536	60.0	573	60.3
<i>missing</i>	-	-	-	-	-	-
Age group (in years)						
16-34	1,149	20.7	158	17.7	156	16.4
35-44	842	15.1	145	16.2	150	15.8
45-54	1,048	18.9	205	23.0	215	22.6
55-69	1,437	25.9	260	29.1	287	30.2
70 or over	1,084	19.5	125	14.0	142	15.0
<i>missing</i>	-	-	-	-	-	-
Employment status						
Employed	2,565	46.1	446	49.9	430	45.3
Unemployed	440	7.9	85	9.5	135	14.2
Economically inactive	2,555	46.0	362	40.5	372	39.2
<i>missing</i>	-	-	-	-	13	1.4

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Household size (number of members)						
1	883	15.0	210	23.5	262	27.6
2	1,982	35.7	283	31.7	325	34.2
3	1,398	25.1	201	22.5	180	18.9
4	968	17.4	146	16.4	134	14.1
5 or over	379	6.8	53	5.9	49	5.2
<i>missing</i>	-	-	-	-	-	-
Geographic area						
North-West	1,430	25.7	255	28.6	265	27.9
North-East	1,168	21.0	192	21.5	204	21.5
Center	1,137	20.5	181	20.3	192	20.2
South	1,296	23.3	176	19.7	191	20.1
Islands	529	9.5	89	10.0	98	10.3
<i>missing</i>	-	-	-	-	-	-

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