

# APMS 2007: phase one questionnaire and phase two contents

## PHASE ONE

### 1. Household information

---

#### StartDat

Date interview with respondent was started.

Press <Enter> to confirm date.

#### ASK FOR EACH PERSON THE HOUSEHOLD:

#### Name

RECORD THE NAME FOR RESPONDENT FIRST, THEN A NAME FOR EACH MEMBER OF THE HOUSEHOLD.

#### Sex

- 1 Male
- 2 Female

#### Birth

What is *name/your* date of birth?

DATE

#### IF Birth = Don't know OR Refusal THEN

#### Agelf

What was *name/your* age last birthday?

98 or more = CODE 97 HELP<F9>

Range: 0...97

#### DVage

AGE FOR THE WHOLE SAMPLE, FROM BIRTH AND AGE IF

Range: 0...120

#### IF DVage >=16 THEN

#### MarStat

CODE FIRST THAT APPLIES.

What is *name/your* legal martial status?

Are you/is HELP<F9>

- 1 Single, that is never married
- 2 Married and living with your husband/wife
- 3 Married and separated from your husband/wife
- 4 Divorced
- 5 Widowed?
- 6 Spontaneous only: in a legally-recognised Civil partnership and separated from civil partner
- 7 Spontaneous only: formerly a civil partner, the Civil partnership now legally dissolved
- 8 Spontaneous only: a surviving civil partner: his/her partner having since died

**IF (Dvage>=16) AND (No. in Household>1) AND (MarStat = Not married) THEN  
LiveWith**

May I just check, are you living with someone in the household as a couple? HELP<F9>

This would include as a same sex couple.

- 1 Yes
- 2 No
- 3 Spontaneous only: same sex couple

**Respdnt**

ENTER THE PERSON NUMBER OF THE RESPONDENT.

Range: 1...14

**IF (DVage >=1) AND (No. in Household>1) THEN**

**Hhdr**

In whose name is the accommodation owned or rented?

CODE ALL THAT APPLY.

**IF Hhdr = more than 1 person THEN**

**HiHNum**

You have told me that (*name*) and (*name*) jointly own or rent the accommodation. Who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON NUMBER.

**HRP**

The Household Reference Person is:

Name of HRP

- 1 Continue

**R**

I would now like to ask how the people in your household are related to each other.

CODE RELATIONSHIP HELP<F9>

- 1 Spouse (including civil partner)
- 2 Cohabitee
- 3 Son/daughter (incl. adopted)
- 4 Step-son/daughter
- 5 Foster child
- 6 Son in-law/daughter in-law
- 7 Parent/guardian
- 8 Step-parent
- 9 Foster parent
- 10 Parent-in-law
- 11 Brother/sister (incl. adopted)
- 12 Step brother/sister
- 13 Half brother/sister
- 14 Foster brother/sister
- 15 Brother/sister in-law
- 16 Grandchild
- 17 Grandparent
- 18 Other relative
- 19 Other non-relative

**ASK ALL**

**Proxy**

CODE WHETHER INTERVIEW IS TO BE CONDUCTED WITH:

- 1 the selected respondent
- 2 or, a proxy respondent

**ProxRel**

**IF Proxy = a proxy respondent**

INTERVIEWER: ASK OF THE PROXY RESPONDENT

(Can I just check) What is your relationship to (*name of responding person*)?

- 1 Spouse (including civil partner)
- 2 Cohabitee
- 3 Son/daughter (incl. adopted, step, foster)
- 4 Son-in-law/daughter-in-law
- 5 Parent/guardian (incl. adopted, step, foster)
- 6 Parent-in-law
- 7 Brother/sister (incl. adopted, step, half, foster)
- 8 Brother/sister-in-law
- 9 Grandchild
- 10 Grandparent
- 11 Other relative
- 12 Neighbour
- 13 Friend
- 14 Support worker/personal assistant/paid carer
- 15 Other non-relative

**IF ProxRel = OthRel OR Other non-relative THEN**

**XProxRel**

Please specify relationship to selected respondent.

**IF Proxy = a proxy respondent THEN**

**ProxNam**

What is your full name?

**IF Proxy = selected respondent THEN**

**Language**

INTERVIEWER RECORD:- IS ENGLISH THE RESPONDENT'S FIRST LANGUAGE?

IF UNSURE ASK THE FOLLOWING QUESTION

May I ask, is English your first language?

- 1 Yes
- 2 No

## 2. General health & wellbeing

---

### ASK IF SELECTED RESPONDENT

#### SF1

How is your health in general?

Would you say your health is...

RUNNING PROMPT

- 1 Excellent
- 2 very good
- 3 good
- 4 fair
- 5 or, poor?

#### SF2

These questions are about activities you might do during a typical day.

Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- 1 Yes
- 2 No

#### IF SF2 = Yes THEN

##### SF21

And how much does your health now limit you with these activities...

RUNNING PROMPT

- 1 a little
- 2 or, a lot?

#### IF SF2 = No

##### SF3

And does your health now limit you in climbing several flights of stairs?

- 1 Yes
- 2 No

#### IF SF3 = Yes THEN

##### SF31

And how much does your health now limit you with this activity...

RUNNING PROMPT

- 1 a little
- 2 or, a lot?

#### SF4

During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health?

- 1 Yes
- 2 No

#### SF5

And during the past 4 weeks, were you limited in the kind of work or other activities you could do as a result of your physical health?

- 1 Yes
- 2 No

**SF6**

During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- 1 Yes
- 2 No

**SF7**

And during the past 4 weeks, did you work or do other activities less carefully than usual as a result of your emotional health?

- 1 Yes
- 2 No

**SF8**

SHOWCARD A

During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)...

RUNNING PROMPT

- 1 not at all,
- 2 a little bit,
- 3 moderately,
- 4 quite a bit,
- 5 or, extremely?

**SF9**

SHOWCARD B

For each of the following questions, please look at this card and give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**SF10**

SHOWCARD B

And how much of the time during the past 4 weeks did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**SF11**

SHOWCARD B

And how much of the time during the past 4 weeks have you felt downhearted and low?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**Fullife**

SHOWCARD B

And how much of the time during the past 4 weeks have you felt full of life?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**Worn**

SHOWCARD B

And how much of the time during the past 4 weeks did you feel worn out?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**Tired**

SHOWCARD B

And how much of the time during the past 4 weeks did you feel tired?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**SF12**

SHOWCARD B

During the past 4 weeks how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends or relatives etc)?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

**Happy**

Taking all things together, how would you say you are these days - would you say you're very happy, fairly happy, or not too happy these days?

- 1 Very happy
- 2 Fairly happy
- 3 Not too happy

**CONHOMD**

SHOW CARD C

To what extent do you agree with the following statement. Over the next 3-5 years I expect to have many more positive than negative experiences.

- 1 Strongly disagree
- 2 Moderately disagree
- 3 Slightly disagree

- 4 Slightly agree
- 5 Moderately agree
- 6 Strongly agree

### 3. Activities of Daily Living (ADL)

---

#### ASK ALL

##### AcDif1

###### SHOWCARD D

This next section is about practical activities.

Looking at showcard D, do *you/(name of proxy respondent)* have any difficulty with any of the following activities...

...personal care such as dressing, bathing, washing, or using the toilet?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif2

And do *you/(name of proxy respondent)* have any difficulty with...

...getting out and about or using transport?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif3

And do *you/(name of proxy respondent)* have any difficulty with...

...medical care such as taking medicines or pills, having injections or changes of dressing?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif4

And do *you/(name of proxy respondent)* have any difficulty with...

...household activities like preparing meals, shopping, laundry and housework?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif5

And do *you/(name of proxy respondent)* have any difficulty with...

...practical activities such as gardening, decorating, or doing household repairs?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif6

And do *you/(name of proxy respondent)* have any difficulty with...

...dealing with paperwork, such as writing letters, sending cards or filling forms?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

##### AcDif7

And do *you/(name of proxy respondent)* have any difficulty with...

...managing money, such as budgeting for food or paying bills?

- 1 No, no difficulty at all
- 2 Yes, some difficulty

3 Yes, a lot of difficulty

**AcHelp**

Do you/(*name of proxy respondent*) need anyone to help you with (*name of activity*)?

- 1 Yes
- 2 No

**IF AcHelp = Yes THEN**

**AcWho**

SHOWCARD E

Who helps you/(*name of proxy respondent*) with (*name of activity*)/the things that you have difficulty with?

CODE ALL THAT APPLY

- 1 No one
- 2 Spouse/cohabitee
- 3 Brother/sister (incl. in-law)
- 4 Son/daughter (incl. in-law)
- 5 Parent (incl. in-law)
- 6 Grandparent (incl. in-law)
- 7 Grandchild (incl. in-law)
- 8 Other relative
- 9 Boyfriend/girlfriend
- 10 Friend
- 11 CPN/Nurse
- 12 Occupational Therapist
- 13 Social Worker
- 14 Home care worker/home help
- 15 Voluntary worker
- 16 Landlord/landlady
- 17 Paid domestic help
- 18 Paid nurse
- 19 Bank manager
- 20 Solicitor
- 21 Other person

#### 4. Caring responsibilities

---

**IF ((Proxy = selected respondent) OR (AcHelp = No)) THEN**

**Care1**

Do you look after, or give help or support to family members, friends, neighbours or others because they have a long-term physical or mental ill-health or disability, or problems related to age?

Please do not count anything you do as part of your paid employment.

- 1 Yes
- 2 No

**IF (Proxy = selected respondent) AND (Care1 = Yes) THEN**

**Care2**

About how many hours a week do you spend looking after or helping them?

Please include any time you spend travelling so that you can do these activities.

- 1 0-4 hours a week
- 2 5-9 hours a week
- 3 10-19 hours a week
- 4 20-34 hours a week
- 5 35-49 hours a week
- 6 50-90 hours a week
- 7 100 or more hours a week
- 8 VARIES - usually under 10 hours a week
- 9 VARIES - usually 10 or more hours a week

**IF Care2 = >10 hours a week THEN**

**Care3**

SHOWCARD F

The following questions are about your caring responsibilities.

Looking at showcard F please indicate for each of the following statements how far they reflect your caring responsibilities.

I have constant time pressure due to having too much to do...

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Care2 = >10 hours a week THEN**

**Care4**

SHOWCARD F

Over the past few years, my caring responsibilities have become more demanding...

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Care2 = >10 hours a week THEN**

**Care5**

SHOWCARD F

My caring responsibilities rarely let me go, they are still on my mind when I go to bed

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

## 5. Health conditions

---

### ASK ALL

#### Health

##### SHOWCARD G

Now please look at the health conditions listed on this card. Have *you/(name of proxy respondent)* ever had any of them since the age of 16?

INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.

PROBE - 'What others?'

CODE ALL THAT APPLY

- 1 Cancer
- 2 Diabetes
- 3 Epilepsy/fits
- 4 Migraine or frequent headaches
- 5 Dementia or Alzheimer's disease
- 6 Anxiety, depression or other mental health issue
- 7 Cataracts/eyesight problems (even if corrected with glasses or contacts)
- 8 Ear/hearing problems (even if corrected with a hearing aid)
- 9 Stroke
- 10 Heart attack/angina
- 11 High blood pressure
- 12 Bronchitis/emphysema
- 13 Asthma
- 14 Allergies
- 15 Stomach ulcer or other digestive problems
- 16 Liver problems
- 17 Bowel/colon problems
- 18 Bladder problems/incontinence
- 19 Arthritis
- 20 Bone, back, joint or muscle problems
- 21 Infectious disease
- 22 Skin problems
- 23 Other, please specify
- 96 None of these

#### IF Health = Other THEN

##### HealthX

INTERVIEWER: Enter name of other health condition.

#### IF Health = RESPONSE THEN

##### HDoct

You told me that *you/(name of proxy respondent)* have had *(name of health condition)*.

Did a doctor or other health professional diagnose this condition?

- 1 Yes
- 2 No

#### IF Health = RESPONSE THEN

##### HYear

Have *you/(name of proxy respondent)* had *(name of health condition)* in the last 12 months?

Please say 'yes' if you have had this condition, even if you have not experienced any symptoms because you use medication or an aid.

INTERVIEWER: AN AID IS SOMETHING WHICH ASSISTS SOMEONE TO OVERCOME AN IMPAIRMENT, SUCH AS A WALKING STICK ZIMMER FRAME, GLASSES OR HEARING AID.

- 1 Yes
- 2 No

**IF (Health = RESPONSE) AND (Hyear = Yes) THEN**

**HFirst**

When did *you/(name of proxy respondent)* first have *(name of health condition)*?

- 1 In the last 12 months
- 2 More than a year ago, less than 2 years ago
- 3 More than 2 years ago, less than 5 years ago
- 4 5 years ago or more

**IF Health = RESPONSE THEN**

**HTreat**

In the last 12 months, have *you/(name of proxy respondent)* had any treatment or taken any prescribed medication for the *(name of health condition)*?

INTERVIEWER: 'TREATMENT' INCLUDES PHYSIO AND OTHER THERAPIES.

EXCLUDE MEDICATIONS BOUGHT OVER THE COUNTER.

- 1 Yes
- 2 No

**CutDown**

Now I'd like *you/(name of proxy respondent)* to think about the 2 weeks ending yesterday. During those weeks did *you/(name of proxy respondent)* have to cut down on any of the things *you/he/she* usually do(es) about the house, at work or in *your/his/her* free time because of illness or injury?

- 1 Yes
- 2 No

## 6. Use of psychoactive medications and injections

---

### ASK ALL

#### Medic

(May I just check), are you/(name of proxy respondent) taking any pills or tablets that have been prescribed for you?

INTERVIEWER: DO NOT INCLUDE INHALERS, SUPPOSITORIES, PATCHES, CREAMS, INJECTIONS, OINTMENTS OR LOTIONS.

- 1 Yes
- 2 No

#### IF Medic = Yes THEN

##### MediW1

SHOW CARD H

Please look at this card. Are you/(name of proxy respondent) currently taking any of these medications?

PROBE - 'Which ones? Please just tell me the numbers on the card'

CODE ALL THAT APPLY

- 1 Largactil (chlorpromazine)
- 2 Stelazine (trifluoperazine)
- 3 Haldol, Serance (haloperidol)
- 4 Risperdal (risperidone)
- 5 Zyprexa (olanzapine)
- 6 Clozaril (clozapine)
- 7 Priadel (lithium carbonate)
- 8 Dolmatil (sulpiride)
- 9 Seroquel (quetiapine)
- 10 Abilify (aripiprazole)
- 11 None of these

#### IF (Medic = Yes) AND (MediW1 = Yes) THEN

##### Mpac1

May I see the container or packet for (name of medication)?

- 1 Packet seen - drug coded correctly
- 2 Packet seen - drug not coded correctly
- 3 Packet not seen

#### IF Mpac1= Packet seen – coded correctly OR Packet Not Seen THEN

##### Mwhy1

(May I just check) What condition do you/(name of proxy respondent) take (name of medication) for?

#### IF Medic = Yes THEN

##### MediW2

SHOW CARD J

And please look at this card. Are you/(name of proxy respondent) currently taking any of these medications?

PROBE - 'Which ones? Please just tell me the numbers on the card'

CODE ALL THAT APPLY.

- 1 Prozac (fluoxetine)
- 2 Lustral (sertraline)
- 3 Seroxat (paroxetine)
- 4 Efexor (venlafaxine)
- 5 Nardil (phenelzine)
- 6 Manerix (moclobemide)

- 7 Tryptizol (amitriptyline)
- 8 Tofranil (imipramine)
- 9 Anafranil (clomipramine)
- 10 Prothiaden (dothiepin)
- 11 Sinequan (doxepin)
- 12 Cipramil (citalopram)
- 13 Zispin (mirtazapine)
- 14 None of these

**IF Medic = Yes THEN**

**Mpac2**

May I see the container or packet for the *(name of medication)*?

- 1 Packet seen - drug coded correctly
- 2 Packet seen - drug not coded correctly
- 3 Packet not seen

**IF Mpac2 = Packet seen - drug coded correctly OR Packet Not Seen THEN**

**Mwhy2**

(May I just check) What condition do *you/(name of proxy respondent)* take *(name of medication)* for?

**IF Medic = Yes THEN**

**MediW3**

SHOW CARD K

And are *you/(name of proxy respondent)* currently taking any of the medications on this card?

PROBE - 'Which ones? Please just tell me the numbers on the card'

CODE ALL THAT APPLY.

- 1 Valium (diazepam)
- 2 Ativan (lorazepam)
- 3 Librium (chlordiazepoxide)
- 4 Planpak (temazepam)
- 5 Mogadon (nitrazepam)
- 6 Buspar (buspirone)
- 7 Ritalin (methylphenidate)
- 8 Strattera (atomoxetine)
- 9 None of these

**IF (Medic = Yes) AND (MediW3 = Yes) THEN**

**Mpac3**

May I see the container or packet for the *(name of medication)*?

- 1 Packet seen - drug coded correctly
- 2 Packet seen - drug not coded correctly
- 3 Packet not seen

**IF Mpac3 = Packet seen - drug coded correctly OR Packet Not Seen THEN**

**Mwhy3**

(May I just check) What condition do *you/(name or proxy respondent)* take *(name of medication)* for?

**ASK ALL**

**Inject**

(May I just check) Are *you/(name of proxy respondent)* currently having a regular course of injections which has been prescribed for you?

- 1 Yes
- 2 No

**IF Inject = Yes THEN**

**INJECTWH**

SHOW CARD L

Are you/(*name of proxy respondent*) currently having any of these medicines as a course of injections?

PROBE - 'Which ones? Please just tell me the numbers on the card'

CODE ALL THAT APPLY

- 1 Depixol (flupenthixol decanoate)
- 2 Modecate (fluphenazine decanoate)
- 3 Haldol (haloperidol decanoate)
- 4 Clopixol (zuclopenthixol decanoate)
- 5 Risperdal Consta (risperidone)
- 6 None of these

## 7. Service use

---

### GP CONSULTATIONS

#### ASK ALL

##### DocYear

In the past 12 months, have *you/(name of proxy respondent)* spoken to a GP or family doctor on your own behalf, either in person or by telephone about a physical illness or complaint?

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

- 1 Yes
- 2 No

##### DocPsyc

In the past 12 months, have *you/(name of proxy respondent)* spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

- 1 Yes
- 2 No

#### IF DocPsyc = Yes THEN

##### PMatNum

When *you/(name of proxy respondent)* consulted the doctor about your mental, nervous or emotional problem, what did the doctor say was the matter with you?

INTERVIEWER: HOW MANY MENTAL PROBLEMS DOES THE RESPONDENT HAVE?

ENTER NUMBER OF MENTAL PROBLEMS MENTIONED

IF MORE THAN 6 - TAKE THE 6 MOST IMPORTANT

IF NONE - CODE 0

Range: 0...6

#### GP diagnosis coding block

(Asked for each diagnosis reported)

#### IF DocPsyc = Yes THEN

##### PMat

WHAT IS THE MATTER WITH RESPONDENT?

ENTER ONE OF CONDITIONS/SYMPTOMS RESPONDENT MENTIONED

(THIS IS CONDITION NUMBER [LGENHLTH] OF [PMATNUM]).

#### IF DocPsyc = Yes THEN

##### PICD

CODE FOR COMPLAINT AT PMAT

IF CODE NOT FOUND, ENTER 98 HERE

#### IF DocPsyc = Yes THEN

##### PICDDsc

DESCRIPTION OF CODE SELECTED AT PICD.

#### IF DocYear = Yes THEN

##### DocTalk

During the two weeks ending yesterday, apart from any visit to a hospital, did *you/(name of proxy respondent)* talk to a GP or family doctor on your own behalf, either in person or by telephone?

INCLUDE CONSULTATIONS FOR ANY REASON.  
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.

- 1 Yes
- 2 No

**IF DocTalk = Yes THEN**

**DocWeeks**

And during the two weeks ending yesterday, did you/(name of proxy respondent) speak to a GP or family doctor about being anxious or depressed or a mental, nervous or emotional problem?  
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.

- 1 Yes
- 2 No

**COUNSELLING**

**ASK ALL**

**CnslHav**

**SHOWCARD M**

Looking at this card, could you tell me if you/(name of proxy respondent) are currently having any counselling or therapy for a mental, nervous or emotional problem for example at home, at a doctor's surgery, a health centre, hospital or clinic?

INCLUDE COUNSELLING FOR BEREAVEMENT AND DRINK OR DRUG RELATED PROBLEMS

- 1 Yes
- 2 No

**IF CnslHav = Yes THEN**

**Cnsl**

**SHOWCARD M**

Which type/s of counselling or therapy are you having?

CODE ALL THAT APPLY

- 1 Psychotherapy, psychoanalysis, individual or group therapy
- 2 Behaviour or cognitive therapy
- 3 Art, music or drama therapy
- 4 Social skills training
- 5 Marital or family therapy
- 6 Sex therapy
- 7 Counselling
- 8 Another type of therapy

**IF Cnsl = Another type of therapy THEN**

**CnslV**

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY.'

**IF Cnsl = Psychotherapy, psychoanalysis, individual or group therapy THEN**

**CnslLng**

How long have you been having this (name of therapy)?

- 1 Less than 3 months
- 2 3 months but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

**IF Cnsl = Psychotherapy, psychoanalysis, individual or group therapy THEN  
CnslTak**

How often do you have this (*name of therapy*)?

INTERVIEWER: PLEASE CODE

- 1 More than once a week
- 2 Weekly or more often than fortnightly
- 3 Fortnightly or more often than monthly
- 4 Monthly or more often than 3-monthly
- 5 3-monthly or more often than 6-monthly
- 6 6-monthly or more often than 1 yearly
- 7 Once a year or less

**IN-PATIENT STAYS**

**ASK ALL**

**InStay**

During the past year, have you been in hospital as an in-patient, overnight or longer for treatment or tests?

INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No

**IF InStay = Yes THEN**

**InStayQt**

Have you been in hospital as an in-patient, overnight or longer for treatment or tests, during the past 3 months?

INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No

**IF (InStay = Yes) AND (InStayQt = Yes) THEN**

**InWhy**

Were you in hospital because of...

RUNNING PROMPT

- 1 a physical health problem,
- 2 or a mental nervous or emotional problem?
- 3 Spontaneous: both of these

**OUT-PATIENT VISITS**

**ASK ALL**

**OutStay**

(Apart from seeing your own doctor/when *you/(name of proxy respondent)* stayed in hospital) In the past 12 months have *you/(name of proxy respondent)* been to a hospital or clinic for treatment or check-ups, as an out-patient or day-patient?

INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No

**IF OutStay = Yes THEN**

**OutStyQt**

Have you/(name of proxy respondent) been to a hospital or clinic for treatment or check-ups as an out-patient or day-patient in the past 3 months?

INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No

**IF (OutStay = Yes) AND (OutStyQt = Yes) THEN**

**OutWhy**

Was your/(name of proxy respondent) outpatient or day patient visit because of...

RUNNING PROMPT

- 1 a physical health problem
- 2 or a mental, nervous or emotional problem?
- 3 Spontaneous only – both

**DayY**

SHOWCARD N

Please can you tell me whether you/(name of proxy respondent) have used any of these day activity services over the last year?

COMMUNITY MENTAL HEALTH CENTRE

DAY ACTIVITY CENTRE

SHELTERED WORKSHOP

- 1 Yes
- 2 No
- 3 Spontaneous only: Would have liked to but not available

**IF DayY = Yes THEN**

**DayWht**

What did you/(name of proxy respondent) do there?

CODE ALL THAT APPLY

- 1 Work
- 2 Education
- 3 Social activities
- 4 Other

**IF (DayY = Yes) AND (DayWht = Other) THEN**

**DayWOth**

What was the other activity?

**CC2aY**

SHOWCARD P

Here is a list of community care services. Excluding any contact with professionals or team members that you have already told me about, have you/(name of proxy respondent) used any of these services in the last year? For example, you/(name of proxy respondent) may have been visited at home by some of these people.

- 1 Yes
- 2 No

**IF CC2aY = Yes THEN**

**CC2Y**

SHOWCARD P

Which services have *you/(name of proxy respondent)* used?

CODE ALL THAT APPLY

- 1 Psychiatrist
- 2 Psychologist
- 3 Community psychiatric nurse (CPN)
- 4 Community learning difficulty nurse
- 5 Other nursing services
- 6 Social Worker
- 7 Self-help/support group
- 8 Home help/home care worker
- 9 Outreach worker/family support

**MentHos**

(May I just check,) Have *you/(name of proxy respondent)* ever been admitted to a hospital or ward which specialises in caring for people with mental health problems?

- 1 Yes
- 2 No

## 8. Self-reported height and weight

---

### ASK IF SELECTED RESPONDENT

#### Height

I am now going to ask some questions about your height and weight

How tall are you without shoes?

INTERVIEWER: CODE UNIT OF MEASUREMENT.

ESTIMATE IF NOT SURE

- 1 Metres and Centimetres
- 2 Feet and inches
- 3 Cannot give estimate

#### IF Height = Metres and Centimetres THEN

##### HTMetres

INTERVIEWER: ENTER METRES

ACCEPT ESTIMATES

Range: 1...3

#### IF Height = Metres and Centimetres THEN

##### HTCms

INTERVIEWER: ENTER CENTIMETRES

ACCEPT ESTIMATES

Range: 0...99

#### IF Height = Feet and Inches THEN

##### HTFeet

INTERVIEWER: ENTER FEET

ACCEPT ESTIMATES

Range: 3...8

#### IF Height = Feet and Inches THEN

##### HTInches

INTERVIEWER: ENTER INCHES

ACCEPT ESTIMATES

Range: 0...11

#### IF (sex = Female) AND (DVage<45) THEN

##### Preg

I just need to check as it does affect weight, are you currently pregnant?

- 1 Yes
- 2 No
- 3 Not Asked

#### IF Preg = No OR Preg = Not Asked THEN

##### Weight

What is your current weight, without clothes on?

INTERVIEWER: CODE UNIT OF MEASUREMENT. ESTIMATE IF NOT SURE.

- 1 Kilograms
- 2 Stones and pounds
- 3 Cannot give estimate

**IF (Preg = No OR Not Asked) AND (Weight = Kilograms) THEN  
WTKilos**

INTERVIEWER: ENTER KILOGRAMS. ACCEPT ESTIMATES.

Range: 20...300

**IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN  
WTStones**

INTERVIEWER: ENTER STONES. ACCEPT ESTIMATES.

Range: 4...50

**IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN  
WTPounds**

INTERVIEWER: ENTER POUNDS. ACCEPT ESTIMATES.

Range: 0...15

**IF Preg = No OR Not Asked THEN**

**WTAssess**

Would you say you were ...READ OUT...

- 1 ...about the right weight,
- 2 ...underweight,
- 3 ...slightly overweight or,
- 4 ...very overweight?

## **9. Common Mental Disorders (CMDs) – CIS-R**

---

### **ASK IF SELECTED RESPONDENT**

#### **APPETITE AND WEIGHT**

##### **Q18**

Have you noticed a marked loss in your appetite in the past month?

- 1 Yes
- 2 No

##### **Q19**

Have you lost any weight in the past month?

- 1 Yes
- 2 No/Don't Know

#### **IF Q19 = Yes THEN**

##### **Q19a**

Were you trying to lose weight or on a diet?

- 1 Yes
- 2 No

#### **IF (Q19 = Yes) AND (Q19a = No) THEN**

##### **Q19b**

Did you lose half a stone or more, or did you lose less than this?

Half a stone

or 7 lbs

or 3 1/4 Kg

- 1 lost half a stone or more
- 2 lost less than half a stone

#### **IF Q19 = No/Don't know THEN**

##### **Q21**

Have you noticed a marked increase in your appetite in the past month?

- 1 Yes
- 2 No

#### **IF Q19 = No/Don't know THEN**

##### **Q22**

Have you gained weight in the past month?

Do not include weight gain due to pregnancy.

- 1 Yes
- 2 No/Don't Know

## SECTION A - SOMATIC SYMPTOMS

### ASK IF SELECTED RESPONDENT

#### CISRI<sub>intr</sub>

The next group of questions is about any physical discomfort you may have suffered recently. I will then go on and ask about how you have been feeling lately, whether you have been depressed or worried or anxious or have any obsessive thoughts or suffer from phobias. Each is a different type of feeling and is asked about separately and each section follows a similar pattern.

- 1 Continue

#### A1

Have you had any sort of ache or pain in the past month?

- 1 Yes
- 2 No

#### IF A1 = No THEN

##### A2

During the past month have you been troubled by any sort of discomfort, for example, headache or indigestion?

- 1 Yes
- 2 No

#### IF (A1 = Yes) OR (A2 = Yes) THEN

##### A3

Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?

INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE PAIN/DISCOMFORT, THEN PLEASE REFER TO ANY OF THEM.

- 1 Yes
- 2 No

#### IF A3 = Yes THEN

##### A4

In the past seven days, including last (*day*) on how many days have you noticed the ache or pain/discomfort?

IF RESPONDENT GIVES A RANGE, THEN PLEASE CODE THE LOWER

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF (A3 = Yes) AND (A4 = 4 days or more) OR (A4 = 1 to 3 days) THEN

##### A5

In total, did the ache or pain/discomfort last for more than 3 hours on any day in the past week/on that day?

- 1 Yes
- 2 No

#### IF (A3 = Yes) AND ((A4 = 4 days or more) OR (A4 = 1 to 3 days)) THEN

##### A6

In the past week, has the ache or pain/discomfort been...

RUNNING PROMPT

- 1 very unpleasant,
- 2 a little unpleasant,

3 or not unpleasant?

**IF A3 = Yes AND ((A4 = 4 days or more) OR (A4 = 1 to 3 days)) THEN**

**A7**

Has the ache or pain/discomfort bothered you when you were doing something interesting in the past week?

- 1 Yes
- 2 No/has not done anything interesting

**IF A3 = Yes AND ((A4 = 4 days or more) OR (A4 = 1 to 3 days)) THEN**

**A8**

SHOW CARD Q

How long have you been feeling this ache or pain/discomfort as you have just described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION B - FATIGUE

### ASK IF SELECTED RESPONDENT

#### B1

Have you noticed that you've been getting tired in the past month?

- 1 Yes
- 2 No

**IF B1 = No THEN**

#### B2

During the past month, have you felt you've been lacking in energy?

- 1 Yes
- 2 No

**IF (B1 = Yes) OR (B2 = Yes) THEN**

#### B3

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Do you know why you have been feeling tired/lacking in energy?

- 1 Yes
- 2 No

**IF ((B1 = Yes) OR (B2 = Yes)) AND B3 = Yes THEN**

#### B3a

SHOW CARD R

What is the main reason? Can you choose from this card?

- 1 Problems with sleep
- 2 Medication
- 3 Physical illness
- 4 Working too hard
- 5 Stress, worry or other psychological reason
- 6 Physical exercise
- 7 Other

**IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise) THEN**

#### B4

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past seven days, including last (*day*) on how many days have you felt tired/lacking in energy?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF ((B1 = Yes) OR (B2 = Yes)) AND B3 = No AND B3a = NOT Physical exercise  
AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days)) THEN**

#### B5

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?  
EXCLUDE TIME SPENT SLEEPING.

- 1 Yes
- 2 No

**IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise)  
AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days)) THEN**

**B6**

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt so tired/lacking in energy that you've had to push yourself to get things done during the past week?

- 1 Yes, on at least one occasion
- 2 No

**IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise)  
AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days)) THEN**

**B7**

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt tired/lacking in energy when doing things that you enjoy during the past week?

- 1 Yes, at least once
- 2 No
- 3 Spontaneous: Does not enjoy anything

**IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise)  
AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days)) AND B7 = ((No) OR B7 = (Spontaneous:  
Does not enjoy anything)) THEN**

**B8**

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?

- 1 Yes
- 2 No

**IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise)  
AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days))**

**B9**

SHOW CARD S

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

How long have you been feeling tired/lacking in energy in the way you have just described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION C - CONCENTRATION AND FORGETFULNESS

### ASK IF SELECTED RESPONDENT

#### C1

In the past month, have you had any problems in concentrating on what you are doing?

- 1 Yes, problems concentrating
- 2 No

#### C2

Have you noticed any problems with forgetting things in the past month?

- 1 Yes
- 2 No

**IF (C1 = Yes) OR (C2 = Yes) THEN**

#### C4

Since last (*day*), on how many days have you noticed problems with your concentration/memory?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN**

#### C5

In the past week could you concentrate on a TV programme, read a newspaper article or talk to someone without your mind wandering?

- 1 Yes
- 2 No/not always

**IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN**

#### C6

In the past week, have these problems with your concentration actually stopped you from getting on with things you used to do or would like to do?

- 1 Yes
- 2 No

**IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN**

#### C7

(Earlier you said you have been forgetting things).

Have you forgotten anything important in the past seven days?

- 1 Yes
- 2 No

**IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN**

#### C8

SHOW CARD S

How long have you been having the problems with your concentration /memory as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION D - SLEEP PROBLEMS

### ASK IF SELECTED RESPONDENT

#### D1

In the past month, have you been having problems with trying to get to sleep or with getting back to sleep if you woke up or were woken up?

- 1 Yes
- 2 No

#### IF D1 = No THEN

#### D2

Has sleeping more than you usually do been a problem for you in the past month?

- 1 Yes
- 2 No

#### IF (D1 = Yes) OR (D2 = Yes) THEN

#### D3

On how many of the past seven nights did you have problems with your sleep?

- 1 4 nights or more
- 2 1 to 3 nights
- 3 None

#### IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) THEN

#### D4

Do you know why you are having problems with your sleep?

- 1 Yes
- 2 No

#### IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND D4 = Yes THEN

#### D4a

SHOW CARD T

Can you look at this card and tell me the main reason for these problems?

- 1 Noise
- 2 Shift work/too busy to sleep
- 3 Illness/discomfort
- 4 Worry/thinking
- 5 Needing to go to the toilet
- 6 Having to do something (e.g. look after baby)
- 7 Tired
- 8 Medication
- 9 Other

#### IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) THEN

#### D5

Thinking about the night you had the least sleep in the past week, how long did you spend trying to get to sleep?

(If you woke up or were woken up I want you to allow a quarter of an hour to get back to sleep).

Only include time spent trying to get to sleep.

- 1 Less than 1/4 hr
- 2 At least 1/4 hr but less than 1 hr
- 3 At least 1 hr but less than 3 hrs
- 4 3 hrs or more

**IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND D5 = 3 hrs or more THEN**

**D6**

In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?

- 1 4 nights or more
- 2 1 to 3 nights
- 3 None

**IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND (D5 = At least 1/4 hr but less than 1 hr) OR (D5 = At least 1 hr but less than 3 hrs) OR (D5 = 3 hrs or more) THEN**

**D7**

Do you wake more than two hours earlier than you need to and then find you can't get back to sleep?

- 1 Yes
- 2 No

**IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) THEN**

**D8**

Thinking about the night you slept the longest in the past week, how much longer did you sleep compared with how long you normally sleep for?

- 1 Less than 1/4 hr
- 2 At least 1/4 hr but less than 1 hr
- 3 At least 1 hr but less than 3 hrs
- 4 3 hrs or more

**IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND D8 = 3 hrs or more THEN**

**D9**

In the past week, on how many nights did you sleep for more than 3 hours longer than you usually do?

- 1 4 nights or more
- 2 1 to 3 nights
- 3 None

**IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND ((D5 = At least 1/4 hr but less than 1 hr) OR (D5 = At least 1 hr but less than 3 hrs) OR (D5 = 3 hrs or more) THEN**

**D10**

SHOW CARD U

How long have you had these problems with your sleep as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION E - IRRITABILITY

### ASK IF SELECTED RESPONDENT

#### E1

Many people become irritable or short tempered at times, though they may not show it. Have you felt irritable or short tempered with those around you in the past month?

- 1 Yes/no more than usual
- 2 No

#### IF E1 = No THEN

#### E2

During the past month did you get short tempered or angry over things which now seem trivial when you look back on them?

- 1 Yes
- 2 No

#### IF (E1 = Yes) OR (E2 = Yes) THEN

#### E3

Since last (*day*), on how many days have you felt irritable or short tempered/angry?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN

#### E4

What sort of things made you irritable or short tempered/angry in the past week?

CODE VERBATIM

#### IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN

#### E5

In total, have you felt irritable or short tempered/angry for more than one hour (on any day in the past week)?

- 1 Yes
- 2 No

#### IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN

#### E6

During the past week, have you felt so irritable or short tempered/angry that you have wanted to shout at someone, even if you haven't actually shouted?

- 1 Yes
- 2 No

#### IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN

#### E7

In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?

- 1 Yes
- 2 No

**IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes THEN**

**E7a**

Did this happen once or more than once (in the past week)?

- 1 Once
- 2 More than once

**IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes AND E7a = Once THEN**

**E8**

Do you think this was justified?

- 1 Yes, justified
- 2 No, not justified

**IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes AND E7a = More than once THEN**

**E9**

Do you think this was justified on every occasion?

- 1 Yes
- 2 No, at least one was unjustified

**IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN**

**E10**

SHOW CARD U

How long have you been feeling irritable or short tempered/angry as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION F - WORRY ABOUT PHYSICAL HEALTH

### ASK IF SELECTED RESPONDENT

#### F1

Many people get concerned about their physical health. In the past month, have you been at all worried about your physical health?

INCLUDE WOMEN WHO ARE WORRIED ABOUT THEIR PREGNANCY

- 1 Yes, worried
- 2 No/concerned

**IF (F1 = No/concerned) AND NOT IF (Health = None) THEN**

#### F2Route

INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT HEALTH?

YOU ENTERED THE FOLLOWING ILLNESS/ES: (*health conditions*).

- 1 Yes, has mentioned a physical health problem
- 2 No physical health problem

**IF F2Route = No physical health problem THEN**

#### F2

During the past month, did you find yourself worrying that you might have a serious physical illness?

- 1 Yes
- 2 No

**IF ((F1 = Yes, worried) OR (F2 = Yes)) THEN**

#### F3

Thinking about the past seven days, including last (*day*), on how many days have you found yourself worrying about your physical health / worrying that you might have a serious physical illness?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days)) THEN**

#### F4

In your opinion, have you been worrying too much in view of your actual health?

- 1 Yes
- 2 No

**IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days)) THEN**

#### F5

In the past week, has this worrying been...

RUNNING PROMPT...

- 1 very unpleasant,
- 2 a little unpleasant,
- 3 or not unpleasant?

**IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days))  
THEN**

**F6**

In the past week, have you been able to take your mind off your health worries at least once, by doing something else?

- 1 Yes
- 2 No, could not be distracted once

**IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days))  
THEN**

**F7**

SHOW CARD U

How long have you been worrying about your physical health in the way you described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION G - DEPRESSION

### ASK IF SELECTED RESPONDENT

#### G1

Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

- 1 Yes
- 2 No

#### G2

During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

- 1 Yes
- 2 No/no enjoyment or interest

#### IF G1 = Yes THEN

##### G4

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past week have you had a spell of feeling sad, miserable or depressed?

- 1 Yes
- 2 No

#### IF G2 = No THEN

##### G5

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past week have you been able to enjoy or take an interest in things as much as usual?

- 1 Yes
- 2 No/no enjoyment or interest

#### IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN

##### G6

Since last (day) on how many days have you felt [depressed or unable to take an interest in / things / sad, miserable or depressed / unable to enjoy or take an interest in]?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN

##### G7

Have you felt sad, miserable or depressed / unable to enjoy or take an interest in things for more than 3 hours in total (on any day in the past week)?

- 1 Yes
- 2 No

#### IF ((G4 = Yes) OR (G5 = No/no enjoyment)) THEN

##### G9

In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?

- 1 Yes, at least once
- 2 No

**IF ((G4 = Yes) OR (G5 = No/no enjoyment)) THEN**

**G10**

SHOW CARD V

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

## SECTION H - DEPRESSIVE IDEAS

### ASK IF SELECTED RESPONDENT AND DVG11>=1

#### H1

I would now like to ask you about when you have been feeling miserable, depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in / things.

In the past week, was this worse in the morning or in the evening, or did this make no difference?

PROMPT AS NECESSARY

- 1 in the morning
- 2 in the evening
- 3 no difference/other

#### H2

INTERVIEWER PLEASE READ OUT:

Many people find that feeling miserable, depressed or unable to take an interest in things can affect their interest in sex.

Over the past month, do you think your interest in sex has...

RUNNING PROMPT

- 1 increased
- 2 decreased
- 3 has it stayed the same?
- 4 Spontaneous - Not applicable

#### H3A

When you have felt miserable, depressed or unable to take an interest in things in the past seven days

..... have you been so restless that you couldn't sit still?

- 1 Yes
- 2 No

#### H3B

..... have you been doing things more slowly, for example, walking more slowly?

- 1 Yes
- 2 No

#### H3C

....have you been less talkative than normal?

- 1 Yes
- 2 No

#### H4

Now, thinking about the past seven days have you on at least one occasion felt guilty or blamed yourself when things went wrong when it hasn't been your fault?

- 1 Yes, at least once
- 2 No

#### H5

During the past week, have you been feeling you are not as good as other people?

- 1 Yes
- 2 No

**H6**

Have you felt hopeless at all during the past seven days, for instance about your future?

- 1 Yes
- 2 No

**H8**

In the past week have you felt that life isn't worth living?

- 1 Yes
- 2 No

**H9**

In the past week, have you thought of killing yourself?

- 1 Yes
- 2 No

**H10**

Thank you for answering those questions on how you have been feeling. I would now like to ask you a few questions about worrying.

- 1 Continue

## SECTION I - WORRY

### ASK IF SELECTED RESPONDENT

#### I1

(The next few questions are about worrying.) In the past month, did you find yourself worrying more than you needed to about things?

- 1 Yes, worrying
- 2 No/concerned

#### IF I1 = No/concerned THEN

#### I2

Have you had any worries at all in the past month?

- 1 Yes
- 2 No

#### IF ((I1 = Yes) OR (I2 = Yes)) THEN

#### I6INTRO

For the next few questions, I want you to think about worries you have had other than those about your physical health.

- 1 Continue

#### IF ((I1 = Yes) OR (I2 = Yes)) THEN

#### I6

On how many of the past seven days have you been worrying about things (other than your physical health)?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN

#### I7

In your opinion, have you been worrying too much in view of your circumstances?

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

- 1 Yes
- 2 No

#### IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN

#### I8

In the past week, has this worrying been:

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

RUNNING PROMPT

- 1 very unpleasant
- 2 a little unpleasant
- 3 or not unpleasant?

#### IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN

#### I9

Have you worried for more than 3 hours in total on any one of the past seven days?

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

- 1 Yes
- 2 No

**IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN  
I10**

SHOW CARD W

How long have you been worrying about things in the way you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

**IF ((I1 = Yes) OR (I2 = Yes)) THEN**

**Reason**

SHOW CARD X

Can you look at this card and tell me what sorts of things have been making you [depressed or unable to take an interest in // things and worried / things / worried]?

CODE ALL THAT APPLY - DON'T KNOW = 99

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Exams
- 12 Other
- 99 Don't know/no main thing

**IF ((I1 = Yes) OR (I2 = Yes)) THEN**

**MnReason**

SHOW CARD X

What was the main thing you have been [depressed or worried / depressed / worried] about?

DON'T KNOW/NO MAIN THING = 99

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Exams
- 12 Other
- 99 Don't know/no main thing

## SECTION J - ANXIETY

### ASK IF SELECTED RESPONDENT

#### J1

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous
- 2 No

**IF J1 = No THEN**

#### J2

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

#### J3

Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?

- 1 Yes
- 2 No

**IF DVJ4 = anxiety and phobia THEN**

#### J5

In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?

- 1 Always brought on by phobia
- 2 Sometimes generally anxious

**IF DVJ4 = anxiety and phobia AND J5 = Sometimes generally anxious THEN**

#### J6

The next questions are concerned with general anxiety/nervousness/tension only.

I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF DVJ4 = only general anxiety THEN**

#### J7

On how many of the past seven days have you felt generally anxious/nervous/tense?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

**IF ((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN**

#### J8

In the past week, has your anxiety/nervousness/tension been:

RUNNING PROMPT

- 1 very unpleasant,
- 2 a little unpleasant,
- 3 or not unpleasant?

**IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN**

**J9**

SHOW CARD Y

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?

- 1 Yes
- 2 No

**IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) AND J9 = Yes THEN**

**J9A**

SHOW CARD Y

Which of these symptoms did you have when you felt anxious/nervous/tense?

CODE ALL THAT APPLY

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

**IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN**

**J10**

Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?

- 1 Yes
- 2 No

**IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN**

**J11**

How long have you had these feelings of general anxiety/nervousness/tension as you described?

SHOW CARD Z

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION K - PHOBIAS

### ASK IF SELECTED RESPONDENT AND DVK1 = Others

#### K2

Sometimes people avoid a specific situation or thing because they have a phobia about it. In the past month, have you avoided any situation or thing because it would have made you feel nervous or anxious, even though there was no real danger?

- 1 Yes
- 2 No

#### IF (DVK1 = Others) OR (K2 = Yes) THEN

##### K3

SHOW CARD BA

Can you look at this card and tell me which of the situations or things listed [made you the most anxious/nervous/tense / did you avoid the most] in the past month?

CODE ALL THAT APPLY

- 1 Crowds or public places
- 2 Enclosed spaces
- 3 Social situations
- 4 Sight of blood or injury
- 5 Specific single cause
- 6 Other (SPECIFY)

#### IF K3 = Other phobia THEN

##### XK3

CISR - PHOBIAS

SPECIFY OTHER PHOBIA

#### IF DVK1 = phobic anxiety in past month THEN

##### K4

In the past seven days, how many times have you felt nervous or anxious about (SITUATION(S)/THING(S))?

- 1 4 times or more
- 2 1 to 3 times
- 3 None

#### IF DVK1 = phobic anxiety in past month AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times)) THEN

##### K5

SHOW CARD BB

In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?

HEART RACING OR POUNDING

HANDS SWEATING OR SHAKING

FEELING DIZZY

DIFFICULTY GETTING YOUR BREATH

BUTTERFLIES IN STOMACH

DRY MOUTH

NAUSEA OR FEELING AS THOUGH YOU WANTED TO VOMIT

- 1 Yes
- 2 No

**IF DVK1 = phobic anxiety in past month AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times)) AND K5 = Yes THEN**

**K5A**

SHOW CARD BB

Which of these symptoms did you have when you felt anxious/nervous/tense?

- 1 Heart racing or pounding
- 2 Hands sweating or shaking
- 3 Feeling dizzy
- 4 Difficulty getting your breath
- 5 Butterflies in stomach
- 6 Dry mouth
- 7 Nausea or feeling as though you wanted to vomit

**IF DVK1 = phobic anxiety in past month THEN**

**K6**

In the past week, have you avoided any situation or thing because it would have made you feel anxious/nervous/tense even though there was no real danger?

- 1 Yes
- 2 No

**IF ((K6 = Yes) OR (K2 = Yes)) THEN**

**K7**

How many times have you avoided such situations or things in the past seven days?

- 1 4 times or more
- 2 1 to 3 times
- 3 None

**IF (((K4 = 4 times or more) OR (K4 = 1 or 3 times)) OR ((K7 = 4 times or more) OR (K7 = 1 to 3 times))) THEN**

**K8**

SHOW CARD BC

How long have you been having these feelings about these situations/things as you have just described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION L – PANIC

### ASK IF SELECTED RESPONDENT AND DVK1 = 1 OR 2 THEN

#### L1

Thinking about the past month, did your anxiety or tension ever get so bad that you got in a panic, for instance make you feel that you might collapse or lose control unless you did something about it?

- 1 Yes
- 2 No

#### IF L1 = Yes THEN

##### L2

How often has this happened in the past week?

- 1 Once
- 2 More than once
- 3 Not at all

#### IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN

##### L3

In the past week, have these feelings of panic been:

RUNNING PROMPT

- 1 a little uncomfortable or unpleasant,
- 2 or have they been very unpleasant or unbearable?

#### IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN

##### L4

Did this panic/the worst of these panics last for longer than 10 minutes?

- 1 Yes
- 2 No

#### IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN

##### L5

Are you relatively free of anxiety between these panics?

- 1 Yes
- 2 No

#### IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN

##### L6

Is this panic always brought on by (*list of phobias mentioned*)?

- 1 Yes
- 2 No

#### IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN

##### L7

SHOW CARD BC

How long have you been having these feelings of panic as you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION M – COMPULSIONS

### ASK IF SELECTED RESPONDENT

#### M1

In the past month, did you find that you kept on doing things over and over again when you knew you had already done them. For example, making your bed or washing your hands over and over again?

- 1 Yes
- 2 No

#### IF M1 = Yes THEN

#### M2

On how many days in the past week did you find yourself doing things over again that you had already done?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN

#### M3

Since last (*day*) what sorts of things have you done over and over again?

#### IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN

#### M4

During the past week, have you tried to stop yourself repeating (BEHAVIOUR)/doing any of these things over again?

(NOTE: Compulsion(s) mentioned at M3: [M3])

- 1 Yes
- 2 No

#### IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN

#### M5

Has repeating (BEHAVIOUR)/doing any of these things over again made you upset or annoyed with yourself in the past week?

(NOTE: Compulsion(s) mentioned at M3: [M3])

- 1 Yes, upset or annoyed
- 2 No, not at all

#### IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN

#### M6

INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3

- 1 Yes
- 2 No

#### IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) AND M6 = Yes THEN

#### M6A

Thinking about the past week, which of the things you mentioned did you repeat the most times?

**IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN**

**M7**

Since last (*day*), how many times did you repeat (*description of main compulsion*) when you had already done it?

- 1 3 or more repeats
- 2 2 repeats
- 3 1 repeat

**IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN**

**M8**

SHOW CARD BC

How long have you been repeating (BEHAVIOUR)/any of the things you mentioned in the way which you have described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION N - OBSESSIONS

### ASK IF SELECTED RESPONDENT

#### N1

In the past month did you have any thoughts or ideas over and over again that you found unpleasant and would prefer not to think about, that still kept on coming into your mind? For example, constantly thinking about death

- 1 Yes
- 2 No

#### IF N1 = Yes THEN

#### N2

Can I check, is this the same thought or idea over and over again or are you worrying about a problem or something in general?

- 1 Same thought
- 2 Worrying in general

#### IF N1 = Yes AND N2 = Same thought THEN

#### N3

What are these unpleasant thoughts or ideas that keep coming into your mind?

RECORD VERBATIM

DO NOT PROBE

DO NOT PRESS FOR AN ANSWER

#### IF N1 = Yes AND N2 = Same thought THEN

#### N4

Since last (*day*), on how many days have you had these unpleasant thoughts?

- 1 4 days or more
- 2 1 to 3 days
- 3 None

#### IF N1 = Yes AND N2 = Same thought AND ((N4 = 4 days or more) OR (N4 = 1 to 3 days)) THEN

#### N5

During the past week, have you tried to stop yourself thinking any of these thoughts?

- 1 Yes
- 2 No

#### IF N1 = Yes AND N2 = Same thought AND ((N4 = 4 days or more) OR (N4 = 1 to 3 days)) THEN

#### N6

Have you become upset or annoyed with yourself when you have had these thoughts in the past week?

- 1 Yes, upset or annoyed
- 2 Not at all

#### IF N1 = Yes AND N2 = Same thought AND ((N4 = 4 days or more) OR (N4 = 1 to 3 days)) THEN

#### N7

In the past week, was the longest episode of having such thoughts...

RUNNING PROMPT

- 1 a quarter of an hour or longer,

2 or was it less than this?

**IF N1 = Yes AND N2 = Same thought AND ((N4 = 4 days or more) OR (N4 = 1 to 3 days))  
THEN**

**N8**

SHOW CARD BC

How long have you been having these thoughts in the way which you have just described?

- 1 Less than 2 weeks
- 2 2 weeks but less than 6 months
- 3 6 months but less than 1 year
- 4 1 year but less than 2 years
- 5 2 years or more

## SECTION O - OVERALL EFFECTS AND MULTIPLE EPISODES OF DEPRESSION

### ASK IF SELECTED RESPONDENT

#### O1

Now I would like to ask you how all of these things that you have told me about have affected you overall.

In the past week, has the way you have been feeling ever actually stopped you from getting on with things you used to do or would like to do?

- 1 Yes
- 2 No

#### IF O1 = Yes THEN

##### O1A

In the past week, has the way you have been feeling stopped you doing things once or more than once?

- 1 Once
- 2 More than once

#### IF O1 = No THEN

##### O1B

Has the way you have been feeling made things more difficult even though you have got everything done?

- 1 Yes
- 2 No

#### AnyDep

Have you ever had a spell of feeling sad, miserable or depressed or unable to enjoy or take an interest in things?

- 1 Yes
- 2 No

#### PrevDep

Earlier you said that you have been feeling sad, miserable or depressed or unable to enjoy or take an interest in things lately. Have you had a spell of feeling like this before?

INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

- 1 Yes
- 2 No

#### IF ((AnyDep = Yes) OR (PrevDep = Yes)) THEN

##### AgeDep

About how old were you the first time you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things?

INTERVIEWER: INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

INCLUDE ANY CURRENT SPELL OF DEPRESSION.

Range: 4...99

#### IF ((AnyDep = Yes) OR (PrevDep = Yes)) AND AgeDep = RESPONSE THEN

##### YrsDep

Have you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things in the last 10 years / 5 years?

INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE INCLUDE ANY CURRENT SPELL.

- 1 Yes

2 No

**IF ((YrsDep = Yes) OR (PrevDep = Yes)) THEN**

**TimesD**

How many times over the past [10 years / 5 years] have you had a spell of feeling sad, miserable or depressed, and or you were unable to enjoy or take an interest in things?

INTERVIEWER: INCLUDE ANY CURRENT SPELL OF DEPRESSION.

- 1 1
- 2 2
- 3 3-4
- 4 5-6
- 5 7 or more
- 6 unable to say

## 10. Suicidal thoughts, attempts and self-harm

---

### ASK IF SELECTED RESPONDENT

#### DSHIntro

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings.

- 1 Continue

#### DSH1

Have you ever felt that life was not worth living?

- 1 Yes
- 2 No

#### IF DSH1 = Yes THEN

##### DSH1a

Was this....

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week,
- 2 ...in the last year,
- 3 or at some other time?

#### DSH2

Have you ever wished that you were dead?

- 1 Yes
- 2 No

#### IF DSH2 = Yes THEN

##### DSH2a

Was this...

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 ...in the last year?
- 3 or at some other time?

#### DSH3

Have you ever thought of taking your life, even if you would not really do it?

- 1 Yes
- 2 No

#### IF DSH3 = Yes THEN

##### DSH3a

Was this...

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week,
- 2 ...in the last year,
- 3 or at some other time?

#### DSH4

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
- 2 No

**IF DSH4 = Yes THEN**

**DSH4a**

Was this...

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 ...in the last year?
- 3 or at some other time?

**IF DSH4 = Yes THEN**

**DSH4b**

Did you try to get help from anyone following this attempt?

- 1 Yes
- 2 No

**IF DSH4 = Yes AND DSH4b = Yes THEN**

**DSH4c**

Who did you try to get help from?

You may give more than one response.

READ OUT...

CODE ALL THAT APPLY

- 1 ...a friend
- 2 ...a member of your family
- 3 ...your GP/family doctor
- 4 ...the local hospital
- 5 ...someone else – specify

**IF DSH4 = Yes AND DSH4c = Someone else THEN**

**DSH4d**

Who was the other person you asked for help?

**DSH5**

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
- 2 No

**IF DSH5 = Yes THEN**

**DSH6**

Did you...

READ OUT AND CODE ALL THAT APPLY

- 1 ...cut yourself,
- 2 ...or burn yourself,
- 3 ...or swallow any objects,
- 4 ...or harm yourself some other way?

**IF DSH5 = Yes THEN**

**DSH7**

Did you do any of these things to draw attention to your situation or to change your situation?

- 1 Yes
- 2 No

**IF DSH5 = Yes THEN**

**DSH8**

Did you do any of these things because it relieved unpleasant feelings of anger, tension, anxiety or depression?

- 1 Yes
- 2 No

**IF DSH5 = Yes THEN**

**DSH9**

Have you received medical attention for deliberately harming yourself in any of these ways?  
INTERVIEWER: MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP.

- 1 Yes
- 2 No

**IF DSH5 = Yes THEN**

**DSH10**

Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?

- 1 Yes
- 2 No

**IF ((DSH4a = in the last week OR in the last year)) OR ((DSH1a = in the last week) OR (DSH4a = in the last year)) OR ((DSH2a = in the last week) OR (DSH4a = in the last year)) OR ((DSH3a = in the last week) OR (DSH4 = No))) THEN**

**DSHExit**

The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritans, if you find yourself thinking them.

- 1 Continue

## 11. Psychosis - PSQ

---

### ASK IF SELECTED RESPONDENT

#### PSQIntro

Now I would like to ask you about thoughts and feelings you may have had over the past year.

- 1 Continue

#### PSQ1

Over the past year, have there been times when you felt very happy indeed without a break for days on end?

- 1 Yes
- 2 No
- 3 Unsure

#### IF PSQ1 = Yes THEN

##### PSQ1a

Was there an obvious reason for this?

- 1 Yes
- 2 No
- 3 Unsure

#### IF (PSQ1 = Yes) AND (PSQ1a = No) THEN

##### PSQ1b

Did people around you think it was strange or complain about it?

- 1 Yes
- 2 No
- 3 Unsure

#### IF (PSQ1 = Yes) AND (PSQ1a = No) AND ((PSQ1b = Yes OR Unsure)) THEN

##### PSQ1bV

Could you tell me a little more about that?

CODE VERBATIM

#### PSQ2

Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?

- 1 Yes
- 2 No
- 3 Unsure

#### IF PSQ2 = Yes THEN

##### PSQ2a

Did this come about in a way that many people would find hard to believe, for instance, through telepathy?

- 1 Yes
- 2 No
- 3 Unsure

#### IF (PSQ2 = Yes) AND ((PSQ2a = Yes OR Unsure)) THEN

##### PSQ2aV

How do you explain what happened?

CODE VERBATIM

**PSQ3**

Over the past year, have there been times when you felt that people were against you?

- 1 Yes
- 2 No
- 3 Unsure

**IF PSQ3 = Yes THEN**

**PSQ3a**

Have there been times when you felt that people were deliberately acting to harm you or your interests?

- 1 Yes
- 2 No
- 3 Unsure

**IF (PSQ3 = Yes) AND (PSQ3a = Yes) THEN**

**PSQ3b**

Have there been times you felt that a group of people was plotting to cause you serious harm or injury?

- 1 Yes
- 2 No
- 3 Unsure

**IF PSQ3 = Yes AND PSQ3a = Yes AND ((PSQ3b = Yes OR Unsure)) THEN**

**PSQ3bV**

Why do you think this was happening?

CODE VERBATIM

**PSQ4**

Over the past year, have there been times when you felt that something strange was going on?

- 1 Yes
- 2 No
- 3 Unsure

**IF PSQ4 = Yes THEN**

**PSQ4a**

Did you feel it was so strange that other people would find it very hard to believe?

- 1 Yes
- 2 No
- 3 Unsure

**IF (PSQ4 = Yes) AND ((PSQ4a = Yes OR Unsure)) THEN**

**PSQ4aV**

What was going on that felt so strange?

CODE VERBATIM

**PSQ5**

Over the past year, have there been times when you heard or saw things that other people couldn't?

- 1 Yes
- 2 No
- 3 Unsure

**IF PSQ5 = Yes THEN**

**PSQ5a**

Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?

- 1 Yes
- 2 No
- 3 Unsure

**IF (PSQ5 = Yes) AND ((PSQ5a = Yes OR Unsure)) THEN**

**PSQ5aV**

What did the voices say to you?

CODE VERBATIM

## **12. Attention Deficit Hyperactivity Disorder (ADHD) – ASRS**

---

### **ASK IF SELECTED RESPONDENT**

#### **Intro**

##### **SHOWCARD BD**

Please look at this showcard, and for the next few questions choose the answer that best describes how you have felt over the past 6 months.

- 1 Continue

#### **adhdwrap**

##### **SHOWCARD BD**

How often do you have trouble wrapping up the fine details of a project, once the challenging parts have been done?

Please take your answer from showcard BD

ADD IF NECESSARY: 'PROJECTS INCLUDE ALL SORTS OF THINGS, LIKE MAKING SOMETHING, DOING HOMEWORK, OR DIY AROUND THE HOUSE'

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

#### **adhdorg**

##### **SHOWCARD BD**

(Still thinking about now and over the last 6 months), how often do you have difficulty getting things in order when you have to do a task that requires organisation?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

#### **adhdapp**

##### **SHOWCARD BD**

(Still thinking about now and over the last 6 months), how often do you have problems remembering appointments or things you have agreed to do?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

#### **adhdavd**

##### **SHOWCARD BD**

(Still thinking about now and over the last 6 months), when you have a task that requires a lot of thought, how often do you avoid or delay getting started?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

#### **adhdsit**

##### **SHOWCARD BD**

(Still thinking about now and over the last 6 months), how often do you fidget or squirm with your hands or your feet when you have to sit down for a long time?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

**adhdmot**

SHOWCARD BD

(Still thinking about now and over the last 6 months,) how often do you feel overly active and compelled to do things, like you were driven by a motor?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

### 13. Work Related Stress (ERI & JCQ)

---

ASK IF SELECTED RESPONDENT AND DVAGE<=70

#### Work

Did you do any paid work in the 7 days ending Sunday the *(date)*, either as an employee or as self-employed?

- 1 Yes
- 2 No

#### IF Work = Yes THEN

##### ERIINTRO

##### SHOWCARD BE

The following statements refer to your current main job. Looking at showcard BE please indicate for each of the following statements how far they reflect your situation.

- 1 Continue

#### IF Work = Yes THEN

##### ERI1

(How far do these statements reflect your situation,) I have constant time pressure due to heavy work load.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

#### IF Work = Yes THEN

##### ERI2

(How far do these statements reflect your situation), I have many interruptions and disturbances in my job.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

#### IF Work = Yes THEN

##### ERI3

(How far do these statements reflect your situation), Over the past few years, my job has become more and more demanding.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

#### IF Work = Yes THEN

##### ERI4

(How far do these statements reflect your situation), I receive the respect I deserve from my line manager.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 Spontaneous only: Not applicable (no line manger)

**IF Work = Yes THEN**

**ERI5**

(How far do these statements reflect your situation), My job promotion prospects are poor.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI6**

(How far do these statements reflect your situation,) I have experienced or I expect to experience an undesirable change in my work situation.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI7**

(How far do these statements reflect your situation), My job security is poor.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI8a**

Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my colleagues.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 Spontaneous only: Not applicable (no colleagues)

**IF Work = Yes THEN**

**ERI8b**

Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my clients.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 SPONTANEOUS ONLY: Not applicable (no clients)

**IF Work = Yes THEN**

**ERI8c**

Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my customers.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree
- 5 Spontaneous only: Not applicable (no customers)

**IF Work = Yes THEN**

**ERI9**

Considering all my efforts and achievements, my work prospects are adequate.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI10**

(How far do these statements reflect your situation), I get easily overwhelmed by time pressures at work.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI11**

(How far do these statements reflect your situation), As soon as I get up in the morning I start thinking about work problems.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI12**

(How far do these statements reflect your situation), When I get home, I can easily relax and 'switch off' work.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI13**

(How far do these statements reflect your situation), People close to me say I sacrifice too much for my job.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI14**

(How far do these statements reflect your situation), Work rarely lets me go, it is still on my mind when I go to bed.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**ERI15**

(How far do these statements reflect your situation), If I postpone something that I was supposed to do today I'll have trouble sleeping at night.

- 1 Strongly agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Strongly disagree

**IF Work = Yes THEN**

**WORK2**

Thank you. The next set of questions are also about your current job.

SHOWCARD BF

For each question, please look at this card and give the answer that comes closest to reflecting your work situation.

- 1 Continue

**IF Work = Yes THEN**

**JCQ1**

SHOWCARD BF

Do you have a choice in deciding HOW you go about your work?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never

**IF Work = Yes THEN**

**JCQ2**

SHOWCARD BF

Do you have a choice in deciding WHAT you do at work?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never

**IF Work = Yes THEN**

**JCQ3**

SHOWCARD BF

Do you get help and support from your colleagues?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never
- 5 Does not apply/ has no colleagues

**IF Work = Yes THEN**

**JCQ4**

SHOWCARD BF

Are your colleagues willing to listen to your work related problems?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never
- 5 Does not apply/ has no colleagues

**IF Work = Yes THEN**

**JCQ5**

SHOWCARD BF

Do you get help and support from your line manager?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never
- 5 Does not apply/ has no line manager

**IF Work = Yes THEN**

**JCQ6**

SHOWCARD BF

Is your line manager willing to listen to your problems?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never
- 5 Does not apply/ has no line manager

## 14. Smoking – (Fagerstrom Test)

---

### ASK IF SELECTED RESPONDENT

#### Smokintr

The following questions are about smoking.

- 1 Continue

#### Cigever

Have you ever smoked a cigarette?

- 1 Yes
- 2 No

#### IF Cigever = Yes THEN

##### Cignow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

#### IF (Cigever = Yes) AND (Cignow = Yes) THEN

##### QtyWknd

About how many cigarettes a day do you usually smoke at weekends?

INTERVIEWER: PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

Range: 0...97

#### IF (Cigever = Yes) AND (Cignow = Yes) THEN

##### QtyWeek

About how many cigarettes a day do you usually smoke on weekdays?

PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

Range: 0...97

#### IF (Cigever = Yes) AND (Cignow = Yes) THEN

##### DVCig1

Total Cigarettes smoked

Range: 0...997

#### IF (Cigever = Yes) AND (Cignow = Yes) THEN

##### EasNoSmk

How easy or difficult would you find it to go without smoking for a whole day...

RUNNING PROMPT

- 1 very easy
- 2 fairly easy
- 3 fairly difficult
- 4 or very difficult?

#### IF (Cigever = Yes) AND (Cignow = Yes) THEN

##### GiveUp

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

**IF (Cigever = Yes) AND (Cignow = Yes) THEN**

**FirstCig**

How soon after waking do you usually smoke your first cigarette?

- 1 Less than 5 minutes
- 2 5 to 14 mins
- 3 15 to 29 mins
- 4 30 mins but less than 1 hour
- 5 1 hr but less than 2 hrs
- 6 2 hours or more

**IF (Cigever = Yes) AND (Cignow = Yes) THEN**

**FagForb**

Do you find it difficult to refrain from smoking in places where it is forbidden such as a church, the library, or cinema?

- 1 Yes
- 2 No

**IF (Cigever = Yes) AND (Cignow = Yes) THEN**

**FagGive**

Which cigarette would you hate most to give up...

READ OUT

- 1 ...the first one in the morning,
- 2 or, all the others?

**IF (Cigever = Yes) AND (Cignow = Yes) THEN**

**FagWake**

Do you smoke more frequently during the first hours after waking than the rest of the day?

- 1 Yes
- 2 No

**IF (Cigever = Yes) AND (Cignow = Yes) THEN**

**FagIll**

Do you smoke if you are so ill that you are in bed most of the day?

INTERVIEWER: IF RESPONDENT SAYS THEY HAVE NEVER BEEN ILL, ASK THEM TO GUESS WHAT THEY WOULD DO.

- 1 Yes
- 2 No

## 15. Drinking [1]

---

### ASK IF SELECTED RESPONDENT

#### DrinkNow

I'm now going to ask you about drinking.

Do you ever drink alcohol nowadays, including drinks you brew or make at home?

- 1 Yes
- 2 No

#### IF DrinkNow = No THEN

#### DrinkAny

Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas or New Year?

- 1 Very occasionally
- 2 Never

### AUDIT & SAD-QC

### START OF SELF COMPLETION

#### ASK IF ((Proxy = Selected respondent) AND (DrinkNow = Yes OR DrinkAny = occasionally))

#### DrkIntro

The next set of questions is for you to fill in yourself on the computer.

INTERVIEWER: EXPLAIN THAT THE INSTRUCTIONS WILL APPEAR ON SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH RESPONDENT.

EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS INFORMANTS SHOULD SELF-COMplete. IF RESISTANCE, DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.

- 1 CASI to be completed by respondent
- 2 CASI to be read by interviewer, respondent to enter answers
- 3 CASI to be read and answers to be entered by the interviewer

#### IF (DrkIntro = CASI to be completed by respondent OR CASI to be read by interviewer, respondent to enter answers) THEN

#### DrTest

The first two questions are to check that you know how to answer the questions in this section.

Is this the first time you have used a computer?

PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)

If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9.

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF (DrkIntro = CASI to be completed by respondent) OR CASI to be read by interviewer, respondent to enter answers) THEN

#### DrTest2

Which of the following hot drinks do like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

- 1 Tea

- 2 Coffee
- 3 Hot Chocolate
- 4 Bovril
- 5 Ovaltine
- 6 None of these

**DrkOft**

In the last 12 months, how often have you had a drink containing alcohol?

- 1 Never
- 2 Monthly
- 3 Two to four times a month
- 4 Two to three times a week
- 5 Four or more times a week

**IF ((DrkOft = monthly) OR (DrkOft = two or more times a month)) THEN**

**DrAmt**

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

A standard drink is half a pint of beer, a single measure of spirits or a small glass of wine.

- 1 One or two
- 2 Three or four
- 3 Five or six
- 4 Seven, eight, or nine
- 5 Ten or more

**IF ((DrkOft = monthly) OR (DrkOft = two or more times a month)) THEN**

**LotOften**

How often do you have 6 or more drinks on one occasion?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF DrkOft = two or more times a month THEN**

**NotStop**

How often during the last year have you found that you were not able to stop drinking once you had started?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF DrkOft = two or more times a month THEN**

**FailDrk**

How often during the last year have you failed to do what was normally expected from you because of drinking?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF DrkOfst = two or more times a month THEN**

**MornDrk**

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF DrkOfst = two or more times a month THEN**

**Guilty**

How often during the last year have you had a feeling of guilt or remorse after drinking?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF DrkOfst = two or more times a month THEN**

**NoMem**

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

**IF ((DrkOfst = monthly) OR (DrkOfst = two or more times a month)) THEN**

**Injured**

Have you or someone else been injured as a result of your drinking?

- 1 Yes, but not in the last year
- 2 Yes, during the last year
- 3 No

**IF ((DrkOfst = monthly) OR (DrkOfst = two or more times a month)) THEN**

**Advised**

Has a relative, a friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- 1 Yes, but not in the last year
- 2 Yes, during the last year
- 3 No

**DVAudit**

COMPUTED VARIABLE

AUDIT SCORE (computed from DrkOfst to Advised)

**ASK IF DVAUDIT >= 10**

**woke**

Now thinking about your drinking in the last 6 months, would you say that the day after drinking alcohol...

...you woke up feeling sweaty

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**shook**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...your hands shook first thing in the morning

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**violent**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...your whole body shook violently first thing in the morning if you didn't have a drink

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**drench**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you woke up absolutely drenched in sweat

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**dread**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you dreaded waking up in the morning absolutely drenched in sweat

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**fright**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you were frightened of meeting people first thing in the morning

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**despair**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you felt at the edge of despair when you awoke

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**awoke**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you felt very frightened when you awoke

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**morn**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you liked to have a morning drink

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**quick**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you always gulped your first few drinks down as quickly as possible

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**shakes**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you drank in the morning to get rid of the shakes

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**crave**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you had a very strong craving for drink when you awoke

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**quarter**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you drank more than 1/4 bottle spirits a day (or 4 pints of beer/2 cans strong lager/1 bottle table wine)

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**IF quarter = Sometimes OR often OR always or nearly always THEN**

**half**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you drank more than 1/2 bottle spirits a day (or 8 pints of beer/4 cans strong lager/2 bottles table wine)

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**IF ((quarter = Sometimes OR often OR always or nearly always) AND ((half = sometimes OR often OR always or nearly always)) THEN  
whole**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you drank more than 1 bottle spirits a day (or 15 pints of beer/8 cans strong lager/4 bottles  
table wine)

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**IF ((quarter = Sometimes OR often OR always or nearly always)) AND ((half = sometimes OR often OR always or nearly always)) AND ((whole = sometimes OR often OR always, or nearly always)) THEN**

**two**

Still thinking about the last six months, would you say that the day after drinking alcohol...  
...you drank more than 2 bottles spirits a day (or 30 pints of beer/15 cans strong lager/8 bottles  
table wine)

- 1 Never, or almost never,
- 2 sometimes,
- 3 often,
- 4 or always, or nearly always?

**IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN**

**Ssweat**

Imagine the following situation.

(1) You have hardly drunk alcohol for a few weeks

(2) You then drink very heavily for two days

How would you feel in the morning after those two days of heavy drinking? Would you say that...

I would start to sweat

- 1 Not at all,
- 2 slightly,
- 3 moderately,
- 4 or, quite a lot?

**IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN**

**hshake**

How would you feel in the morning after those two days of heavy drinking? Would you say that...

My hands would shake

- 1 Not at all,
- 2 slightly,
- 3 moderately,
- 4 or, quite a lot?

**IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN**

**bshake**

How would you feel in the morning after those two days of heavy drinking? Would you say that...

My body would shake

- 1 Not at all,
- 2 slightly,

- 3 moderately,
- 4 or, quite a lot?

**IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN  
craved**

How would you feel in the morning after those two days of heavy drinking? Would you say that...  
I would be craving for a drink

- 1 Not at all,
- 2 slightly,
- 3 moderately,
- 4 or, quite a lot?

## 16. Drugs

---

**ASK IF ((Proxy = Selected respondent) AND (DrkIntro= Not response)**

**START OF SELF COMPLETION FOR RESPONDENTS NOT COMPLETING THE DRINKING SECTION**

### **DrgIntro**

The next set of questions, is for you to fill in yourself on the computer.

EXPLAIN THAT INSTRUCTIONS WILL APPEAR ON THE SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH RESPONDENT.

EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS

INFORMANTS SHOULD SELF-COMplete. IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.

- 1 CASI to be completed by respondent
- 2 CASI to be read by interviewer, respondent to enter answers
- 3 CASI to be read and answers to be entered by the interviewer

**IF (DrgIntro = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN**

### **DrgTest**

The first two questions are to check that you know how to answer the questions in this section.

Is this the first time you have used a computer?

PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)

If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((DrgIntro = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN**

### **DrgTest2**

Which of the following hot drinks do you like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

- 1 Tea
- 2 Coffee
- 3 Hot Chocolate
- 4 Bovril
- 5 Ovaltine
- 6 None of these

**IF (DrgIntro = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN**

### **DrgIntr2**

This section is about drug use. By drugs we mean things like cannabis, speed and heroin.

We do not mean drugs that you have taken or are taking on a doctor's prescription.

- 1 Continue

### **ADrug**

Have you EVER taken any of the drugs listed below even if it was a long time ago?

Please type the numbers of ALL those drugs you have used.

If you have used NONE of them, type '8'

- 1 Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
- 2 Amphetamines (speed, whizz, uppers, billy)
- 3 Cocaine or coke
- 4 Crack (rock, stones)
- 5 Ecstasy (E)
- 6 Heroin (smack, skag, H, brown)
- 7 Acid or LSD
- 8 None of these

### **ADrug2**

And, have you EVER taken any of the drugs listed below (not prescribed by a doctor) even if it was a long time ago?

Please type the numbers of ALL those drugs you have used

If you have used NONE of them, type '8'

- 1 Magic mushrooms
- 2 Methadone or physeptone
- 3 Semeron
- 4 Tranquilisers (temazepam, valium)
- 5 Amyl nitrate (poppers)
- 6 Anabolic steroids (steroids)
- 7 Glues, solvents, gas or aerosols (to sniff)
- 8 None of these

**IF (ADrug = cannabis OR amphetamines OR cocaine or coke OR crack OR ecstasy OR heroin OR acid or LSD) THEN**

### **YDrug**

In the LAST 12 MONTHS have you taken any of these drugs?

Please type the numbers of ALL those drugs you have used in the LAST 12 MONTHS

If you have used NONE of them, type '8'

- 1 Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
- 2 Amphetamines (speed, whizz, uppers, billy)
- 3 Cocaine or coke
- 4 Crack (rock, stones)
- 5 Ecstasy (E)
- 6 Heroin (smack, skag, H, brown)
- 7 Acid or LSD
- 8 None of these

**IF (ADrug2 = magic mushrooms OR methadone or physeptone OR semeron OR tranquilisers OR amyl nitrate OR anabolic steroids OR glues, solvents, gas or aerosols) THEN**

### **YDrug2**

And, in the LAST 12 MONTHS have you taken any of these drugs?

Please type the numbers of ALL those drugs you have used in the LAST 12 MONTHS

If you have used NONE of them, type '8'

- 1 Magic mushrooms
- 2 Methadone or physeptone
- 3 Semeron
- 4 Tranquilisers (temazepam, valium)
- 5 Amyl nitrate (poppers)
- 6 Anabolic steroids (steroids)
- 7 Glues, solvents, gas or aerosols (to sniff)
- 8 None of these

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**AgeStrt**

How old were you when you first used (*name of drug*)?

Range: 0...97

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**NumUse**

How many times have you ever used (*name of drug*)?

- 1 Less than 10 times
- 2 10 to 100 times
- 3 More than 100 times?

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**More2wk**

During the past 12 months, have you used (*name of drug*) every day for two weeks or more?

- 1 Yes
- 2 No

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**Needed**

In the past 12 months have you used (*name of drug*) to the extent that you felt like you needed it or were dependent on it?

- 1 Yes
- 2 No

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**CutDrg**

In the past 12 months have you tried to cut down on (*name of drug*) but found you could not do it?

- 1 Yes
- 2 No

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**IncDrg**

In the past 12 months did you find that you needed larger amounts of (*name of drug*) to get an effect, or that you could no longer get high on the amount you used to use?

- 1 Yes
- 2 No

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**Withdr**

In the past 12 months have you had withdrawal symptoms such as feeling sick because you stopped or cut down on (*name of drug*)?

- 1 Yes
- 2 No

**IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR (YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR tranquilisers) ) THEN**

**UseMB4**

Now thinking about the past month, have you used (*name of drug*) in the past month?

- 1 Yes
- 2 No

**IF UseMB4 = Yes THEN**

**OftenB4**

About how often were you using (*name of drug*) in the past month?

- 1 About daily
- 2 2 to 3 times per week
- 3 About once a week
- 4 Less than once a week

**IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN**

**SDS1Cont**

Thinking about your cannabis use, do you think your use of cannabis is out of control?

- 1 Never-almost never
- 2 Sometimes
- 3 Often
- 4 Always-nearly always

**IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN**

**SDS2Not**

Does the prospect of not having cannabis make you anxious or worried?

- 1 Never-almost never
- 2 Sometimes
- 3 Often
- 4 Always-nearly always

**IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN**

**SDS3Worr**

Do you worry about your use of cannabis?

- 1 Never-almost never
- 2 Sometimes
- 3 Often
- 4 Always-nearly always

**IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN**

**SDS4Stop**

Do you wish you could stop?

- 1 Never-almost never
- 2 Sometimes

- 3 Often
- 4 Always-nearly always

**IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN  
SDS5WOut**

How difficult do you find it to go without cannabis?

- 1 Not difficult
- 2 Quite Difficult
- 3 Very Difficult
- 4 Impossible

**IF (Adrug = NOT None) OR (Adrug2 = NOT None) THEN  
ODEver**

Have you ever experienced a drugs overdose of any type of drug, where you accidentally took too much or the drug was stronger than you were used to?

- 1 Yes
- 2 No

**IF OdEver = Yes THEN  
OdTimes**

How many times has this happened to you in your life?

- 1 Once
- 2 2 or 3 times
- 3 4 or 5 times
- 4 6 - 9 times
- 5 10 or more times

**IF (Adrug = NOT None) OR (Adrug2 = NOT None) THEN  
InjIntr**

The next questions are about your own experience of drug injecting.

- 1 Continue

**IF ((Adrug = amphetamines OR Cocaine OR Crack OR Ecstasy OR Heroin) OR (Adrug2 = Methadone or physeptone OR tranquilisers)) THEN  
InjEver**

Have you ever injected drugs?

Do not include drugs that you were prescribed by a doctor.

- 1 Yes
- 2 No

**IF InjEver = Yes THEN  
InjAge**

About how old were you when you first injected?

Range: 5...97

**IF InjEver = Yes THEN  
InjReg**

Have you ever injected regularly?

- 1 Yes
- 2 No

**IF InjEver = Yes THEN  
InjOften**

About how many times have you EVER injected?

- 1 Less than 10 times
- 2 10 to 100 times
- 3 More than 100 times?

**IF InjEver = Yes THEN**

**InjMB4**

Did you inject in the last month?

- 1 Yes
- 2 No

**IF (InjEver = Yes) AND (InjMB4 = Yes) THEN**

**InjOfB4**

About how often did you inject in the last month?

- 1 About daily
- 2 2 to 3 times per week
- 3 About once a week
- 4 Less than once a week

**If (Adrug = NOT None) OR (Adrug2 = NOT None) THEN**

**TreatInt**

We would now like to ask you about any treatment, help or advice that you may have had in relation to drug use.

- 1 Continue

**If (Adrug = NOT None) OR (Adrug2 = NOT None) THEN**

**TreatOut**

Have you EVER received any treatment, help or advice because you were using drugs?

- 1 Yes
- 2 No

**IF TreatOut = Yes THEN**

**TreatB4**

Thinking about the past 12 months, did you receive any treatment, help or advice because you were using drugs?

- 1 Yes
- 2 No

## 17. Personality Disorder - (SCID-II for Antisocial and Borderline Personality Disorder)

---

### ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

#### Intro

The next set of questions are about the kind of person you generally are, that is, how you have usually felt or behaved over the past several years. (Remember not to think too hard about the answers, the first answer you think of is fine.)

PRESS 1 FOR YES, PRESS 2 FOR NO OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT DOES NOT APPLY.

1 Continue

#### PD73

Have you often become frantic when you thought that someone you really cared about was going to leave you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD74

Do your relationships with people you really care about have lots of extreme ups and downs?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD75

Have you all of a sudden changed your sense of who you are and where you are headed?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD76

Does your sense of who you are often change dramatically?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD77

Are you different with different people or in different situations so that you sometimes don't know who you really are?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD78

Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### PD79

Have you often done things impulsively?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD80**

Have you tried to hurt or kill yourself or threatened to do so?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD81**

Have you ever cut, burned, or scratched yourself on purpose?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD82**

Do you have a lot of sudden mood changes?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD83**

Do you often feel empty inside?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD84**

Do you often have temper outbursts or get so angry that you lose control?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD85**

Do you hit people or throw things when you get angry?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD86**

Do even little things get you very angry?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD87**

When you are under a lot of stress, do you get suspicious of other people or feel especially 'spaced out' as if you were on drugs?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD88**

Before you were 15, would you bully or threaten other kids?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD89**

Before you were 15, would you start fights?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD90**

Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, a knife or a gun?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD91**

Before you were 15, did you deliberately torture someone or cause someone physical pain or suffering?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD92**

Before you were 15, did you torture or hurt animals on purpose?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD93**

Before you were 15, did you rob, mug, or forcibly take something from someone by threatening him or her?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD94**

Before you were 15, did you force someone to have sex with you, get undressed, or touch you sexually?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD95**

Before you were 15, did you start fires?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD96**

Before you were 15, did you deliberately destroy things that weren't yours?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD97**

Before you were 15, did you break into houses, other buildings, or cars?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD98**

Before you were 15, did you lie a lot or con other people?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD99**

Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD100**

Before you were 15, did you run away and stay away overnight?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD101**

Before you were 13, did you often stay out very late, long after the time you were supposed to be home?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD102**

Before you were 13, did you often skip school?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD103**

Now thinking of the time SINCE you were 15, do you often do things on the spur of the moment without thinking about how it will affect you or other people?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD104**

Since you were 15, has there been a period when you had no regular place to live, for at least a month or so?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD105**

Have you ever hit or thrown things at your spouse or partner?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD106**

Since you were 15, have you ever hit a child, yours or someone else's, so hard that he or she had bruises, or had to stay in bed or see a doctor?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD107**

Since you were 15, have you been in any fights?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD107a**

Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF PD107a = Yes THEN**

**PD107b**

How many times in the last five years?

Range: 1...100

**IF PD107a = Yes THEN**

**PD107c**

Were you ever intoxicated with drink or drugs before any of these incidents?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF PD107a = Yes THEN**

**PD107d**

Did any of these incidents involve any of the following people?

PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED

- 1 Spouse or partner
- 2 Girlfriend or boyfriend
- 3 Children
- 4 Other family member
- 5 A friend

- 6 Someone known to you - not a family or friend
- 7 A stranger
- 8 Police
- 9 Other

**IF PD107a = Yes THEN**

**PD107e**

Did any of these fights or assaults occur in the following places?

PLEASE ENTER THE NUMBERS OF ALL THE PLACES WHERE THESE FIGHTS OR ASSAULTS OCCURRED.

- 1 In your home
- 2 In someone else's home
- 3 In the street - outdoors
- 4 In a bar or pub
- 5 At your workplace
- 6 In a hospital
- 7 Anywhere else

**IF PD107a = Yes THEN**

**PD107f**

Did any of the following things happen as a result of these fights or assaults?

PLEASE ENTER THE NUMBERS OF ALL THE THINGS THAT RESULTED FROM THESE FIGHTS OR ASSAULTS.

- 1 You were injured
- 2 You saw your GP because of your injuries
- 3 You went to hospital because of your injuries
- 4 The other person(s) was injured
- 5 The police became involved
- 6 None of these things

**PD108**

Since you were 15, have you used a weapon, like a stick, knife, or gun in a fight?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD109**

Do you feel guilty or remorseful for previous behaviour such as having hurt, mistreated, or stolen from other people?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD110**

Since you were 15 have you done things that are against the law - even if you weren't caught? For example, have you stolen things?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD111**

Since you were 15, have you used or sold drugs?

- 1 Yes
- 2 No

9 Don't Understand/Does Not Apply

**PD112**

Since you were 15, have you passed bad cheques?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD113**

Since you were 15, have you been paid for sex?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD114**

Since you were 15, have you ever used an alias or pretended to be someone else?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD115**

Since you were 15, have you often 'conned' others to get what you want?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**PD116**

Since you were 15, did you ever drive a car when you were drunk or high on drugs?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

## **18. Social Functioning Questionnaire - (SFQ)**

---

### **ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

#### **Intro**

For the next few statements, please choose the response that comes closest to how you have been over the past two weeks:

- 1 Continue

#### **SFQA**

I complete my tasks at work and home satisfactorily.

- 1 Most of the time
- 2 Usually
- 3 Occasionally
- 4 Not at all

#### **SFQB**

I find my tasks at work and at home very stressful.

- 1 Most of the time
- 2 Usually
- 3 Occasionally
- 4 Not at all

#### **SFQC**

I have no money problems

- 1 No problems at all
- 2 Slight problems only
- 3 Definite problems
- 4 Very severe problems

#### **SFQD**

I have difficulties in getting and keeping close relationships.

- 1 Severe difficulties
- 2 Some difficulties
- 3 Occasional difficulties
- 4 No difficulties at all

#### **SFQE**

I have problems in my sex life.

- 1 Severe problems
- 2 Moderate problems
- 3 Occasional problems
- 4 No problems at all

#### **SFQF**

I get on well with my family and other relatives.

- 1 Yes, always
- 2 Yes, usually
- 3 No, some problems
- 4 No, severe problems

#### **SFQG**

I feel lonely and isolated from other people.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

**SFQH**

I enjoy my spare time.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

## **19. Asperger syndrome - (Asperger Self Completion Questionnaire)**

---

### **ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

#### **Intro**

The following statements are about the kind of person that you are, and the way you prefer to do things. You might find some of the statements a bit odd, but please answer all them to the best of your ability, even if some of them don't seem to apply to you.

- 1 Continue

#### **ASover**

I prefer to do things the same way over and over again.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

#### **ASsound**

I often notice small sounds when others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

#### **ASpolite**

Other people frequently tell me that what I've said is impolite, even though I think it is polite.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

#### **ASdates**

I am fascinated by dates.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

#### **ASsocsit**

I find social situations easy.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

#### **ASdetail**

I tend to notice the details that others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASparty**

I would rather go to a party than a library.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASpeople**

I find myself drawn more strongly to people than to things.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**AStalk**

When I talk, it isn't always easy for others to get a word in edgeways.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASstory**

When I'm reading a story, I find it difficult to work out the characters intentions.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASread**

I particularly enjoy reading fiction.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASfriend**

I find it easy to make new friends.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASlisten**

I know how to tell if someone listening to me is getting bored.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASdomore**

I find it easy to do more than one thing at once.

- 1 Definitely agree
- 2 Slightly agree

- 3 Slightly disagree
- 4 Definitely disagree

**ASphone**

When I talk on the phone, I'm not sure when it's my turn to speak.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASface**

I find it easy to work out what someone is thinking or feeling just by looking at their face.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASinform**

I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASplan**

I like to plan any activities I participate in carefully.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASsococc**

I enjoy social occasions.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**ASdob**

I am not very good at remembering people's date of birth.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

**IF DVAssc >=2 AND DVTtotal >=8 THEN**

**ImpactAS**

You've said that you prefer to (*do things the same way each time/plan activities carefully*).

Are your important daily routines, work or study ever affected by of this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit

4 Not at all

**IF DVAsdc >=2 AND DVTotal >=8 THEN**

**ImpactAD**

You've said that you are particularly good at things like (*noticing small sounds when others do not/remembering details like dates*).

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

**IF DVCnsc >=2 AND DVTotal >=8 THEN**

**ImpactCn**

You've said that you sometimes have difficulties (*knowing how and when to speak/being told that you are impolite*).

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

**IF DVSSsc >=2 AND DVTotal >=8 THEN**

**ImpactSS**

You've said that you (*may avoid social situations or find them difficult/find yourself drawn strongly to things*).

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

**IF DVImsc >=2 AND DVTotal >=8 THEN**

**ImpactIm**

You've said that you (*take a particular interest in facts about things but not in characters in stories*).

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

## 20. Gambling

---

### ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

#### Gamb1

The next few questions are about gambling. By 'gambling' we mean things like:

- buying lottery tickets or scratchcards for yourself;
- playing games or making bets for money on the internet (online gambling);
- playing football pools, bingo or fruit machines;
- playing games or making bets with friends for money;
- betting on races and/or with a bookmaker;
- and table games in a casino.

Have you spent any money on any of these things in the last 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF Gamb1 = No THEN

##### Gamb2

Just to check, does that mean that you haven't gambled at all in the last 12 months, or do you gamble very occasionally, perhaps to buy a lottery ticket, scratch card, or play on a fruit machine?

- 1 Very occasionally in last year
- 2 Not at all in the last year

#### IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

##### GamPreoc

Are you preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences or planning the next venture, or thinking of ways to get money with which to gamble)?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

##### GamDesir

Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

##### GamStop

Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF GamStop = Yes THEN

##### Gamlrrit

Are you restless or irritable when attempting to cut down or stop gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamEscp**

Do you gamble as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety or depression?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamLoss**

After losing money gambling, do you often return another day to get even?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamLie**

Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamIllg**

Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamCare**

Have you jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamRely**

Do you rely on others to provide money to relieve a desperate financial situation caused by gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

## **21. Post Traumatic Stress Disorder (PTSD) – TSQ and working in Armed Forces**

---

### **ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

#### **PTSDever**

The next questions are about traumatic events or experiences that might have happened to you at any time in your life.

The term traumatic event or experience means something like a major natural disaster, a serious automobile accident, being raped, seeing someone killed or seriously injured, having a loved one die by murder or suicide, or any other experience that either put you or someone close to you at risk of serious harm or death.

Has a traumatic event or experience ever happened to you at any time in your life?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **IF PTSDever = Yes THEN**

##### **PTSDlong**

How long ago did that traumatic experience happen? If you have experienced more than one, please answer about the most recent

- 1 Within the last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, before the age of 16

#### **IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

##### **Consider**

Please consider the following reactions that sometimes occur after a traumatic experience. Indicate whether or not you have experienced the following at least twice in the past week.

- 1 Continue

#### **IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

##### **PTSDmem**

Have you experienced, at least twice in the past week:

Upsetting memories or thoughts about the event that have come into your mind against your will

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

##### **PTSDdre**

Have you experienced, at least twice in the past week:

Upsetting dreams about the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

##### **PTSDagai**

Have you experienced, at least twice in the past week:

Acting or feeling as though the event were happening again

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDrem**

Have you experienced, at least twice in the past week:

Feeling upset by reminders of the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDby**

Have you experienced, at least twice in the past week:

Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDasl**

Have you experienced, at least twice in the past week:

Difficulty falling or staying asleep

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDirr**

Have you experienced, at least twice in the past week:

Irritability or outbursts of anger

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND ((PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDconc**

Have you experienced, at least twice in the past week:

Difficulty concentrating

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDdan**

Have you experienced, at least twice in the past week:

Heightened awareness of potential dangers to yourself and others

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDjum**

Have you experienced, at least twice in the past week:

Being jumpy or being startled at something unexpected

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

**PTSDarm**

Have you ever served in the Armed Forces or the Reserve Armed Forces?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF PTSDarm = Yes THEN**

**PTSDarmf**

In what year did you first serve in the Armed Forces?

Please enter the year as numbers for example 1990

Range: 1900...2007

**IF PTSDarm = Yes THEN**

**PTSDarmc**

Are you currently serving in the Armed Forces?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF PTSDarm = Yes AND PTSDarmc = Yes THEN**

**PTSDarmb**

Which branch of the Armed Forces (*do/did*) you serve with?

SELECT ALL THAT APPLY.

- 1 Royal Naval Service
- 2 Army
- 3 Royal Air Force
- 4 As a Reservist, Cadet, Territorial Army
- 5 Other

**IF PTSDarm = Yes AND PTSDarmc = No THEN**

**PTSDarmi**

In what year did you last serve in the Armed Forces?

Please enter the year as numbers for example 1990

Range: 1900...2007

**IF PTSDarm = Yes AND PTSDever = Yes THEN  
PTSDarms**

Was the traumatic event or experience you referred to before...

- 1 ...a military experience,
- 2 ...a non military experience,
- 3 or both?

## 22. Domestic violence and abuse

---

### ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

#### Intro2

The next questions ask about events you may or may not have experienced SINCE the age of 16. Please include all relevant events, even if they did not seem important to you at the time. Remember that all your answers will be completely confidential, and that the computer will lock them up so that the interviewer cannot see what you have answered.

- 1 Continue

#### Va

Has a current or previous partner ever prevented you from having your fair share of the household money? (By partner we mean any boyfriend or girlfriend, as well as a husband, wife, or civil partner).

- 1 Yes
- 2 No
- 3 Never been in a relationship

#### IF Va = Yes THEN

##### Va12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF Va = Yes OR No THEN

##### Vb

Has a current or previous partner ever stopped you from seeing friends and (or) relatives?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF ((Va = Yes OR No) AND (Vb = Yes)) THEN

##### Vb12

Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF Va = Yes OR No THEN

##### Vc

Has a current or previous partner ever frightened you, by threatening to hurt you or someone close to you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### IF ((Va = Yes OR No) AND (Vc = Yes)) THEN

##### Vc12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vd**

Has a current or previous partner ever pushed you, held or pinned you down or slapped you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vd = Yes)) THEN**

**Vd12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Ve**

Has a current or previous partner ever kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Ve = Yes)) THEN**

**Ve12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vf**

Has a current or previous partner ever choked or tried to strangle you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vf = Yes)) THEN**

**Vf12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vg**

Has a current or previous partner ever threatened you with a weapon, such as a stick or a knife?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vg = Yes)) THEN**

**Vg12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vh**

Has a current or previous partner ever threatened to kill you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vh = Yes)) THEN**

**Vh12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vi**

Has a current or previous partner ever used a weapon against you e.g. a knife?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vi = Yes)) THEN**

**Vi12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vj**

Has a current or previous partner ever used some other kind of force against you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vj = Yes)) THEN**

**Vj12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

**VSa**

Since the age of 16, has anyone talked you in a sexual way that made you feel uncomfortable?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VSa = Yes THEN**

**VSa12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**VSb**

Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VSb = Yes THEN**

**VSb12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**VSc**

Since the age of 16, has anyone had sexual intercourse with you without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VSc = Yes THEN**

**VSc12**

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IntroU16**

The next few questions are about events you may or may not have experienced BEFORE the age of 16.

- 1 Continue

**VBa**

Before the age of 16, did anyone talk to you in a sexual way that made you feel uncomfortable?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VBa = Yes THEN**

**VBaage**

How old were you when this first happened?

Range: 0...16

**VBb**

Before the age of 16, did anyone touch you, or get you to touch them, in sexual way without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VBb = Yes THEN**

**VBbage**

How old were you when this first happened?

Range: 0...16

**VBc**

Before the age of 16, did anyone have sexual intercourse with you without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VBc = Yes THEN**

**VBcage**

How old were you when this first happened?

Range: 0...16

**VBd**

Before the age of 16, were you ever severely beaten by a parent, step-parent or carer?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

**IF VBd = Yes THEN**

**VBdage**

How old were you when this first happened?

Range: 0...16

## **23. Suicidal thoughts, attempts and self-harm [2]**

---

### **ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

#### **DSHIntro**

The next few questions are being asked again from earlier in the interview.

- 1 Continue

#### **DSHlife**

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings.

Have you ever thought of taking your life, even if you would not really do it?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **DSHtry**

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **DSHharm**

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

#### **TalkToGP**

The sorts of things we have asked you about here are very serious and it is important that you talk to someone, for example your GP or The Samaritans, if you find yourself thinking them

- 1 Continue

## 24. Eating Disorders – SCOFF

---

### ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

#### Intro

The next few questions are about food and eating in the last year, that is since *(date)*.

- 1 Continue

#### eatston

During the last year, have you lost more than one stone in a 3 month period?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### eatfull

Still thinking about the last year... have you made yourself be sick because you felt uncomfortably full?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### eatcont

Still thinking about the last year... did you worry you had lost control over how much you eat?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### eatoth

Still thinking about the last year... did you believe yourself to be fat when others said you were too thin?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### eatlife

Still thinking about the last year... would you say that food dominated your life?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### eatfeel

Still thinking about the last year... did your feelings about food interfere with your ability to work, meet personal responsibilities, and/or enjoy a social life?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

## 25. Discrimination

---

### ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

#### Intro

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

- 1 Continue

#### DISeth

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your skin colour or ethnicity?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISsex

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your sex?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISrel

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your religious beliefs?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISAge

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your age?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISmen

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your mental health?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISphy

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of any other health problem or disability?

- 1 Yes  
2 No  
9 Don't Understand/Does Not Apply

#### DISsori

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your sexual orientation?

- 1 Yes

- 2 No
- 9 Don't Understand/Does Not Apply

## SEXUAL ORIENTATION AND PARTNERSHIPS

### Version A

#### IF Penny = 1 THEN

##### Sexori

Which statement best describes your sexual orientation? This means sexual feelings, whether or not you have had any sexual partners.

- 1 Entirely heterosexual (attracted to persons of the opposite of sex)
- 2 Mostly heterosexual, some homosexual feelings
- 3 Bisexual (equally attracted to men and women)
- 4 Mostly homosexual, some heterosexual feelings
- 5 Entirely homosexual (attracted to persons of the same sex)
- 6 Other

#### IF Penny = 1 THEN

##### Sexpart

Have your sexual partners been...

- 1 only opposite sex
- 2 mainly opposite sex but some same sex partners
- 3 mainly same sex but some opposite sex partners
- 4 only same sex
- 5 or, I have not had a sexual partner

### Version B

#### IF Penny NOT = 1 THEN

##### Sexdes

Please choose the answer below that best describes how you think of yourself...

- 1 completely heterosexual
- 2 mainly heterosexual
- 3 bisexual
- 4 mainly gay or lesbian
- 5 completely gay or lesbian
- 6 Other

#### IF Penny NOT = 1 THEN

##### SexPart2

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse, or any other form of sex). Has your sexual experience been...

- 1 Only with *(women/men)* or a *(woman/man)*, never with a *(man/woman)*
- 2 More often with *(women/men)*, and at least once with a *(man/woman)*
- 3 About equally often with *(women/men)* and *(men/women)*
- 4 More often with *(men/women)*, and at least once with a *(woman/man)*
- 5 Only with *(men/women)* or a *(man/woman)*, never with a *(woman/man)*
- 6 I have never had any sexual experience with anyone at all

### Hide

That's the end of the self completion section of the interview.

If you select yes at this question the Self Completion questions will be hidden.

Please hand the computer back to the interviewer and they will introduce the next section.

- 1 Yes
- 2 No

**HandBack**

INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU.  
REMEMBER THAT YOU CAN DEMONSTRATE THAT THE RESPONDENT'S SELFCOMPLETION  
DATA HAS BEEN LOCKED.

INTERVIEWER: 5000

Range: 1000...9997

**END OF SELF COMPLETION**

## **26. Intellectual Functioning – TICS-M, Animal Naming Test & NART**

---

### **TELEPHONE INTERVIEW FOR COGNITIVE STATUS**

#### **ASK IF SELECTED RESPONDENT AND DVAGE >=60**

##### **DemIntr**

The next set of questions are used to assess memory and concentration.

Some you may find very easy and some you may find difficult. We're asking everyone these questions, and I hope you don't mind.

First, I'm going to ask you some questions about the date today.

- 1 Continue

##### **PMADAY**

What day of the week is it today?

- 1 (Day)
- 2 Anything else/does not know

##### **PMATODAY**

What is the date of the month today?

- 1 (Date)
- 2 Anything else/does not know

##### **PMAmonth**

What month is it?

- 1 (Month)
- 2 Anything else/does not know

##### **PMAYear**

What year is it?

- 1 (Year)
- 2 Anything else/does not know

##### **Season**

What season is it?

- 1 Spring
- 2 Summer
- 3 Autumn
- 4 Winter
- 5 Anything else/does not know

##### **dmntage**

What is your age?

Range: 0...120

##### **DVAgeQ**

DV to calculate if respondent correctly answers age

- 1 Correct
- 2 Incorrect

##### **List1**

I'm going to read you a list of 10 words. Please listen carefully and try to remember them.

When I am done, tell me as many words as you can, in any order. Ready?  
READ LIST AT A STEADY RHYTHM OF ABOUT 1 WORD PER SECOND  
CABIN -- PIPE -- ELEPHANT -- CHEST -- SILK --THEATRE -- WATCH -- WHIP -- PILLOW --  
GIANT

Now tell me all the words you can remember.  
CODE ALL RECALLED CORRECTLY  
IF NO WORDS RECALLED CORRECTLY PRESS ENTER.

- 0 None Remembered
- 1 CABIN
- 2 PIPE
- 3 ELEPHANT
- 4 CHEST
- 5 SILK
- 6 THEATRE
- 7 WATCH
- 8 WHIP
- 9 PILLOW
- 10 GIANT

**Subtrct1**

Please take 7 away from 100 and then tell me the answer

Range: 1...100

**Subtrct2**

Now continue to take 7 away from what you have left over until I ask you to stop

ALLOW FOUR MORE SUBTRACTIONS

- WRITE IN SECOND SUBTRACTION

Range: 1...100

**Subtrct3**

WRITE IN THIRD SUBTRACTION

Range: 1...100

**Subtrct4**

WRITE IN FOURTH SUBTRACTION

Range: 1...100

**Subtrct5**

WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP

Range: 1...100

**Paper**

What do people usually use to cut paper?

- 1 Scissors or shears
- 2 Anything else

**Count**

Please count backwards from 20 to 1.

- 1 Counted correctly
- 2 Made one or more mistakes

**Plant**

What is the prickly green plant found in the desert?

- 1 Cactus
- 2 Anything else

**Say**

Please say 'Methodist Episcopal'

- 1 Said exactly right
- 2 Anything else

**Queen**

Who is the reigning King or Queen?

- 1 Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd
- 2 Anything else

**PM**

Who is the prime minister now?

- 1 Correct Surname – Blair/Brown
- 2 Anything else

**West**

What is the opposite of East?

- 1 West
- 2 Anything else

**List2**

A little while ago I read out a list of 10 words. How many of those words can you remember now?

CODE ALL RECALLED CORRECTLY.

IF NO WORDS RECALLED CORRECTLY PRESS ENTER.

- 0 None Remembered
- 1 CABIN
- 2 PIPE
- 3 ELEPHANT
- 4 CHEST
- 5 SILK
- 6 THEATRE
- 7 WATCH
- 8 WHIP
- 9 PILLOW
- 10 GIANT

**NATIONAL ADULT READING TEST (NART)**

**ASK IF SELECTED RESPONDENT AND Language = Yes**

**intnarta**

SHOWCARD BG

The next set of questions are about something completely different, and involve reading different words.

First, I would like you to look at this card.

- 1 Continue

**intnartb**

SHOWCARD BG

Now, I would like you to look at this card

1 Continue

**intnart2**

**SHOWCARD BG**

In a moment I will ask you to start reading the words on the card.

Begin with the first word on the top row and go from left to right along the row, and then on to the second row. Please pause after each word - wait until I say OK before going on to the next. Don't worry if you don't recognize a word. Have a guess at how it is said. We will stop before the end of the list.

ALLOW ONLY PRECISE PRONUNCIATIONS. MARK ALL ERRORS OR DON'T KNOWS INCORRECT.

1 Continue

**q1**

'kawd'

CHORD

- 1 Correct
- 2 Incorrect/don't know

**q2**

'ake'

ACHE

- 1 Correct
- 2 Incorrect/don't know

**q3**

'deppo'

DEPOT

- 1 Correct
- 2 Incorrect/don't know

**q4**

'ile'

AISLE

- 1 Correct
- 2 Incorrect/don't know

**q5**

'BOO-kay' or 'BO-kay'

BOUQUET

- 1 Correct
- 2 Incorrect/don't know

**q6**

'sarm'

PSALM

- 1 Correct
- 2 Incorrect/don't know

**q7**

'KAY-pon'

CAPON

- 1 Correct
- 2 Incorrect/don't know

**q8**

'di-NIGH'

DENY

- 1 Correct
- 2 Incorrect/don't know

**q9**

'NAW-zia'

NAUSEA

- 1 Correct
- 2 Incorrect/don't know

**q10**

'dett'

DEBT

- 1 Correct
- 2 Incorrect/don't know

**q11**

'KUR-tius'

COURTEOUS

- 1 Correct
- 2 Incorrect/don't know

**q12**

'RARE-ifie'

RARIFY

- 1 Correct
- 2 Incorrect/don't know

**q13**

'e-KWIV-oh-kl'

EQUIVOCAL

- 1 Correct
- 2 Incorrect/don't know

**q14**

'NIGH-eve'

NAIVE

- 1 Correct
- 2 Incorrect/don't know

**q15**

'KATT-a-koom'

CATACOMB

- 1 Correct
- 2 Incorrect/don't know

**q16**

'jayld'

GAOLED

- 1 Correct
- 2 Incorrect/don't know

**q17**

'time'

THYME

- 1 Correct
- 2 Incorrect/don't know

**q20**

'air'

HEIR

- 1 Correct
- 2 Incorrect/don't know

**q23**

'RAY-DICKS'

RADIX

- 1 Correct
- 2 Incorrect/don't know

**q24**

'ASS-ig-neight'

ASSIGNATE

- 1 Correct
- 2 Incorrect/don't know

**q25**

'high-EIGHT-us'

HIATUS

- 1 Correct
- 2 Incorrect/don't know

**q26**

'suttl'

SUBTLE

- 1 Correct
- 2 Incorrect/don't know

**q27**

'PRO-cree-eight'

PROCREATE

- 1 Correct
- 2 Incorrect/don't know

**q28**

'jist'

GIST

- 1 Correct

2 Incorrect/don't know

**q29**

'gowdje'  
GOUGE

1 Correct  
2 Incorrect/don't know

**q30**

'sue-PER-flu-us'  
SUPERFLUOUS

1 Correct  
2 Incorrect/don't know

**q31**

'SIM-illy'  
SIMILE

1 Correct  
2 Incorrect/don't know

**q32**

'b'n-arle'  
BANAL

1 Correct  
2 Incorrect/don't know

**q33**

'KWAD-rew-ped'  
QUADRUPED

1 Correct  
2 Incorrect/don't know

**q34**

'CHELL-ist'  
CELLIST

1 Correct  
2 Incorrect/don't know

**q35**

'fa-SARD'  
FACADE

1 Correct  
2 Incorrect/don't know

**q36**

'zellat'  
ZEALOT

1 Correct  
2 Incorrect/don't know

**q37**

'dram'

DRACHM

- 1 Correct
- 2 Incorrect/don't know

**q38**

'e-on'

AEON

- 1 Correct
- 2 Incorrect/don't know

**q39**

'plass-EE-bo'

PLACEBO

- 1 Correct
- 2 Incorrect/don't know

**q40**

'ab-STEAM-ee-us'

ABSTEMIOUS

- 1 Correct
- 2 Incorrect/don't know

**q41**

'day-TARNT'

DETENTE

- 1 Correct
- 2 Incorrect/don't know

**q42**

'ID-I'

IDYLL

- 1 Correct
- 2 Incorrect/don't know

**q43**

'poo-ER-pur-I'

PUERPERAL

- 1 Correct
- 2 Incorrect/don't know

**q44**

'a-VERR'

AVER

- 1 Correct
- 2 Incorrect/don't know

**q45**

'gowsh'

GAUCHE

- 1 Correct

2 Incorrect/don't know

**q46**

'tope-ee-airy'

TOPIARY

- 1 Correct
- 2 Incorrect/don't know

**q47**

'le-VI-ath'n'

LEVIATHAN

- 1 Correct
- 2 Incorrect/don't know

**q48**

'bee-AT-ifie'

BEATIFY

- 1 Correct
- 2 Incorrect/don't know

**q49**

'PRELL-it'

PRELATE

- 1 Correct
- 2 Incorrect/don't know

**q50**

'si-DARE-ee-al'

SIDEREAL

- 1 Correct
- 2 Incorrect/don't know

**q51**

'de-MAIN'

DEMESNE

- 1 Correct
- 2 Incorrect/don't know

**q52**

'SING-k-pea'

SYNCOPE

- 1 Correct
- 2 Incorrect/don't know

**q53**

'LAY-bile'

LABILE

- 1 Correct
- 2 Incorrect/don't know

**q54**

'kam-pan-EE-lay'

CAMPANILE

- 1 Correct
- 2 Incorrect/don't know

## **ANIMAL NAMING TEST**

### **ASK IF SELECTED RESPONDENT**

#### **Animal1**

Now, I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say 'articles of clothing' you could say shirt, tie or hat. Can you think of any other articles of clothing?

- 1 Respondent can name an article of clothing
- 2 Respondent does not understand/cannot name an article of clothing

#### **IF Animal1 = respondent can name an article of clothing THEN**

##### **Animal2**

That's fine. I want you to name all of the things that belong to another category. That is animals. Any type of animal is okay: farm animals, birds, fish, insects, any kind of animal will do. You will have one minute.

- 1 Continue

#### **IF Animal1 = respondent can name an article of clothing THEN**

##### **Animal3**

CHECK RESPONDENT UNDERSTANDS THE TEST  
PRESS 'ENTER' FOR EACH DIFFERENT ANIMAL NAMED  
PRESS '5' TO STOP THE TEST WHEN THE MINUTE IS OVER

Okay, ready, go!

- 5 Stop

## 27. Stressful life events

---

### ASK IF SELECTED RESPONDENT

#### Intro

Next, I would like to ask you about things that may have happened to you or problems you may have faced during your life

- 1 Continue

#### Trauma1

SHOW CARD BH

Looking at the card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7

- 1 Serious illness, injury or assault to yourself
- 2 Serious illness, injury or assault to a close relative
- 3 Death of an immediate family member of yours
- 4 Death of a close family friend or other relative, like an Aunt, cousin or grandparent
- 5 Separation due to marital difficulties, divorce or steady relationship broken down
- 6 Serious problem with a close friend, neighbour or relative
- 7 None of these

**IF Trauma1 = NOT None of these THEN**

**TR1Whn**

SHOW CARD BJ

Thinking about the (*name of traumatic event*).

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, and before the age of 16

#### Trauma2

SHOW CARD BK

Now looking at this card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7

- 1 Being made redundant or sacked from your job
- 2 Looking for work without success for more than 1 month
- 3 Major financial crisis, like losing the equivalent of 3 months income
- 4 Problem with police involving court appearance
- 5 Something you valued being lost or stolen
- 6 None of these

**IF Trauma2 = NOT None of these THEN**

**TR2Whn**

SHOW CARD BL

Thinking about the (*name of traumatic event*).

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16

- 3 More than 6 months ago, and before the age of 16

**Trauma3**

SHOW CARD BM

Now looking at this card, could you tell me if you have ever experienced any of these problems or events, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 8

- 1 Bullying
- 2 Violence at work
- 3 Violence in the home
- 4 Sexual abuse
- 5 Being expelled from school
- 6 Running away from your home
- 7 Being homeless
- 8 None of these

**IF Trauma3 = NOT None of these THEN**

**TR3Whn**

SHOW CARD BN

Thinking about the *(name of traumatic event)*.

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, and before the age of 16

## 28. Parenting

---

### ASK IF SELECTED RESPONDENT

#### ChldInst

Up to the age of 16 did you spend any time in any kind of institution such as a children's home, borstal, or young offenders unit?

(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)

- 1 Yes
- 2 No

#### LACare

(May I just check) Were you ever taken into Local Authority Care (that is into a children's home or foster care) as a child up to the age of 16?

- 1 Yes
- 2 No
- 3 Does not apply, e.g. foreign national

#### MaPaIntro

Now a few questions about you and your parents when you were growing up.

- 1 Continue

#### BothMaPa

Did you live more or less continuously with both of your natural parents at home until you were 16?  
INTERVIEWER: EXPLAIN IF NECESSARY: That is your birth parents.

'YES' TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.

- 1 Yes
- 2 No

#### IF BothMaPa = No THEN

##### YNotBoth

Is that because there was ...READ OUT...

- 1 ...a divorce or separation,
- 2 or, a death,
- 3 or, are you adopted,
- 4 or, your parents never lived together,
- 7 or, is there another reason?(IF VOLUNTEERED, SPECIFY AT NEXT QUESTION)

#### IF BothMaPa = No AND YNOTbBoth = Other reason THEN

##### XYNotBoth

IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE '7' AND <Enter>

#### IF BothMaPa = No THEN

##### MaOrPa

And may I check, [ / after that] did you live more or less continuously with your mother or with your father until you were 16?

- 1 Mother
- 2 Father
- 3 Both Mother and Father equally
- 4 Other relative
- 5 Other (in care, fostered, etc)

**AnyChild**

Do you have, or have you had, any children of your own that you are the natural [father / mother] of?

Please include any who don't now, or never did, live with you as part of your household.

IF MENTIONED, EXCLUDE MISCARRIAGE/ABORTION/ADOPTED.

- 1 Yes
- 2 No

**IF AnyChild = Yes THEN**

**NoChild**

How many children have you had?

(INCLUDE STILLBIRTH/DIED)

Range: 1...97

## 29. Social support

---

### ASK IF SELECTED RESPONDENT

#### DLSSInt1

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

- 1 Continue

#### CloseRel

First of all I would like to ask you about the people that you live with.

How many adults who live with you do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

#### CloseR13

Now I would like to ask about people you feel close to who do not live with you.

How many relatives aged 16 or over, who do not live with you, do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

#### CloseFr

How many friends or acquaintances who do not live with you would you describe as close or good friends?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

**IF ((CloseR13 >= 1) OR (CloseFr >= 1)) THEN**

#### OutSee

Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

#### DLSSInt2

I would now like you to think about your family and friends. (By family I mean those who live with you as well as those elsewhere).

Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.

- 1 Continue

#### DLSS1

SHOW CARD BP

There are people I know amongst my family and friends - who do things to make me happy.

- 1 Not true
- 2 Partly true
- 3 Certainly true

#### DLSS2

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel loved.

- 1 Not true
- 2 Partly true

3 Certainly true

**DLSS3**

SHOWCARD BP

(There are people I know amongst my family and friends) - who can be relied on no matter what happens.

- 1 Not true
- 2 Partly true
- 3 Certainly true

**DLSS4**

SHOWCARD BP

(There are people I know amongst my family and friends) - who would see that I am taken care of if I needed to be.

- 1 Not true
- 2 Partly true
- 3 Certainly true

**DLSS5**

SHOWCARD BP

(There are people I know amongst my family and friends) - who accept me just as I am.

- 1 Not true
- 2 Partly true
- 3 Certainly true

**DLSS6**

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel an important part of their lives.

- 1 Not true
- 2 Partly true
- 3 Certainly true

**DLSS7**

SHOWCARD BP

(There are people I know amongst my family and friends) - who give me support and encouragement.

- 1 Not true
- 2 Partly true
- 3 Certainly true

## 30. Religion and spirituality

---

### ASK IF SELECTED RESPONDENT

#### SpecRel

The next few questions are about religion. Do you have a specific religion?

- 1 Yes
- 2 No

#### IF SpecRel = Yes THEN

##### WhatRel

Which religion is that?

INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.

- 1 Roman Catholic
- 2 Protestant Christian
- 3 Other Christian
- 4 Islam
- 5 Hinduism (Jain, Sikh)
- 6 Judaism
- 7 Buddhist
- 8 Other(SPECIFY)

#### IF SpecRel = Yes AND WhatRel = Other THEN

##### OthRel

INTERVIEWER: ENTER RELIGION

#### Relig

By 'religion', we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual beliefs.

Would you say that you have a religious or a spiritual understanding of your life?

CODE ALL THAT APPLY

- 1 Religious
- 2 Spiritual
- 3 Neither

#### IF Relig = Religious OR Relig = Spiritual THEN

##### RStrong

SHOW CARD BQ

How strongly do you hold to your religious/spiritual view of life? Please look at this card and tell me the number that best describes your view, from 0 'weakly held' through to 10 'strongly held'.

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

#### IF Relig = Religious OR Spiritual THEN

##### ImpPrac

SHOW CARD BR

How important to you is the practice of your belief (e.g. private meditation, religious services) in your day-to-day life? Please look at this card and tell me the number that best describes your view, from 0 'not necessary' through to 10 'essential'

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

**IF Relig = Religious OR Spiritual THEN**

**Praynum**

SHOW CARD BS

How often do you attend services or prayer meetings or go to a place of worship?

- 1 Once a week or more
- 2 At least once a month, but less than once a week
- 3 At least once a year, but less than once a month
- 4 Less than once a year
- 5 Never

## 31. Social capital and participation

---

### ASK IF SELECTED RESPONDENT

#### LiveIntro

The next few questions are about the area where you live.

- 1 Continue.

#### Hwlong

How long have you lived in this area?

- 1 Less than one year
- 2 1-5 years
- 3 6-9 years
- 4 10 years or more

#### IntroAgree

How much do you agree or disagree with the following statements about your area?  
By 'around here' we mean anywhere you can walk to, from your home, in 5 minutes.

- 1 Continue.

#### Belong

SHOWCARD BT

Please look at this card and tell me the answer that best describes your feelings.

I feel like I belong around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

#### Trust

Showcard BT

I trust people around here.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

#### Enjoy

Showcard BT

I enjoy living around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

#### Realhme

Showcard BT

I think of the area around here as a real home not just a place.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree

- 4 Somewhat disagree
- 5 Strongly disagree

**Safe**

Showcard BT

I feel safe around here in the daytime.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**Move**

Showcard BT

Given the opportunity I would like to move away from here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**Resident**

Showcard BT

The area around here is nicely kept by its residents.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**Litter**

Showcard BT

Litter is a problem around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**Graffiti**

Showcard BT

Graffiti or vandalism is a problem around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**PropClos**

Showcard BT

The properties around here are too close together.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree

- 4 Somewhat disagree
- 5 Strongly disagree

**Green**

Showcard BT

There are not enough green areas or trees around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

**IntroActiv**

The next few questions are about things that you do in your local area.

- 1 Continue.

**ComGrp**

How often do you participate in a voluntary or local community group?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

**Nschool**

How often do you attend an adult education or night school class?

INTERVIEWER PLEASE CODE

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

**Leisure**

How often do you go to a leisure centre?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

**GoLibrar**

How often do you go to the library?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

**Clubs**

SHOWCARD BU

Please look at this show card.

Are you actively involved in any of the following clubs or associations?

CODE ALL THAT APPLY

- 1 Sports or sport supporters club
- 2 Hobby or interest group
- 3 Political party
- 4 Neighbourhood Watch scheme

- 5 Parent Teacher Association
- 6 Tenants' group
- 7 Residents' group
- 8 Neighbourhood council
- 9 Religious group
- 10 Other local group
- 11 None of these

## 32. Socio demographics

---

### ASK IF SELECTED RESPONDENT OR PROXY

#### Origin

SHOW CARD BV

To which of the groups listed on this card do you consider you belong?

- 1 White – British
- 2 White – Irish
- 3 Any other white background  
Mixed:
- 4 Mixed - White and Black Caribbean
- 5 Mixed - White and Black African
- 6 Mixed - White and Asian
- 7 Any other mixed background  
Asian or Asian British:
- 8 Asian or Asian British – Indian
- 9 Asian or Asian British – Pakistani
- 10 Asian or Asian British – Bangladeshi
- 11 Any other Asian/Asian British background  
Black or Black British:
- 12 Black or Black British – Caribbean
- 13 Black or Black British – African
- 14 Any other Black/Black British background  
Chinese or other ethnic group:
- 15 Chinese
- 16 Any other (please describe)

#### IF Origin = Any other THEN

##### XOrigin

Please describe.

#### AnyQuals

Have you got any qualifications of any sort?

- 1 Yes
- 2 No

#### IF AnyQuals = Yes THEN

##### HiQuals

SHOWCARD BW

Please look at this card and tell me whether you have passed any of the qualifications listed.

Look down the list and tell me the first one you come to that you have passed.

INTERVIEWER: FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>

- 1 Degree level qualification
- 2 Teaching qualification or HNC/HND, BEC/TEC Higher, BTEC Higher or NVQ level 4
- 3 'A'Levels/SCE Higher or ONC/OND/BEC/TEC not higher or City & Guilds Advanced  
Final Level NVQ level 3
- 4 'O'Level passes (Grade A-C if after 1975) or City & Guilds Craft/Ord level or GCSE  
(Grades A-C) or NVQ level 2
- 5 CSE Grades 2-5 GCE 'O'level (Grades D & E if after 1975) GCSE (Grades D, E, F, G)  
or NVQ level 1
- 6 CSE ungraded
- 7 Other qualifications (specify)
- 8 No qualifications

**IF (AnyQuals = Yes) AND (HiQuals = Other qualifications) THEN  
OthQuals**

What other qualification do you have?

INTERVIEW CHECK THAT THIS QUALIFICATION CANNOT BE CODED AT HiQuals

- IF NOT PLEASE ENTER A SHORT DESCRIPTION OR TITLE

**ASK IF SELECTED RESPONDENT**

**Wrking**

Did you do any paid work in the 7 days ending Sunday the (*date*), either as an employee or as self-employed? (HELP<F9>)

- 1 Yes
- 2 No

**IF Wrking = No THEN**

**SchemeET**

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

**IF ((Wrking = No) AND (SchemeET = 2 OR LILO1 =1))THEN**

**JbAway**

Did you have a job or business that you were away from? HELP<F9>

- 1 Yes
- 2 No
- 3 Waiting to take up a new job/business already obtained

**IF JbAway = Yes THEN**

**JbReas**

What was the main reason you were away from work (last week)? (HELP<F9>)

- 1 On leave/holiday
- 2 A mental, nervous or emotional problem
- 3 A physical health problem
- 4 Attending a training course away from the workplace
- 5 Laid off/short time
- 6 Personal/family reason
- 7 Other reasons

**IF JbAway = No OR Waiting to take up a new job/business already obtained THEN**

**OwnBus**

Did you do any unpaid work in that week for any business that you own? (HELP<F9>)

- 1 Yes
- 2 No

**IF ((JbAway = No OR Waiting to take up a new job/business already obtained) AND (OwnBus = No)) THEN**

**RelBus**

...or that a relative owns? HELP<F9>

- 1 Yes
- 2 No

**IF (Wrking = No AND SchemeET = No AND JbAway = No AND RelBus = No) THEN  
Looked**

Thinking of the 4 weeks ending Sunday the *(date)*, were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)

- 1 Yes
- 2 No
- 3 Waiting to take up a new job or business already obtained

**IF Wrking = No AND SchemeET = No AND ((Looked = Yes OR Waiting to take up a new job or business already obtained)) AND JbAway = Waiting to take up a new job/business already obtained THEN**

**StartJ**

If a job or a place on a government scheme had been available in the week ending Sunday the *(date)*, would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

**IF Wrking = No AND SchemeET = No AND ((Looked = No) OR (StartJ = No)) THEN  
YInAct**

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)

- 1 Student
- 2 Looking after the family/home
- 3 Temporarily sick or injured
- 4 Long-term sick or disabled
- 5 Retired from paid work
- 6 None of these

**Everwk**

Have you ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

**IF Everwk = Yes THEN**

**DtJbL**

When did you leave your last PAID job?

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

**IF Everwk = Yes THEN**

**IndD**

...CURRENT OR LAST JOB

What/Did *(does/did the firm)* organisation you *(work/worked)* for mainly make or do (at the place where you) *(work/worked)*? HELP<F9>

DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC.  
AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

**IF Everwk = Yes THEN**

**OccT**

JOBTITLE CURRENT OR LAST JOB

What [is / was / Was] your (main) job ([in the week ending Sunday the] [DMDLSUN / DTJBL / ])?  
HELP<F9>

**IF Everwk = Yes THEN**

**OccD**

CURRENT OR LAST JOB

What skills or qualifications are needed for that job?

INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

**IF Everwk = Yes THEN**

**Stat**

(Are) you working as an employee or (are/were) you self-employed HELP<F9>?

- 1 Employee
- 2 Self-employed

**IF Everwk = Yes AND Stat = Employee THEN**

**Manage**

(Do) you have any managerial duties, or (are/were) you supervising any other employees?

INTERVIEWER: ASK OR RECORD. HELP<F9>

- 1 Manager
- 2 Foreman/supervisor
- 3 Not manager/supervisor

**IF Everwk = Yes AND Stat = Employee THEN**

**EmpNo**

How many employees (are/were) there at the place where you (work/worked)? HELP<F9>

- 1 1-24
- 2 25 or more

**IF Everwk = Yes AND Stat = Self-employed THEN**

**Solo**

(Are /were) you working on your own or (do/did) you have employees?

- 1 on own/with partner(s) but no employees
- 2 with employees

**IF Everwk = Yes AND Stat = Self-employed AND Solo = with employees THEN**

**SENo**

How many people (do/did) you employ at the place where you (work/worked)? HELP<F9>

- 1 1-24
- 2 25 or more

**IF Everwk = Yes THEN**

**FtPtWk**

In your (main) job (are/were) you working: HELP<F9>

- 1 full time
- 2 or part time?

**IF Everwk = Yes AND FtPtWk = part time THEN**

**PTWkHour**

How many hours (do/did) you work normally per week?

Range: 0...50

**IF Stat = Employee THEN**

**EmpStY**

In which year did you start working continuously for your current employer? HELP<F9>

Range: 1900...2007

**IF Stat = Self-employed THEN**

**SEmpStY**

In which year did you start working continuously as a self-employed person? HELP<F9>

Range: 1900...2007

**IF Stat = Self-employed THEN**

**JobstM**

and which month in (*year*) was that?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

**IF YInAct <> Retired from paid work THEN**

**NotWk**

Is the reason that you are not working at present...

RUNNING PROMPT - CODE FIRST THAT APPLIES

- 1 the way you have been feeling makes it impossible for you to do any kind of paid work
- 2 a physical health problem makes it impossible for you to do any kind of paid work
- 3 you have not found a suitable job
- 4 or, because you do not want or need a paid job at the moment?
- 5 other

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment THEN**

**WkShel**

May I just check, would you be able to do some kind of sheltered or part-time work if it were available, or is this impossible?

- 1 Could do sheltered work
- 2 Could do part-time work
- 3 Impossible to do work

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) THEN**

**LookNow**

(May I just check) Are you looking for a job at the moment?

- 1 Yes
- 2 No

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No THEN**

**LookAtAl**

Have you looked for a job at all (since you last worked?)

- 1 Yes

2 No

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAI = No THEN**

**LookNot**

Why have you not looked for a job?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation
- 2 No suitable jobs: due to health problems
- 3 Other

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAI = Yes THEN**

**LookStop**

Why have you stopped looking for jobs?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation
- 2 No suitable jobs: due to health problems
- 3 Other

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN**

**DiffJob**

Do you think that the way you have been feeling over the past month makes it more difficult for you than for other people to find a job?

- 1 Yes
- 2 No

**If YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN**

**HrsWork**

Thinking about the hours you would like to work, would you prefer to work full-time or part-time?

- 1 Full-time
- 2 Part-time
- 3 Qualified answer

**IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) AND HrsWork <> Full-time THEN**

**HrsWeek**

About how many hours a week would you want to work?

Range: 1...60

**HHIntro**

INTERVIEWER: THE NEXT QUESTIONS ARE ABOUT THE EMPLOYMENT STATUS OF THE HOUSEHOLD REFERENCE PERSON.

ASK WHOEVER IS AVAILABLE WHO WOULD BE BEST ABLE TO ANSWER THE QUESTIONS (*Name*), now a few questions about your employment status.

- 1 Continue

**Wrking2**

Did you do any paid work in the 7 days ending Sunday the *(date)*, either as an employee or as self-employed? (HELP<F9>)

- 1 Yes
- 2 No

**IF Wrking2 = No THEN**

**SchemeE2**

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

**IF Wrking2 = No AND SchemeE2 = No THEN**

**JbAway2**

Did you have a job or business that you were away from? HELP<F9>

- 1 Yes
- 2 No
- 3 Waiting to take up a new job/business already obtained

**IF Wrking2 = No AND SchemeE2 = No AND JbAway2 = Yes THEN**

**JbReas2**

What was the main reason you were away from work (last week)? (HELP<F9>)

- 1 On leave/holiday
- 2 A mental, nervous or emotional problem
- 3 A physical health problem
- 4 Attending a training course away from the workplace
- 5 Laid off/short time
- 6 Personal/family reason
- 7 Other reasons

**IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN**

**OwnBus2**

Did you do any unpaid work in that week for any business that you own? (HELP<F9>)

- 1 Yes
- 2 No

**IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) AND OwnBus2 = No THEN**

**RelBus2**

...or that a relative owns?

- 1 Yes
- 2 No

**IF Wrking2 = No AND SchemeE2 = No AND RelBus2 = No AND JbAway2 = No THEN**

**Looked2**

Thinking of the 4 weeks ending Sunday the *(date)*, were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)

- 1 Yes
- 2 No
- 3 Waiting to take up a new job or business already obtained

**IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = Yes) OR (Looked2 = Waiting to take up a new job or business already obtained) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN**

**StartJ2**

If a job or a place on a government scheme had been available in the week ending Sunday the (date), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

**IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = No) OR (StartJ2 = No)) THEN**

**YInAct2**

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)

- 1 Student
- 2 Looking after the family/home
- 3 Temporarily sick or injured
- 4 Long-term sick or disabled
- 5 Retired from paid work
- 6 None of these

**Everwk2**

Have you ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

**IF Everwk2 = Yes THEN**

**DtJbL2**

When did you leave your last PAID job?  
FOR DAY NOT GIVEN....ENTER 15 FOR DAY  
FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH  
HELP<F9>

**IF Everwk2 = Yes THEN**

**IndD**

[NAME]

CURRENT OR LAST JOB

What did the firm/organisation worked for mainly make or do (at the place where you worked)?  
HELP<F9>

**IF Everwk2 = Yes THEN**

**OccD**

[NAME]

CURRENT OR LAST JOB

What did you mainly do in your job?

**IF Everwk2 = Yes THEN**

**SpecQuals**

[NAME]

CURRENT OR LAST JOB

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

**IF Everwk2 = Yes THEN**

**Stat2**

[NAME]

CURRENT OR LAST JOB

Were you working as an employee or were you self-employed HELP<F9>?

- 1 Employee
- 2 Self-employed

**IF Everwk2 = Yes THEN**

**Manage2**

[NAME]

CURRENT OR LAST JOB

Did you have any managerial duties, or were you supervising any other employees?

ASK OR RECORD HELP<F9>

- 1 Manager
- 2 Foreman/supervisor
- 3 Not manager/supervisor

**IF Everwk2 = Yes THEN**

**EmpNo2**

[NAME]

CURRENT OR LAST JOB

How many employees were there at the place where you worked? HELP<F9>

- 1 1 to 24
- 2 25 or more

**IF EmpNo2 = Yes THEN**

**Benefits**

SHOW CARD BX

Looking at the card, are you at present receiving any of these state benefits in your own right, that is, where you are the named recipient?

CODE ALL THAT APPLY

- 1 Child Benefit
- 2 One Parent Benefit
- 3 Guardian's Allowance
- 4 Invalid Care Allowance
- 5 Retirement pension (National Insurance) or old person's pension
- 6 Widow's pension or allowance (National Insurance)
- 7 War disablement pension
- 8 Severe disablement allowance (and related allowances)
- 9 Disability working allowance
- 10 None of these

**CareBen**

SHOW CARD BY

And looking at this card, are you at present receiving any of the state benefits shown on this card - either in your own name, or on behalf of someone else in the household?

CODE ALL THAT APPLY

- 1 Care component of disability living allowance
- 2 Mobility component of disability living allowance
- 3 Attendance Allowance
- 4 Disability Living Allowance - unsure if care and/or mobility components
- 5 None of these

**IncBen**

SHOW CARD BZ

Now looking at this card, are you at present receiving any of these benefits in your own right, that is where you are the named recipient?

CODE ALL THAT APPLY

- 1 Jobseekers Allowance
- 2 Income support
- 3 Working Tax Credit/ Child Tax Credit (not lump sum)
- 4 Incapacity Benefit
- 5 Statutory sick pay
- 6 Industrial injury disablement benefit
- 7 None of these

**IF Sex = Female AND DVage < 50 THEN**

**Matern**

SHOW CARD CA

Are you receiving either of the things shown on this card, in your own right?

CODE ALL THAT APPLY

- 1 Maternity Allowance
- 2 Statutory Maternity Pay from your employer or former employer
- 3 None of these

**Other**

SHOW CARD CB

In the last 6 months have you received any of the things shown on this card, in your own right?

CODE ALL THAT APPLY

- 1 Working Tax Credit/ Child Tax Credit (lump sum)
- 2 A grant from the Social Fund for funeral expenses
- 3 Grant from the Social Fund for maternity expenses
- 4 A Community Care grant from the Social Fund
- 5 Back to work bonus
- 6 Widows payment (Lump Sum)
- 7 Any National Insurance or State benefit not mentioned earlier
- 8 None of these

**HBen**

Some people qualify for Housing Benefit, that is, a rent rebate or allowance.

Do you or does anyone else in your household receive Housing Benefit, either directly or by having it paid to you or on your behalf? (HLP<F9>)

- 1 Yes
- 2 No

**SrcInc**

SHOW CARD CC

(In addition to any benefits you mentioned) Do you receive income from any of the sources mentioned on this card?

CODE ALL THAT APPLY

- 1 Earnings from employment or self-employment
- 2 Pension from former employer
- 3 Interest from savings, shares etc.
- 4 Other kinds of regular allowance from outside the household
- 5 Other sources e.g. rent
- 6 None of these

**Gross4**

SHOW CARD CD

Could you please look at this card and tell me which group represents your own personal gross income from all sources mentioned?

By gross income, I mean income from all sources before deductions for income tax and National Insurance

Range: 1...32

**IF Gross4 = 32 THEN**

**G4High**

SHOW CARD CE - High Earnings section

Could you please look at this second card and tell me which group represents your own personal gross income from all sources mentioned?

Range: 1...60

**IF NumAdult > 1 AND Gross4 < 32 THEN**

**Gross4a**

SHOW CARD CD

Could you look at the card again and tell me which group represents your household's gross income from all sources?

(By gross income, I mean income from all sources before deductions for income tax and National Insurance)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE.

Range: 1...32

**IF Gross4a = 32 OR Gross4 = 32 THEN**

**G4aHigh**

SHOW CARD CE - High Earnings section

Could you please look at this second card again and tell me which group represents your household's gross income from all sources mentioned?

(By gross income, I mean income from all sources before deductions for income tax and National Insurance)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

Range: 1...60

### 33. Details of the property

---

**IF Proxy = selected respondent THEN**

**HsngPr**

I would now like to ask you some questions about your accommodation

INTERVIEWER: RESPONDENT SHOULD ANSWER ABOUT THEMSELVES. WHERE THE RESPONDENT IS RESPONSIBLE FOR THE HOUSEHOLD ANSWERS ALSO REFER TO THE OVERALL HH FINANCES.

- 1 Continue

**IF Proxy = selected respondent THEN**

**Ten1**

In which of these ways do you/this household occupy this accommodation?

SHOW CARD CF (HELP<F9>)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
- 6 Squatting

**IF Proxy = selected respondent THEN**

**Tied**

Does the accommodation go with the job of anyone in the household?

- 1 Yes
- 2 No

**IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free)) THEN**

**LLord**

Who is your landlord? (HELP<F9>)

CODE FIRST THAT APPLIES

- 1 The local authority/council/New Town Development/ Scottish Homes
- 2 A housing association or co-operative or charitable trust
- 3 Employer (organisation) of a household member
- 4 Another organisation
- 5 Relative/friend (before you lived here) of a household member
- 6 Employer (individual) of a household member
- 7 Another individual private landlord

**IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free)) THEN**

**Furn**

Is the accommodation provided: (HELP<F9>)

- 1 furnished
- 2 partly furnished (eg carpets and curtains only)
- 3 or unfurnished?

**IF Proxy = selected respondent THEN**

**SepBed**

How many separate bedrooms do you have here/in your home?

INTERVIEWER: INCLUDE ONLY ROOMS TO WHICH RESPONDENT HAS ACCESS.

BEDROOMS INCLUDE BOXROOMS AND BEDROOMS NOT CURRENTLY USED AS BEDROOMS

Range: 0...15

**IF Proxy = selected respondent THEN**

**Built**

SHOWCARD CG

When was this property first built? Please give your best estimate.

ANSWER ABOUT THE PART OF THE PROPERTY THAT IS USED BY THE DWELLING UNIT. GIVE THE DATE WHEN IT WAS FIRST BUILT. IF NOT SURE, GET BEST ESTIMATE.

- 1 Before 1900
- 2 1900 – 1949
- 3 1950 – 1976
- 4 1977 – 1989
- 5 1990 – 2002
- 6 2003 or later

**IF Proxy = selected respondent THEN**

**Glaze**

SHOW CARD CH

Are there any double- or triple-glazed windows in your home? This means factory-made sealed units.

- 1 Yes, all windows
- 2 Yes, most windows
- 3 Yes, about half of the windows
- 4 Yes, a few of the windows
- 5 No

**IF Proxy = selected respondent THEN**

**Mould**

Have you had any mould in your home over the last 12 months?

INSIDE THE PROPERTY ONLY.

- 1 Yes
- 2 No

**IF Proxy = selected respondent AND Mould = Yes THEN**

**Mould**

SHOWCARD CJ In which of these rooms have you had mould?

- 1 Living room
- 2 Kitchen
- 3 Bathrooms, toilets or shower rooms
- 4 Adult's bedrooms
- 5 Children's bedrooms
- 6 All rooms

**IF Proxy = selected respondent THEN**

**TypHeat**

SHOWCARD CK

What types of heating do you have in this house?

INTERVIEWER: PROBE: WHAT OTHERS?

CODE ALL THAT APPLY

- 1 Central heating
- 2 Night storage heater/s
- 3 Fixed room heater/fire (Gas or electric)
- 4 Open fire/s or stove/s

- 5 Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
- 6 Other
- 7 No heating

**IF Proxy = selected respondent AND TypHeat = Central heating THEN**

**Central**

SHOWCARD CL

What types of central heating do you use here/in your home?

CODE ALL THAT APPLY

- 1 Gas boiler with radiators
- 2 Oil boiler with radiators
- 3 Solid fuel boiler with radiators
- 4 Night (electric) storage heaters
- 5 Gas fired warm air heating
- 6 Oil fired warm air heating
- 7 Under-floor heating

**IF Proxy = selected respondent AND TypHeat = Portable heaters THEN**

**Portab**

SHOWCARD CM

What types of portable heaters do you use here/in your home?

CODE ALL THAT APPLY.

- 1 Portable electric heaters
- 2 Portable oil-filled heaters
- 3 Portable bottled gas heaters
- 4 Portable paraffin heaters

**IF Proxy = selected respondent THEN**

**UseHeat**

SHOWCARD CN

What is the main type of heating you use in your living room in winter?

INTERVIEWER ADD IF NECESSARY: THE ROOM WHICH IS USED REGULARLY AS THE LIVING ROOM BY THE PEOPLE WHO LIVE HERE, WHERE YOU WATCH TV ETC.

CODE ALL THAT APPLY

- 1 Central heating
- 2 Night storage heater/s
- 3 Fixed room heater/fire (Gas or electric)
- 4 Open fire/s or stove/s
- 5 Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
- 6 Other
- 7 No heating

**IF Proxy = selected respondent THEN**

**HmWarm**

In winter are you able to keep your home warm enough?

- 1 Yes
- 2 No

**IF Proxy = selected respondent AND HmWarm = No THEN**

**PartWarm**

Which parts of your home are not warm enough in winter?

CODE ALL THAT APPLY

- 1 Living room
- 2 Kitchen
- 3 Bathrooms, toilets or shower rooms

- 4 Adult's bedrooms
- 5 Children's bedrooms
- 6 Other Room
- 7 All rooms

**IF Proxy = selected respondent AND HmWarm = No THEN**

**FriendW**

In the last year have you ever felt reluctant to invite friends or family to your home because of difficulties keeping it warm?

- 1 Yes
- 2 No

**IF Proxy = selected respondent THEN**

**UsedLess**

In the last year, have you ever used less gas, electricity or other fuel than you needed to because you were worried about cost?

(You may choose 3 out of the possible answers).

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 Other Fuel
- 4 None of these

**IF Proxy = selected respondent THEN**

**Discon**

In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?

(You may choose 3 out of the possible answers).

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 SPONTANEOUS - Other Fuel
- 4 None of these

**IF Proxy = selected respondent THEN**

**InDebt**

SHOWCARD CP

Have there been times during the past year when you were seriously behind in paying within the time allowed for any of these items?

CODE ALL THAT APPLY

- 1 Rent
- 2 Gas
- 3 Electricity
- 4 Water
- 5 Goods on hire purchase
- 6 Mortgage repayments
- 7 Council Tax
- 8 Credit card payments
- 9 Mail order catalogue payments
- 10 Telephone/mobile phone
- 11 Other loans
- 12 TV Licence
- 13 Road Tax
- 14 Social Fund Loan
- 15 Child Support or Maintenance
- 16 None of these

**IF Proxy = selected respondent THEN**

**Borrow**

SHOWCARD CQ

And have there been times during the past year when you have had to borrow money from pawnbrokers or money lenders, excluding banks or building societies, or from friends and family in order to pay for your day-to-day needs?

CODE ALL THAT APPLY

- 1 Pawnbroker
- 2 Money lender
- 3 Friend(s)
- 4 Family
- 5 None of these

**EndInt**

THIS IS THE END OF THE MAIN PART OF RESPONDENTS INTERVIEW

- 1 Continue

**INTERVIEWER THEN SEEKS TO ESTABLISH:**

- CONSENT TO FLAG RESPONDENT ON THE NHS CENTRAL REGISTER
- CONSENT TO BE CONTACTED FOR A PHASE TWO INTERVIEW
- CONSENT TO BE CONTACTED FOR FURTHER NATCEN RESEARCH
- HELPLINES LEAFLET AND CARD ARE OFFERED TO RESPONDENT
- PROVIDE INCENTIVE VOUCHER AND GET RECEIPT SIGNED

## **Phase two questionnaire structure**

SCAN - Schedule for Clinical Assessment in Neuropsychiatry version 2.1.

ADOS - Autism Diagnostic Observation Schedule.

SCID-II - Structured Clinical Interview for DSM-IV.