

Adult Psychiatric Morbidity Survey

2007

Interviewer Instructions Phase one

The National Study of Health and Wellbeing 2006/7

Interviewer Instructions

Contents

Quick reference.....	4
1 Overview of research programme.....	5
1.1 Background.....	5
1.2 Purpose of the survey	6
2 Field Instructions.....	7
2.1 Fieldwork dates and sample	7
2.2 Serial numbers.....	7
2.3 Multi-household/DU address procedures	8
2.4 The Address Record Form (ARF)	8
2.5 Advance letters	9
2.6 Other documents in your work pack.....	9
2.7 Incentives.....	10
2.8 Introducing the survey.....	10
2.9 Making contact and appointments	11
2.10 Privacy, planning and interview length.....	12
2.11 Proxies	13
2.12 Language difficulties	14
2.13 Partial interview definition	14
2.14 Respondent distress and interviewer safety.....	14
2.15 Consent forms.....	15
2.16 Agreement to the stage two interview	15
2.17 Respondents identified as definite for follow-up and the confirmation letter	16
2.18 Information for the stage two interviewer	16
2.19 Returning documents.....	17
2.20 Project managers.....	17
3 Questionnaire instructions.....	17
3.1 Overview of the questionnaire.....	17
3.2 Introductory Questions.....	18
3.3 General health, activities of daily living and caring.....	19

3.4	Service use and medication	20
3.5	Self-perceived height and weight, appetite and weight change	23
3.6	Common mental disorders (CIS-R)	23
3.7	Deliberate self-harm	31
3.8	Psychosis - Psychosis Screening Questionnaire (PSQ)	31
3.9	ADHD screening questionnaire	32
3.10	Work related stress	33
3.11	Smoking, drinking and drug use	33
3.12	Personality disorder screen (self-completion)	35
3.13	Gambling (self-completion)	36
3.14	Aspergers Syndrome screening questionnaire (self-completion) ..	37
3.15	Posttraumatic stress disorder and military experience (self-completion)	37
3.16	Domestic violence and experience of abuse (self-completion)	38
3.17	Deliberate self-harm (self-completion)	39
3.18	Eating disorders (self-completion)	39
3.19	Discrimination and sexual identity (self-completion)	39
3.20	End of the self-completion	40
	The rest of the interview is interviewer-administered.	40
3.21	Intellectual functioning	40
3.22	Stressful life events, parenting, and social support	44
3.23	Resilience section	45
3.24	Socio-demographic section	46
3.25	Follow-up questions, consent, vouchers, and Admin	49
Appendix A: Definitions and descriptions of symptoms in sections A to N of the CIS-R		51
Appendix B: Definitions and descriptions of Psychotic Symptoms		54

Quick reference

Survey number	P2550
Fieldwork Period	October 2006 – October 2007
Household selection	One person age 16+
Additional HHs/DUs	Select one DU per address

1 Overview of research programme

1.1 Background

You may have heard about the previous surveys of psychiatric morbidity commissioned by the Department of Health and carried out by ONS between 1993 and 2000.

The series of national surveys covered people:

- in private households (in 1993 and 2000)
- in institutions specifically catering for people with mental health problems
- who are homeless
- known to have a severe mental illness
- prisoners in England and Wales, and
- children and adolescents.

Key findings from the last household survey (2000) include:

- About 1 in 6 adults had a neurotic disorder. The most common was mixed anxiety and depressive disorder.
- Just under a quarter of people with a neurotic disorder were receiving treatment of some kind.
- One in four adults had a hazardous pattern of drinking in the last year.
- The prevalence of probable psychotic disorder was low, about 5 per 1,000

While the Department of Health commissioned the previous surveys in the series, the NHS Information Centre is now the commissioner of a repeat of the surveys of adults living in private households. This new survey will cover the same topic areas as the 2000 survey plus some new topics, including Aspergers syndrome. In addition the upper age limit - which in 2000 was 74 years of age – has been removed. This is because of the lack of data on the mental health and wellbeing of older people.

There will be two stages to the fieldwork. NatCen will conduct stage one interviews and psychologists, specially trained at the University of Leicester, will conduct follow-up interviews for a small sub-sample of respondents. Stage two respondents are drawn from people who screen positive for psychotic disorder, personality disorder or Aspergers syndrome, as well as a sample of those who screen negative.

Ethical approval has been obtained for the survey from the Royal Free Multi-centre Research Ethics Committee.

Reports with findings from the previous surveys in the series can be accessed for free online at:

<http://www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/ListOfSurveySince1990/SurveyListMentalHealth/fs/en>

1.2 Purpose of the survey

The psychiatric morbidity survey series has an extremely high profile amongst mental health policy makers and practitioners working in the field. It is the primary national source for prevalence data on psychiatric illness, and provides key evidence about people with mental health problems and their use of and need for services. We are also looking at the relationship between mental illness and stressful life events, and the use of alcohol, tobacco and drugs. This will assist the NHS, Department of Health and other government departments in their development and updating of policies and provision for people with a range of mental disorders.

Much of the content of the questionnaire is similar to that used in previous psychiatric morbidity surveys. However, some sections have been modified or cut back, and some completely new sections have been added (like gambling, post-traumatic stress disorder, and domestic violence and experience of abuse).

2 Field Instructions

2.1 Fieldwork dates and sample

The survey will be in the field for a full year, this is so that we can look at possible seasonal variations in experience of mental ill health. Fieldwork is divided into four quarters, covering points issued in the following periods:

Quarter one: October 2006 to December 2006

Quarter two: January 2007 to March 2007

Quarter three: April 2007 to June 2007

Quarter four: July 2007 to September 2007

Within each quarter, 43 or 44 sample points are issued at the start of each calendar month. Each sample point includes 28 addresses selected from the Postcode Address File (PAF). There are 5 weeks to do the fieldwork for a point, plus an additional sixth week for mopping up.

It is very important that fieldwork dates are kept to, this is both so that the sample is evenly distributed throughout the year (for analysis of the seasonality effects mentioned above) and because the fieldwork progress is being very closely monitored by the sponsor throughout the year.

Your task is to make contact at each address. Where there are multiple dwelling units at an address, you will select one using the selection label on the ARF. Once you have established that that address is residential, you will need to select one resident to interview, aged 16 or over (no upper age limit) again using the selection label.

The sample only covers England.

2.2 Serial numbers

The serial numbers are 8 digits long:

Digit 1 Quarter number (1, 2, 3, 4)

Digit 2 Month within quarter (1, 2, 3)

Digits 3, 4, 5 Sample point number

Digit 6, 7 Address number (01 to 28)

Digit 8 Incentive type (1=in field, 2=in post)

Therefore the following serial number:

2 3 250 14 1

is for an address in the third month of the second quarter of fieldwork (which happens to be February 2007). The sample point is number 250, and this is address number 14. The incentive is to be issued in field.

2.3 Multi-household/DU address procedures

As mentioned above, if you come across an address with more than one dwelling unit within it, the ARF will take you through the selection of a single dwelling unit at which to interview.

If you need to select from 67 or more dwelling units or people (unlikely!), then please refer to the table below, or call the Blue Team if you are out in field and do not have these instructions with you.

NUMBER OF DUs/Persons:	SELECT NUMBER:	NUMBER OF DUs/Persons:	SELECT NUMBER:
67	66	84	39
68	28	85	3
69	45	86	48
70	53	87	35
71	25	88	22
72	48	89	10
73	12	90	88
74	33	91	56
75	71	92	31
76	56	93	50
77	6	94	11
78	38	95	49
79	44	96	25
80	72	97	2
81	62	98	94
82	47	99	80
83	29	100	38

2.4 The Address Record Form (ARF)

There is only one ARF version for this project, and it follows the new standardised format for ARFs.

Section A of the ARF takes you through establishing how many dwelling units there are at the address, and if there is more than one it enables you to select one.

Section B is for coding out ineligible dwelling units or where you are unable to establish eligibility.

Section C is where you establish how many adults (aged 16+) live in the dwelling unit, and where there are two or more, you select one.

Section D is where you record productive outcomes, including proxy interviews (see 2.11).

Section E is where you record unproductive outcomes for dwelling units you have established to be eligible. **In the 'reasons for refusal' box please include any information at all that might be useful for reissue.**

Section F is where you record your observations about the property.

Section G is the look-up chart for addresses with 13-66 dwelling units and dwelling units with 13-66 adults, to enable you to select one. See section 2.3 of your instructions or call the Blue Team if you need to select one from 67 or more.

Section H is where stable address details collected during the interview are recorded.

2.5 Advance letters

The advance letters will be in your work packs, complete with postage paid window envelopes. Sign each letter, put it in one of the window envelopes provided, and post it as soon as possible. Ideally you should do this as soon as you receive your work pack, so that there is no delay to your starting fieldwork.

2.6 Other documents in your work pack

- 28 ARFs
- 28 addressed advance letters (White)
- 28 prepaid window envelopes
- Spare copies of the advance letter
- 1 laminated advance letter copy
- 1 set of A5 showcards
- Survey specific leaflets (Cream)

- Useful contacts lists (Lemon)
- Useful contacts 'cards' (White)
- NHS register consent forms (Blue, with carbon copy)
- Incentive receipts (Green, with yellow carbon copy) *OR* promissory notes (Salmon)
- Appointment cards (survey specific)
- Broken appointment cards (survey specific)
- Stage one follow-up letter
- Stage two confirmation letter

For sample points where the vouchers are to be issued in field, rather than sent out by the office, these will be sent separately by special delivery.

2.7 Incentives

There is a £5 high street gift voucher for each respondent as a small token of appreciation. In half of the sample points, the vouchers will be in your work packs and can be given directly to respondents in field. For the other half, you will have a 'promissory note' to sign and leave with the respondent, and the office will send the voucher in the post. You can tell whether the voucher is to be administered in field or by post by looking at the serial numbers in your point. If the serial numbers ends in a 1, you'll receive 16 vouchers in the post by Special Delivery. (You may well need more vouchers: contact the Blue Team to request more as soon as this looks likely to be the case). If the serial numbers in your sample point ends in a 2, then the vouchers will be mailed out to productive respondents directly from the office.

We are doing this split run methodological experiment to see whether having the voucher in the field has an impact on response. Whatever approach is to be worked on your sample point, the incentive can be mentioned on the doorstep.

2.8 Introducing the survey

On the doorstep you should aim to keep your introduction brief, simply reminding the person you see of the advance letter and explaining that you're not sure who you will need to speak to, so you need to ask how many people live at the address. Use the selection label on the ARF to identify the person to interview.

After you have selected an eligible adult, you will be going on to arrange the interview. If your selection has fallen on someone other than the person on the doorstep, try not to go into too much detail about the survey until you see your selected respondent (this avoids a second-hand version of the survey being passed on).

If people say 'There's nothing wrong with me, you don't need to speak to me', explain that we need to speak to those who haven't got any problems just as much as those who have, to get a balanced view.

When introducing the survey, obviously avoid terms such as 'psychiatric morbidity' and 'mentally ill'. The information leaflet may help. In this leaflet, we talk about 'dealing with the stresses and strains of everyday life', 'health and wellbeing', and 'mental, nervous and emotional problems'.

The points that should be covered in the introduction of the survey are:

- The survey is for the National Health Service.
- It is looking at the way in which the stresses and strains of everyday life affect people's health and wellbeing, and the sort of help people receive for nervous and emotional problems.
- The information collected from this national study will help the NHS and government to plan services more effectively, so that they reach the people who need them.
- Their address was chosen at random from the Postcode Address File in a way that ensured that all sorts of people from all parts of the country would be represented in the survey.

If people say that they are too busy, you could mention that it is the very impact of the busyness of people's lives that the survey is focusing on,

People may respond well to an introduction which sets the survey in the context of the previous "Health and Wellbeing" surveys, i.e. we have already done other similar surveys with the general population. This repeat survey will allow the NHS and Department of Health to see if things have got better or worse since the earlier surveys.

It is obviously important to stress confidentiality and to make it clear that no information about from the survey will be passed on to anyone in a way that would allow any individual to be identified. The voluntary nature of the survey must also be covered, and the fact that individuals can refuse to answer particular questions or end the survey at any time.

2.9 Making contact and appointments

You have various documents available to you to help you make contact with the address, selected dwelling unit and/or your selected respondent.

If after repeated attempts at different times of the day and week you still have not been able to make contact with a household, you could try using **the stage one 'follow-up' letter** that you have a few copies of in your work packs. This letter

covers some of the points made in the advance letter, and you can use it as a reminder, and to leave contact details on if you wish or to refer residents to the Blue Team to leave information to help you contact them.

If you make contact, but the resident is too busy to talk to you at that time, you could leave a **survey leaflet** with them and say that you will call back at a more convenient time to discuss it further.

Once you have made a respondent selection, you can arrange an appointment to interview if you are not there at a convenient time. You have **survey specific appointment cards** in your work packs to help with this. These cards also provide contact information to the respondent in case they can no longer make an appointment.

Should you go to an appointment and find your selected respondent is not there, there are also **survey specific broken appointment cards** in your packs that you can use to assist with rearranging another appointment.

Remember that you should not return any unproductives until you have discussed them with your Project Manager or supervisor.

2.10 Privacy, planning and interview length

Since many of the questions ask about feelings and personal problems it is important that, wherever possible, the interview is conducted with the respondent on their own. Most of the questions are opinion questions and many may be sensitive, resurrecting things that the respondent may not have told anyone about.

When the survey was last conducted there was an upper age limit of 74, this is no longer the case. Respondents under 65 will not be asked all the intellectual functioning section, and those over 70 will not be asked about work-related stress.

From the previous surveys and the dress rehearsal we know that interviews are likely to be long, even for people with few or no problems. On the dress rehearsal the average interview length was 1½ hours (88 minutes). This included quite a lot of variation, with respondents with few difficulties having a shorter interview, and respondents with a lot of problems having an interview that was sometimes much longer.

If you have a particularly long interview and if the respondent is getting tired, you may want to suggest to them that you come back the next day to finish the interview.

We expect that a lot of the interviews will have to be done in the evening, except where you have pensioner households, therefore given the length of the interview we do not envisage you completing more than 2 interviews per day.

2.11 Proxies

You may need to conduct a short proxy interview if certain of your selected respondents are not capable of taking part. If your respondent appears to be incapable of doing the interview on their own due to:

- A health related illness, injury, or frailty,
- A stay in hospital,
- An age related frailty,
- Cognitive impairment, or
- A mental incapacity

Then you should attempt to establish whether anyone else, resident in the household or otherwise, would be able to help them complete a much shortened interview with them or on their behalf. You should *not* conduct a proxy interview for any other reason, e.g. because the selected respondent is on holiday or is too busy.

The proxy respondent should be someone who knows the respondent well. You need to use your own tact, skill and judgement in identifying a possible proxy respondent. Firstly you should ask the selected respondent (where possible) for suggestions, if this isn't possible, ask another household member where there is one. A proxy respondent might be a:

- Parent;
- Child;
- Other relative or family member; or
- Friend or neighbour (where suggested by the selected respondent)

The proxy interview is made up of a sub-set of the main interview questions. It includes:

- The household grid;
- whether the interview is a proxy, which the filters you to the following module only:
- whether assistance is needed with practical activities;
- health conditions;
- service use;
- very short socio-demographics section.

In the admin block you will then need to code at **IntWho** to what extent the selected respondent (subject) was present during the interview. The proxy interview includes no subjective questions or questions about mental health. It should take about 20 minutes to complete.

You should obtain verbal consent to interview from both the selected respondent (where present and if they can understand you) and the proxy respondent. Sometimes you may find the interview consists of both the proxy respondent and selected respondent sitting together to answer the questions. Sometimes it will not be possible or appropriate for the selected respondent to be present, and you will need to ask the proxy questions of the proxy respondent only.

2.12 Language difficulties

If your respondent has difficulty understanding English you will be unable to carry out an interview with them. A lot of the questions in the interview are subjective and about feelings, so a good level of English is required to be able to understand them and answer fully. Because so much of the interview uses standardised schedules with fixed wordings, we cannot use interpreters, either professional or family members. It would also be inappropriate to use family members given the subject matter in the full interview.

If anyone queries you on why people without good English skills are being excluded from the study you can explain that a previous survey in this series (also conducted by NatCen) focused entirely on the mental health of ethnic minority groups. To do this properly it involved translating the full questionnaire into various languages and employing interviewers and/or translators who speak those languages. The study was called EMPIRIC, if you are interested a report of the study can be accessed for free on the internet (<http://www.dh.gov.uk/assetRoot/04/02/40/34/04024034.pdf>).

2.13 Partial interview definition

For a **partial interview**, the questionnaire must have been completed at least as far as the Psychosis Screening questions. If the respondent terminated the interview before that, the case should be coded as a refusal.

For a **partial proxy interview**, the questionnaire must have been completed at least as far as the DocTalk question. If the proxy respondent terminated the interview before that, the case should be coded as a refusal.

2.14 Respondent distress and interviewer safety

With the majority of respondents you should encounter no problems and even those with problems may find the interview therapeutic. However as with any PAF sample you need to think of your own safety first and use all your previous interviewing

experience in assessing potential risks. Many of you will have worked on similar surveys and will be aware of the potential for distress to a few respondents.

If you find yourself with someone who is getting upset or distressed, be prepared to withdraw and if appropriate offer to go back another time to finish off. As in the previous surveys, the help you can offer to a respondent will be limited because of confidentiality issues, and because you are not there as a counsellor. Our usual advice is to suggest that the respondent speak to their GP, or some other support group. In your work pack is a supply of leaflets with telephone numbers of organisations that may be able to help which you can leave with them. There is also a smaller folded card which you can hand out to respondents with just the key help lines listed, such as The Samaritans and Victim Support.

This project has a group of psychiatrists acting as expert advisers who will provide advice to staff on the appropriate action in the unlikely event of major concerns about the state of any respondent.

2.15 Consent forms

We would like to flag the respondent's names on the National Health Service Central Register (NHSCR) to show that they have taken part in this survey (as is also done on the Health Survey for England). This will allow their health in the future to be monitored for research purposes. No information from the survey will be attached to their name on the register. You can reassure people that no one else will know that their name has been flagged in this way and it does not mean that they will be contacted again in the future. If they give consent to do this they need to read and sign the consent form provided.

The purpose of flagging on the register is to allow later research into mortality associated with mental health problems without the need to try and re-contact people. The NHSCR holds a record of the vital events registered for an individual (births and deaths). At a suitable time in the future (e.g. 5 or 10 years) we will be able to obtain details of any death registrations for those who have been flagged as participating in our survey. It will then be possible to link these details to the information we collected in the survey and investigate whether some groups, e.g. those with more severe mental problems, have higher death rates.

2.16 Agreement to the stage two interview

Getting agreement to the stage two interview is absolutely crucial to the success of the study as a whole. It is during the clinical interview at stage two that the validated assessment of the most serious mental health conditions takes place.

At the end of the interview there is a question called FollUp. The question is designed to be as short as possible, but we do have to mention our collaborators at the University of Leicester as we need the respondent's agreement to pass their

contact details to them. However you should also feel able to amend the wording here to be appropriate to the situation you are in, for example:

- If the interview has been long you can reassure them that the stage two interview tends to be *much* shorter;
- If the respondent did not like the socio-demographics questions in the interview you can reassure them that the second interview focuses *only* on their health and personality;
- If the respondent has expressed any concern about confidentiality you can reassure them that the interviewer from the University of Leicester will be the only person to know their name; and
- You can also mention that they are not agreeing to do the second interview, only for someone to tell them about it and let them decide.

2.17 Respondents identified as definite for follow-up and the confirmation letter

Where the CAPI has worked out that a respondent you have just interviewed is definitely someone we will be following up (this will only happen in a small minority of cases), then the wording of the follow-up question is a bit clearer. The wording here is designed to appeal to someone who may have Aspergers, as such people tend to prefer clear and definite instructions. If you identify such a person, the CAPI will also suggest that you leave one of the 'confirmation letters' that you have in your pack.

2.18 Information for the stage two interviewer

A sample of respondents will be followed up by clinicians from the University of Leicester, so you will be asking an additional recall question. We would also like you to record details that may be useful for the stage two interviewers. The admin block includes a question where you can record factual information for those respondents who have agreed to a follow-up.

At this question only record factual information which will be helpful for the follow up interviewer. For example:

- General directions to locate a difficult-to-find address
- Locating/identifying dwelling units in multi-DU addresses
- Alternative (e.g. work) phone number given by respondent

There is a space for up to 200 characters to be typed in.

You must not record information at this question that would identify an address or individual or anything that you would not want any person in the responding dwelling unit to see. Do not record best time to call as this is collected elsewhere.

2.19 Returning documents

The signed voucher receipts and unused vouchers, signed NHS register consent forms, and ARFs should all be sent back to the office. As on any other project, any document with a respondent's name on should be sent separately from any document with the same respondent's address.

Once you have completed work on your sample point, unless you are going to be working on another sample point again soon, please return any documents in good enough condition to be used again, in particular, the showcards and laminated advance letter.

2.20 Project managers

Each field area has someone assigned to be the Project Manager for this study.

3 Questionnaire instructions

Before you begin an interview, remember to check the date and time in the CAPI.

3.1 Overview of the questionnaire

The interview consists of the following modules:

Face to face 1

- Introductory questions, including household grid
- General health, activities of daily living and caring
- Service use and medication
- Self-perceived height and weight
- Common mental disorders
- Deliberate self harm
- Psychosis screening questionnaire
- Attention Deficit Hyperactivity Disorder (ADHD)
- Work related stress
- Smoking
- Drinking 1

Self-completion

- Drinking 2
- Drug use
- Personality disorder
- Gambling
- Aspergers and social functioning
- Post-traumatic stress disorder
- Domestic violence and abuse
- Deliberate self harm (3 questions repeated from face to face)
- Eating disorders
- Discrimination and sexual identity

Face to face 2

- Intellectual functioning
- Key life events
- Social support
- Religion and spirituality
- Social capital and participation
- Socio-demographics
- Recall and admin, stable address

3.2 Introductory Questions

The first few questions are standard ones for collecting age and sex of household members, and their relationships to each other.

You are first asked to enter the name (or unique identifier) of the selected respondent, followed by names of all other household members. Once all names are entered, you enter details for each household member: sex, birth date (or age if birth date is not known) and, for household members aged over 16, marital status, whether they are living with another member of the household as a couple, and whether they are the householder. This section also includes the standard relationship grid and questions that enable the identification of the household reference person.

Note that marital status includes civil partnership status. 'Civil partnership' is the term for a legally recognised union of two people of the same sex conducted under the Civil Partnership Act which came into force in December 2005.

Once all these details are completed you are asked to enter the person number of the respondent. *This is the person number from the household grid, not from the ARF.* (If you have entered the household as specified above, the respondent should always be number 1). Select the person number from the list that appears on the screen at this question.

You are then prompted for the relationship of each member to every other household member. This takes you to the start of the individual interview. The first two questions are needed for routing in the questionnaire.

Proxy You will usually need to code a 1 here, for a 'subject' interview, which means that you are conducting the interview with your selected

respondent. Code 2 if your selected respondent is not able to be interviewed because of a physical or mental incapacity, and you are conducting a mini interview with a proxy respondent instead (see section 2.11 for details about when a proxy interview is required and identifying a proxy interview respondent).

Language This question requires you to ask or record whether or not English is the respondent's first language. This question is important because the reading test (part of the intellectual functioning module) is only asked of respondents whose first language is English.

You now move on to the main body of the questionnaire

3.3 *General health, activities of daily living and caring*

General health questions

The aim of these questions is to establish whether the respondent has any physical health problems and should help them to start talking about themselves.

This section is made up of a widely used measure of health and wellbeing, the SF-12. The questions are about how well the respondent is generally feeling, and the extent to which their activities are limited by their physical and emotional health. We want the respondent's own opinion about this, even though your own observation may lead you to think differently.

Some of the questions are quite similar, e.g. SF4 and SF5. You will need to read these questions very carefully and clearly to help respondents understand them properly.

Activities of daily living

Respondents are asked if they need help with a range of different activities of daily living. If they do they are asked who, if anyone, provides this help. For each statement respondents are asked to say whether they have no difficulty at all; yes some difficulty; or yes a lot of difficulty.

Being a carer

Respondents are then asked about any caring responsibilities that they have for anyone who is disabled and/or sick (including due to old age). Being a carer has been identified as a significant issue to include in the survey. Two questions have been included that look at whether the respondent provides care, and how many hours of care they provide in a typical week (**Care1 to Care2**). Three questions that

look at respondent's perceptions of their effort and reward with regards to their caring responsibilities have also been included (**Care3 to Care5**).

Health conditions

We are using a showcard approach to ask about health conditions. Respondents are first asked whether they have ever had any of the conditions listed on the card. This includes childhood onset of conditions that have persisted into adulthood. For each condition reported you will be routed to ask:

- whether it was diagnosed by a doctor or other health professional,
- whether they have had the condition in the last year (they should say yes here even if they have had no symptoms due to use of medication or an aid); and
- whether they have had any treatment or prescribed medication for it in the last year (treatment includes therapies, like physio, but medications should only include prescribed medication not those bought over the counter).

As a check, you will still ask about treatment or medication in the last year even if they report not having had the condition in the last year.

3.4 Service use and medication

Medication

We are not asking respondents about all the medications that they are taking. Instead we are only asking about particular medications that we are interested in: i.e. the most commonly prescribed medications for psychiatric conditions. The oral medications that we are interested in (only pills and tablets) are listed on three showcards. If respondents report taking any of these you are routed to a question asking to see the packet, if they are able to show you the packet you can then verify whether or not it has been correctly coded. There is also a question on what condition the medication is taken for.

Respondents are also asked whether they are currently receiving a course of prescribed injections. If they answer yes, then you will show them a showcard with a list of names of types of medications they may be receiving.

Service use

(a) GP Consultations

The consultations we are primarily interested in are those for mental and emotional problems, and after a question about general consultations with the GP, we then ask for some more detail about those for mental and emotional problems in the past 12 months.

'Talking to a doctor' can mean seeing him/her (at home, surgery, health centre etc.) or speaking to him/her on the telephone. This does not include social chats with a friend/relative who happens to be a doctor, but it does include any chats with the informant's doctor.

Visits to a doctor at a district health authority clinic (e.g. family planning clinic) are included, but we do not want to include talking with a doctor at a hospital or special clinic as these talks will be covered later under outpatient visits. If the patient visited a doctor's surgery to pick up a prescription or medicine, this should only be included if the patient actually spoke to the doctor.

You are asked to code details of up to six mental or emotional problems for which the respondent had talked to a doctor. This involves using a look-up file. If the respondent has had more than six problems, you should ask about the six which the respondent considers to be the most important.

(b) Counselling

The section on counselling and therapy is concerned with non-drug treatments for mental, nervous or emotional problems. These can include psychotherapy, dance therapy or anything else the informant considers to be counselling or therapy. The prompt card lists a range of therapies, which should ensure that respondents understand the types of treatment to include here. If the respondent mentions more than three types of therapy here, take the three that the respondent considers to be most important.

Information to be collected about each type of therapy or counselling mentioned includes frequency of sessions. Duration of treatment is also asked for certain types of counselling.

(c) Other services used

The section consists of the following parts:

- Inpatient stays
- Outpatient episodes

- Day activity centres
- Community care services.

For each of these types of services, use in the past year is first established, followed by use in the last 3 months.

Inpatient stays

After asking about any stays in the past year, there is a question about inpatient stays in the last three months.

Include:

- stays in private hospitals and clinics
- dialysis patients required to stay in hospital overnight
- stays for sight or hearing problems

Exclude:

- stays for giving birth.

An inpatient stay lasts from admission to discharge, so if an informant was sent home for the weekend during a spell as an inpatient, this counts as one spell. If a person interviewed by proxy is still in hospital, code the number of nights so far.

Outpatient episodes

These are **visits to a hospital or clinic for treatment or check-ups**, either on an appointment basis or just through turning up. These also include visits to day hospitals, private consulting rooms and casualty/A&E departments.

Note that some people may receive treatment or check-ups at day centres. These should be included as outpatient episodes, whereas visits to day centres for social and leisure activities are excluded here. They will be covered in the section on day activity centres.

Day patients are defined as patients admitted to a hospital bed during the course of a day or to a day ward where a bed, couch or trolley is available for his/her use. They are admitted with the intention that care and treatment can be completed in a few hours so they will not need to stay in hospital overnight. If a patient is admitted as a day patient but then stays overnight, they should be counted as an inpatient.

Include dialysis patients if they are admitted only for the day and are not required to stay overnight. Those staying overnight are included as inpatients.

Day activity centres

These are centres visited for work, educational or social activities.

Community care services

The questions on community care services cover contact with community care services including psychiatrists, psychologists, community psychiatric nursing and other domiciliary or community nursing services, social workers and other support or self-help services.

These questions cover services not already mentioned in the service use section. For example, meetings with a psychiatrist at an outpatient clinic should already have been included in the outpatients section. However, visits by a psychiatrist to the respondent's home would be included here.

3.5 Self-perceived height and weight, appetite and weight change

Respondents are asked for their self-perceived height and weight, this is followed by a check question for women regarding current pregnancy (as pregnancy can affect weight). This is followed by some questions about appetite and recent change in weight.

3.6 Common mental disorders (CIS-R)

Purpose of the CIS-R

This part of the questionnaire consists of the Revised Clinical Interview Schedule (CIS-R). The main purpose of the CIS-R is to identify the presence of common mental disorders (neuroses), and where these occur: to establish the nature and severity of neurotic symptoms, so that we can arrive at a specific diagnosis. The main body of the CIS-R contains 14 sections labelled A to N. Each section deals with a particular type of neurotic symptom. There is a 15th section, O, that establishes the overall effect of these neurotic symptoms.

All questions in sections A to N are opinion questions.

Definitions and descriptions of these symptoms are given in Appendix A of these instructions. You should spend some time familiarising yourself with these. However, if respondents do not know what is meant by a particular symptom, you should not reword or paraphrase.

Content of the CIS-R

A Somatic symptoms

- B Fatigue
- C Concentration and forgetfulness
- D Sleep problems
- E Irritability
- F Worry about physical health
- G Depression
- H Depressive Ideas
- I Worry
- J Anxiety
- K Phobias
- L Panic
- M Compulsions
- N Obsessions
- O Overall effects

Key concepts in sections A to N

Existence and severity of neurotic symptoms

In each section, the first few questions establish the presence of a particular neurotic symptom in the past month.

For those respondents who had such symptoms in the past month, you will be routed to further questions, which ascertain the frequency, duration, severity and the time since onset of the symptoms.

Note that all of the sections A to N have this structure except for section H 'Depressive ideas' which is really a continuation of section G 'Depression'.

Reference periods

Each section begins by asking whether the symptoms were present in the past month (except section H 'Depressive Ideas').

The past month refers to every day in the past month up to and including yesterday.

If respondents reply that they 'felt the same as usual' or that the symptoms were present 'no more than usual' instead of saying the symptoms were present in the past month, you should treat this as *if* the symptoms were present. These replies could indicate chronic symptoms, which must not be ignored.

Those who had symptoms in the past month (or who may have chronic symptoms as just described) are asked the subsequent questions which relate to the past week.

The past week refers to the past seven days, up to and including yesterday. This is usually computed automatically from the system date on your computer. However, should the date on your computer be wrong the interview date will also be wrong and so you will get errors. *Should this occur - please phone the Help Desk.*

Frequency of symptoms

In each section where the symptoms were present in the past month, respondents are asked how many days the symptoms were present in the past week.

If the respondent replies that the symptom was present 'all the time', for example 'the worry is always there at the back of my mind' then you should prompt for an answer.

Similarly you should prompt for an answer if the respondent does not know how often the symptom was present. If the respondent is unsure e.g. whether the symptom was there on 3 or 4 days, you should record the less frequent code, that is 3.

Duration of symptoms

In all sections except section H 'Depressive Ideas', the respondent is asked about the duration of symptoms. This refers to how long the symptoms lasted on any day in the past week.

You may need to make it clear that this refers to the total number of hours the respondent had the symptom. In other words, if the respondent had three headaches in the day, they should estimate the total time headaches were experienced in that day.

However at sections L 'Panic' and N 'Obsessions', we are not interested in the total amount of time the symptoms lasted in a day, but in how long the 'panic attack' or the episode of having an obsessive thought lasted. This does not depend on how many times the person had an obsessive thought or panicked.

If the respondent does not know the duration of symptoms, you should prompt for an answer. If the respondent is unsure e.g. whether the headache lasted for 3 hours or more, you should assume that it did not.

Onset of symptoms

At the end of each section, all respondents who reported symptoms in the past week are asked how long they have had the symptoms that they have described (except for at section H, 'Depressive Ideas').

For instance question A8 asks:

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

The wording '...as you have just described...' is important here because we are interested in knowing how long the person's problems have been as severe as they have been in the past week.

For example, if a respondent had been suffering mild headaches caused by stress for a few months, but for the past 3 weeks the headaches had grown more severe, then the answers to questions A4 to A7 would reflect these severe headaches. Therefore at question A8 in asking how long the person has had the aches he/she has described we are referring to the 3 weeks he/she has had the more severe headaches.

Similarly, if a respondent had been very depressed in the past month, but when asked about the past week, s/he reported much less severe depression, the question at G10 refers to how long s/he felt as depressed as s/he did in the past week. It may seem strange that we are overlooking perhaps many years of much worse depression. There are questions later in the questionnaire that ask about previous episodes of depression. However here, we only know about the symptoms of the past week, and it makes sense to restrict our questioning to those symptoms.

Experience in previous surveys has shown that these questions are difficult for respondents to answer.

A guide to questions: sections A to N

Section A Somatic symptoms

If the respondent has several aches or pains, you should ask about the overall effect of any of these. If the respondent has aches and also some discomfort you should refer to both of these in the subsequent questions.

When asking any questions relating to these symptoms it is important to remember that we are interested only in aches, pains or discomfort which are brought on, or made worse by feeling low, anxious or stressed. If the respondent says that an ache is 'possibly' brought on or made worse by feeling this way, but that he/she does not know, you should treat this as a 'yes'.

Section B Fatigue

At question B3 we want to know why the person is tired or lacking in energy. This is also a useful check that people who are tired from doing physical exercise and sports are not included in this section.

The duration of the feeling of tiredness does not include periods when the respondent was asleep. If the respondent says that they felt tired and fell asleep 10 minutes later, this only counts as 10 minutes of feeling tired.

Section C Concentration and forgetfulness

If the respondent has both poor concentration and memory problems, questions C4 and C8 should refer to both of these symptoms.

Section D Sleep problems

For respondents who had problems trying to get to sleep or getting back to sleep after waking up, we are interested in how long they spent *trying* to get to sleep (see question D5) rather than in the total amount of sleep lost. Note that respondents are instructed to allow a quarter of an hour to get back to sleep if they actually woke up.

For example: A mother reports that she went to bed at midnight and tried to get to sleep for an hour. Later in the night she had to get up to look after a child and she was up for half an hour. When she got back to bed she thinks she probably didn't fall asleep until another hour had passed.

In this example, we do not count the time she was awake looking after the child. The time taken trying to get to sleep is therefore 1 hour at midnight and another three-quarters of an hour trying to sleep after having been woken up. (Remember that the respondent should allow a quarter of an hour to get back to sleep after waking up).

For respondents who did not properly wake up but were drifting in and out of sleep, the respondent's own opinion of the time spent trying to get to sleep is required and you do not need to allow a quarter of an hour to return to sleep.

Section E Irritability

At question E6, respondents who felt like shouting are coded 1 regardless of whether they actually shouted or not.

Section F Worry about physical health

This section applies to all respondents including those who are physically ill. Note that question F2 does not apply to people who reported having some problems with their physical health at the general health question. The question (F2) is there to route such people past these questions. This is important, as we want to avoid possibly upsetting respondents or causing them to worry.

Other than this, this section asks about the degree of worry about physical health irrespective of any health problems. In other words, we are interested in the amount a person worries whether or not they have much reason to be worried or not.

Worry about physical health also includes worry about a pregnancy. This should be clear from the questionnaire.

Section G Depression

At G1 and G2 you may find that respondents have their own words for feeling sad, miserable or depressed. You should use them in all subsequent questions.

Respondents are asked about:

(a) feeling sad, miserable or depressed

(b) being unable to enjoy or take an interest in things.

Later, at G4 and G5, when asking about the presence of symptoms in the past week, we ask about (a) and (b) separately rather than as one combined question. This is because people who felt unable to enjoy or take an interest in things in the past week get a score of 1.

If respondents have both of the symptoms described at (a) and (b) above, you should refer to both of them at questions G6 to G10.

Section H Depressive Ideas

This section is a continuation of the previous one (Depression) and it only applies to those who said they felt depressed in the past week.

Questions H1 to H6 ask about feelings of guilt, inadequacy and hopelessness, the times of day when they are most affected and the effect on their activities. In previous surveys respondents who answered 'yes' to any of the questions about guilt, inadequacy or hopelessness, were asked question H8 about whether they felt that life was not worth living. In this survey these questions are not being asked here. Instead all respondents will be asked a section on Deliberate Self Harm immediately after the CIS-R.

It is important to take your time over this section, to thank respondents for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.

Section I Worry

This section is concerned with any worry the respondent may have **except worries about physical health**. Worries about physical health should have been recorded at section F.

Experience at the pilot showed that respondents had difficulty distinguishing between worry and depression and tended to give the same causes for both. Question I3 has been combined with a similar one about depression. The computer will prompt you as to whether you should be asking about depression, anxiety or both.

At question I3 you may find that a respondent mentions physical health as one of the things or the only thing he/she is worried about. In these instances, a check will come up so that you can go back to section F if the worry about physical health is not recorded. If it is not recorded, you should ask the questions in section F again, starting with F1.

If respondents are worried about a number of things including physical health you should make it clear that, at this moment, we are only interested in worries about things other than physical health. Respondents should try to answer with this in mind.

Section J Anxiety

The questions below the line in this section are concerned with general anxiety only, that is, some anxiety, which cannot be explained by a phobia.

The first stage is to find out whether the respondent felt anxious in the past month, questions J1 to J3. For those respondents who have been feeling anxious, the second stage is to try to establish if this is always because of having a phobia, questions J4 and J5.

If the anxiety is always caused by a phobia, you will go on to the next section, K, which specifically deals with phobic anxiety.

If it is not clear at question J3 whether the respondent's fear of something really constitutes a phobia, you should emphasise that there has to be **no real danger** so that the respondent can decide.

Some people will have both phobic anxiety and general anxiety. The distinction should be explained if necessary to enable the respondent to answer firstly about his/her general anxiety and then, at section K about his/her phobic anxiety.

Section K Phobias

The questions below the line in this section apply to:

- (i) respondents who said that they felt anxiety resulting from a phobia, at section J and
- (ii) those who said at question K2 that they avoided things in the past week because of having a phobia.

Respondents are counted as avoiding the situation or thing which they have a phobia about if they deliberately didn't do something they wanted to do or used to do because of it. For instance, if someone had a phobia about eating in front of strangers, they might avoid doing so every lunchtime. On the other hand, someone who is scared of heights, and who deliberately moved into a bungalow two weeks ago, cannot be counted as having avoided heights in the last week on this basis alone.

At K3a, respondents who had phobic anxiety are asked to specify the situation or thing which makes him/her anxious. Those respondents who have been avoiding things are asked to specify what they have been avoiding the most.

You should refer to the answer at K3a at question K4.

You should select only one of the precodes at K3a and b. The respondent must choose the most anxiety provoking situation or thing.

Because respondents think that their phobia is so great that it can't be lumped into such huge categories, they will tend not to use the precodes when they ought to. Instead, they will specify their phobia as an 'other answer'. Please code this back to one of codes 1 to 5. Code 5 is a code that will fit a great many phobias.

You should use code 6 'other' only if you have difficulty deciding between precodes. For instance, if you can't decide between coding 1 or 3. In such cases, specify the

respondent's answer so that it can be coded back in the office. Otherwise, you should use code 5 'any other specific cause'.

Section L Panic

This section applies to all respondents who felt anxious, either generally or as a result of having a phobia.

At question L4 we are interested in the duration of the longest 'panic attack' **not** in the total time spent panicking on any one day.

Section M Compulsions

The respondent has to decide whether acts which they repeat are unnecessary or whether they have good reason to repeat them.

The reason for asking what acts the person repeats unnecessarily is so that you can refer to these acts in subsequent questions.

At M6 the respondent is asked to specify the most commonly repeated compulsion if there is more than one compulsive act mentioned at M3. This is so that you can ask how often this was repeated in the past week.

Be careful at M7. The question asks for the number of times something was **repeated** unnecessarily. You should be clear whether the respondent answers with the number of times the act was repeated or with the total number of times the act was performed. An act that has been repeated 3 times has been performed a total of 4 times. The pre-codes should help you with this.

Section N Obsessions

An obsession is a repetitive unpleasant or distressing thought. It is unlike worry in that it is the same thought over and over again rather than worrying about something. Question N2 checks for this.

At N2, if it appears the respondent is worrying and does not have an obsessive thought you should (as instructed) go back and check that some worry was mentioned at section I, 'Worry'. If it is not recorded, you should go through section I again with the respondent, starting at I1.

At N3 those respondents who report obsessive thoughts are asked what these are. The purpose of this is to help them to concentrate on these thoughts and when they had them. However, this may be upsetting for someone and so you are instructed not to probe and not to press the respondent for an answer.

At N7, we are interested in how long an episode of having such thoughts lasted, not in the total time spent in a day having these thoughts.

Section O Overall effects

Routing to this section depends on the respondent's answers at the preceding sections (A to N). Only those respondents who were found to have a significant neurotic symptom (in sections A to N) will be routed to this section.

The question itself refers to the overall effects of any of the things, which the respondent told you about in sections A to N.

Previous episodes of depression

This small set of questions is asked of respondents who are not currently experiencing a spell of depression that they described earlier as having lasted for more than 2 years. Respondents will be asked about experience of previous episodes of depression, how old they were when they first experienced one and how many spells they have had in the last 10 years.

3.7 Deliberate self-harm

As mentioned earlier in these instructions all respondents will be asked this set of questions on deliberate self-harm.

The questions are in a very similar format to those in section H (Depressive Ideas) of the CIS-R questionnaire except the reference periods are different. There are also additional questions, which are asked of those people who have attempted suicide, which go into more detail about the actual suicide attempt.

DSHExit The types of schemes that might be available in an area to help those who are suicidal may vary so feel free to change the wording of this question to suit the services available.

As with the previous questions on this subject it is important to take your time over this section, to thank respondents for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.

Three of the questions from this face to face section are also contained in the CASI, to give respondents a second opportunity to report some of these sensitive thoughts and behaviours.

3.8 Psychosis - Psychosis Screening Questionnaire (PSQ)

Purpose of the PSQ

The purpose of the PSQ is to identify the possible presence of psychosis by means of psychotic symptoms. The Appendix B to these instructions includes a section on psychosis.

Unlike the CIS-R which is concerned with neurotic symptoms, this section does not attempt to establish the frequency or the severity of any psychotic symptoms which are identified. It simply tries to establish the existence of such symptoms. Hence it is called a screening questionnaire.

Applicability

This section applies to all respondents.

Content of the schedule

The schedule consists of 5 main questions, P1 to P5, their subsidiary questions (a) and (b) and questions to record verbatim descriptions of the symptoms described. These verbatim descriptions will help us to assess whether these are likely to be true psychotic symptoms.

Each of the main questions finds out whether a particular behaviour, thought or feeling has been experienced in the past year. If it has, you are routed on to a subsidiary question which establishes whether the behaviour, thought or feeling is severe enough to be regarded as a symptom of psychosis. Unlike previous psychiatric morbidity surveys, all sections of the sift will be asked.

Since the questionnaire does not contain detailed questions, its structure is relatively straightforward and it should be very quick to complete.

On occasions respondents may have difficulty interpreting the questions. In such cases you should simply repeat the question.

Reference period

This schedule refers to the presence of symptoms over the past year (that is the past 12 months up to and including yesterday).

3.9 ADHD screening questionnaire

ADHD

Attention deficit hyperactivity disorder (ADHD) is a complex condition characterised by excessive lack of persistence in activities that require cognitive involvement ('inattentiveness'), impulsiveness or hyperactivity that significantly interferes with everyday life. In addition, these symptoms should be continually present and not just on occasions. There is a lack of data on the prevalence of adult ADHD, particularly in the UK, which is essential for the planning of adequate service provision (very few adults are identified by services or receive treatment for ADHD).

Typically, adults with ADHD are unaware that they have this disorder- they often just feel that it's impossible to get organised, to stick to a job, and to keep an appointment. The everyday tasks of getting up, getting dressed and getting ready for the day's activities, getting to work on time, and being productive can be major challenges for adults with ADHD. Diagnosing adults with ADHD is complex. They may have a history of school failures or problems at work. Often they have been involved in frequent automobile accidents. To be properly diagnosed with ADHD, an adult must have childhood-onset, persistent, and current symptoms.

Purpose of the schedule

Due to the complex nature of ADHD this screen is included in the lay interview in order to identify a sample for possible follow-up (probably on a subsequent study) rather than to generate reliable prevalence data.

Content of the schedule

This brief instrument (made up of 6 ask-all questions) has been used to screen adults for ADHD in community samples. It is a widely used tool (in research and clinical practice) developed with the WHO.

Reference period

This schedule refers to the presence of symptoms over the past half year (that is the past 6 months up to and including yesterday).

3.10 Work related stress

Evidence suggests that the reciprocal relationship between job efforts and rewards, and experiencing high demands, low control and low social support at work, can play a significant role in psychological health. Therefore a series of questions on work related stress have been included in the interviewer administered questionnaire.

ERIINTRO Questions on work related stress refer to the respondent's present job – they will only be asked the questions if they are currently in some sort of paid employment, even if only casual work for a couple of hours a week.

A series of 15 statements follow, which cover respondent's perceptions of their efforts and achievements at work (**ERI1 to ERI15**). These are then followed by further questions on control at work and help and support received.

3.11 Smoking, drinking and drug use

Smoking

The aim of this section is to estimate smoking prevalence and the number of cigarettes smoked. We are asking only about cigarettes, as cigar and pipe smoking is no longer common.

Do not comment on the hazards of smoking or on your own feelings about smoking. However, if you need to explain the purpose of the section, you can say that over time there has been a lot of discussion about the effect of smoking on health.

We are only interested in ordinary tobacco which is smoked. You should, therefore, ignore any reference to snuff, tobacco or tobacco products that are chewed or sucked or herbal tobaccos.

CigEver By 'ever smoked a cigarette', we mean even just once in their life.

CigNow 'Nowadays' means in their current circumstances.

QtyWknd/ QtyWeek Note that daily figures are required. If any respondent can only give an overall weekly number of cigarettes, enter DK and record these amounts as a last resort, using the notepad facility. If more than 97 cigarettes are smoked per day, enter 97.

CigAge This question is asked of all current and ex-cigarette smokers. Someone who says in reply to CIGNOW that they currently smoke cigarettes may not consider that they ever smoked cigarettes regularly. If they say this at **CigAge**, code 1.

Drinking (self-completion)

After a few questions to assess whether or not people drink at all and, if not when and why they became teetotal, the drinking section is administered as a self-completion section.

NonDrink Both questions ask for the MAIN reason. 'Health reasons' (code 4) covers specific health problems whether or not drink related

StopDrin Whether or not drink related; medication which is not compatible with drinking; and general fears that drinking is bad for health.

If the respondent does drink, the self-completion section begins with the following question:

DrkIntro Record at this question whether you read out the questions or whether the respondent managed the self-completion, or if absolutely necessary, you administered this section as an interview.

Go through the use of the computer and, if necessary, the two practice questions which follow with the respondent. Explain which buttons they should press for yes, no, don't know/does not apply (9) and to press 'ENTER' to move on to the next question. The second question demonstrates how to enter a multi-response question. Note that the respondent need not enter a space between codes, the computer will automatically separate these.

Except in exceptional circumstances **all respondents should self-complete this section, which will run into the drugs and then the personality disorder sections**. If you suspect that the respondent has difficulty reading you should offer to read the questions.

DrAmt This is a self-completion question which asks the respondent how many 'standard drinks' they have had on a typical day when they drank in the past 12 months.

You should be aware that some respondents who are routed into the Severity of Alcohol Dependence questionnaire may not see themselves as heavy drinkers, and may resent some of the questions in this section.

Intro Again, this is a self-completion question which asks the respondents to recall a "typical period of heavy drinking in the last 6 months". If your respondent

complains that this doesn't apply to them, suggest they think of an occasion when they "have drunk a lot". Failing that, you can suggest they think of a "usual" drinking session.

Drug use (self-completion)

There is a lot of concern about drug-taking nowadays. The questions in this section therefore look at overall use of drugs and also include a measure of dependence and some questions about treatment for drug problems.

Due to time constraints, the detailed questions on drug use are only used for a sub-group of the most commonly used drugs for which dependence is likely to be a problem.

This section is asked as a self-completion on the laptop and it follows on directly from the drinking questions. Those who have never taken drugs will only be asked 2 questions so it will generally be over very quickly. Respondents who are tee-totallers will enter the self-completion section at this point.

The drugs section is based on the questions used in the survey of psychiatric morbidity among prisoners but with the list of drugs used having been extended to bring it in line with that covered in the British Crime Survey.

Similar questions are asked about different time periods. It is important if asking the questions to stress the time period we are interested in. Because of the wider range of drugs being covered they have been divided into 2 groups.

Adrug Code 1: Other names for cannabis: marijuana, grass, weed, gear, ganja, pot, hash, dope, blow, draw, skunk, spliff

TreatOut, TreatB4 These questions look at treatment for drug use. Some of this information may have already been collected in the service use section but they are included here to get bit more detail and to cover a wider time scale. If questioned, advise the respondent to include treatment both for addiction itself; e.g., methadone prescriptions given to registered addicts, detoxification and withdrawal programmes, and for health-related problems, such as ulcers from injecting.

Respondents who have only taken cannabis might resent this question, as they may not see it as a 'drug'. Re-assure them that these questions are asked of lots of different people.

Respondents who have used cannabis regularly (at least 2-3 times a week) in the past 4 weeks will be asked 5 additional follow-up questions about their cannabis use.

3.12 Personality disorder screen (self-completion)

The term, personality, refers to the enduring characteristics of an individual that are shown as ways of behaving in a variety of circumstances. When a person's personality traits have developed to such an inadequate or excessive degree as to

cause damage or suffering to the person or to other people, the person is said to have a personality disorder.

The SCID-P screening questionnaire has been included to examine personality disorder.

Except in exceptional circumstances all respondents must self-complete this section. If you suspect that the respondent has difficulty reading you should offer to read the questions from the printed script for them (PA347/3 - buff coloured schedule). But even if you read out the questions, the respondent should still have the laptop in front of them to type in their response to each question knowing that you cannot see their responses.

In previous years this section was over 100 questions long, however in 2006/7 it has been cut to 52 questions and as a result will assess two types of personality disorder: antisocial, and borderline personality disorder. If someone seems to be rather slow at completing this section offer to take over reading the questions for them, but again, the respondent must still type in their response to each question.

If a respondent refuses to continue with this section before answering all the questions enter 'refusal' for all the remaining unanswered questions.

This section is then followed by some more general questions in social functioning.

3.13 Gambling (self-completion)

Gambling is a topic of current policy relevance. Problem gambling, as an addictive behaviour, is believed to be associated with psychiatric morbidity, but this is an under researched association in the UK. This section will use standardised criteria that has been used in previous studies (and the current National Gambling Survey) to determine the prevalence of pathological gambling in the general population.

Gamb1 This provides respondents with a list of activities that are included as 'gambling'. Respondents are asked if they have gambled in the past 12 months. If they answer yes they are then asked a series of 10 follow-up questions about their gambling.

Gamb2 This question is a check question asked only of those answering no at Gamb1. It reminds them that buying one lottery ticket in the last year counts as having gambled under the definition used here.

Similarly to previous sections, you should be aware that that some respondents routed to these questions may not see themselves as having (or actually have) a gambling problem, and therefore may resent some of the questions. In such cases reassure respondents that the follow-up questions are being asked to everyone who has gambled in the past 12 months, regardless of how often or what type of gambling they have done.

3.14 Aspergers Syndrome screening questionnaire (self-completion)

Autistic Spectrum Disorder (ASD) is a life-long developmental disorder characterised by deficits in communication, social functioning and imagination resulting in the failure to develop normal peer relationships. Aspergers Syndrome (AS) is the form of ASD found in those with normal IQ levels. This is an under researched area, particularly in the UK. There is currently no prevalence data for the general population, which is essential for the planning of adequate service provision.

The proposed measure is based on a standardised psychiatric screen for AS and includes 20 core questions with up to 5 follow-up questions that are asked if respondent's answers fulfill certain criteria.

Intro Some of the questions in this section may seem a little odd to respondents, due to the nature of the condition that is being assessed. In the introduction to this section respondents are reassured that some of the questions may seem a little strange, and that the questions are about the kind of person they are, and the way they prefer to do things. They are asked to 'answer all the questions to the best of your ability, even if some of them don't seem to apply to you'.

The screening questions are followed by some 'impact' questions that are only asked if the respondent gives particular responses in the screen.

3.15 Posttraumatic stress disorder and military experience (self-completion)

Posttraumatic stress disorder (PTSD) is distinct from other psychiatric illnesses in that its diagnosis requires exposure to a traumatic stress (being actually involved in, witnessing or confronted with life endangerment, death, serious injury or threat to self or others) which is accompanied by feelings of intense fear, horror, or helplessness.

Intro The introduction defines the type of traumatic event that the PTSD questions refer to: *'the next questions are about traumatic events or experiences that might have happened to you at any time in your life. The term traumatic events or experience means things like a 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'*.

Respondent who indicate that they have had such experiences are then asked 12 questions relating to the symptoms that must be present in PTSD for at least one month and cause distress or functional impairment. These symptoms are: *re-experiencing* (such as distressing dreams or flashbacks); *avoidance and numbing symptoms* (such as avoidance of thoughts, feelings or talking about the event; avoiding situations, people, etc that remind them of event; poor recall of important

aspects of event); and *hyperarousal* (sleep disruption, irritable, on-edge, hypervigilance).

PTSDarm All respondents are then asked if they have ever served in the Armed Forces. If they have, they are asked 5 follow-up questions about this service and if it is related to their traumatic experience.

Please be aware that this section may upset or cause some discomfort to some individuals that have had such traumatic experiences. It is worth noting that questions are not asked about the specific details of the event(s) but rather their reaction to them.

3.16 Domestic violence and experience of abuse (self-completion)

The self-completion section will also include questions relating to experience of domestic violence in adulthood, sexual abuse in adulthood and sexual and physical abuse in childhood. These questions are based on those asked in the British Crime Survey and in the recent national survey of Elder Abuse.

Intro2 For this survey domestic violence is seen as violence from partner or ex-partner. The questions are introduced as being about events that they may or may not have experienced SINCE the age of 16. They are asked to include all relevant events, even if they did not seem important at the time.

Respondents are reminded that all their answers will be completely confidential, and that the computer will hide them so the interviewer cannot see what they have answered.

Va- Vj12 There are 10 core domestic violence questions. If respondents indicate a domestic violence incident has happened in the past, they are then asked if this was in the past 12 months.

IntroU16 For this survey sexual abuse in adulthood refers to sexual abuse since the age of 16.

Vsa- VSc12 There are 3 core questions about having experienced sexual abuse in terms of someone talking to or touching, or sexual intercourse without consent. If respondents indicate a domestic violence incident has happened in the past, they are then asked if this was in the past 12 months.

VBa-VBage For this survey sexual and physical abuse in childhood refers to experiences before the age of 16. There are 7 core questions about experiences including being talked to, touched, severely beaten and sexual intercourse before the age of 16.

Please be aware that this section may upset or cause some discomfort to some individuals that have had such abusive experiences.

3.17 Deliberate self-harm (self-completion)

This section contains 3 core questions, which are being repeated from the interview administered deliberate self-harm questions, to help measure how reliable the answers to such questions are when asked face to face.

DSHintro Explains that the questions are being repeated from earlier in the interview.

DSHlife-DSHharm Respondents are asked about whether they have ever thought about taking their own life, whether they have ever tried to take their own life and if they have ever deliberately tried to harm themselves.

After completing this section a message comes on the screen that advises them that if they have ever felt like this they should talk to their GP or The Samaritans. If necessary you can refer respondents to the helpline leaflet or contact card issued to all interviewers.

3.18 Eating disorders (self-completion)

Anorexia Nervosa is an eating disorder identified by an "obsession" for thinness, generally sought through self-starvation. Characteristic features include drastic weight loss resulting from dieting and/or intense exercise, poor body image, a drive for thinness and an accompanying fear of weight gain. Bulimia Nervosa is a syndrome of chaotic eating behaviour identified by cycles of binge eating during which there is a feeling of lack of control, followed by purging in order to prevent weight gain.

The SCOFF (an acronym standing for Sick, Control, One stone, Fat and Food) is a standardised questionnaire has been included as measure to indicate whether it is likely that a respondent has either of these eating disorders.

Intro This topic is introduced as being about food and eating in the last year. Six questions are then asked to all respondents about their eating and related behaviour/attitudes over the last year.

3.19 Discrimination and sexual identity (self-completion)

Questions relating to discrimination and sexual identity are included in the self-completion to ensure respondents feel more comfortable answering these questions honestly.

The questions on unfair treatment below are loosely based on questions asked in a European-wide study of depression and the International Social Justice Project. They are quite general, not specifying the context of discrimination and whether it was direct or indirect. This is due to space constraints in the questionnaire. We are

interested in recent experience (last 12 months) rather than lifetime experiences of discrimination.

Intro The are introduced as being about whether a respondent has been unfairly treated in any aspect of their life, because of belonging to a particular group

Diseth- Disori Then they are asked 6 questions covering six sources of unfair treatment.

There is a lot of interest in how best to ask about sexual orientation, the main difficulty with measuring sexual orientation is that respondents may conceptualise it in terms of attraction, identity and/or behaviour. Therefore, this survey will include an experiment to enable us to examine differences in reported prevalence and item non-response between two approaches.

SexOri- Sexpart A random half of the sample will be asked version A, 2 questions which avoid the use of words like gay or lesbian, which can be seen as more of a political or lifestyle affirmation, and then asked about the sex of previous sexual partners,

Sexdes The version B question includes the terms 'gay or lesbian', and was used on the Metropolitan Police Survey.

3.20 End of the self-completion

These are the last questions in the self-completion component of the interview. A note comes up on screen at this point stating that the questions will now be 'locked', and asking the respondent to hand the laptop back to the interviewer.

HandBack At the point at which the laptop is to be handed back to the interviewer, there is a screen at which you can't move on unless '5000' is coded. This is to ensure that the respondent does not continue with the questionnaire into the section that should be administered face to face.

The rest of the interview is interviewer-administered.

3.21 Intellectual functioning

Having no upper age limit for this survey allows us to include a measure to look at the possible onset of dementia, so a short measure of intellectual functioning has been included. However, some people may not like to be 'tested' in this way so care needs to be taken in introducing this section. As it comes after the rather 'heavy' self-completion section of the questionnaire you could describe it as a change or a bit of light relief.

Two of the parts of the intellectual functioning section, the TICS-m and the animal naming test, are administered only to respondents aged 60 and over, while the National Adult Reading Test (NART) is asked of everyone (unless English is not their first language).

You will be administering three tests:

(i) The **TICS-m**. This test was first developed to screen for the presence of dementia in older people. It includes items addressing orientation, comprehension, calculation, language and memory retention and recall. Most items are rather easy but the word list learning task can be demanding.

(ii) The **National Adult Reading Test (NART)**. This is a test of the subject's ability to read and pronounce, correctly, 50 words. All of the words have non-standard pronunciation, and thus the correct pronunciation cannot easily be guessed. Unlike the other two tests, this one is administered to all respondents, with the exception of those respondents from whom English is not their first language.

(iii) **Animal naming**. This is a test of 'verbal fluency'. The subject has to name as many words in one category, in this case animals, as they can, within one minute. You can use the clock on your laptop to time the minute; you might find it easier to wait and time an even minute. For each different animal named correctly press <ENTER>. As soon as the minute is up press 5 to stop and go on to the next section.

When administering this test, please take care to read the on-screen instructions carefully, as the procedure is somewhat different to that used in other NatCen surveys that use Animal Naming (e.g. ELSA).

As with the TICS-m, it will be administered only to those aged 60 years and over.

Specific points to bear in mind:

TICS-m

Administering - read the questions exactly as written. You may repeat a question upon request if the subject has not heard or understood properly. For the word list learning task, be sure to read the words clearly at the rate of one per second. NB This list should not be repeated, even if the subject claims not to have heard.

Prompts - Do not give any hints or be tempted to help the subject in any way if they do not know an answer. However, you should encourage the subject to attempt an answer if they say 'don't know' without apparently trying.

Rating - for many items e.g. date, 'serial 7's' calculation, you enter the subject's answer, for others you mark their response exactly according to the criteria on screen

Respondents are given a score (calculated automatically by Blaise) for each correct answer they give on the dementia screen. The first question asks them to give today's date. To score the maximum of 5 on this question they have to give the day, date, month, year AND season. So if today's date is 19th September, we would want the respondent to say

"Wednesday, 19th September, 2006"

Day This question refers to the day of the week. If they give the correct day, then you code 1.

Today This question asks, "What is today's date?" and you code 1 if they say the correct date in the month (11th in the example above).

Month This is an ASK OR RECORD question. If they gave a month in response to the question Today then you can record whether or not the answer was correct here. If not, you can prompt if necessary with "what month is it?" If they give the correct month, then you code 1.

Year Again ASK OR RECORD the answer based on the response to the question Today. You can prompt if necessary with "what year is it?" If they give the correct year, then you code 1.

Season Here, just code the response according to the pre-codes listed. The answer will be marked in the office.

AGE Code the answer the respondent gives you. The computer will decide whether the answer is correct.

List1 This question tests the respondents' ability to recall a list of 10 words straight after being read out. Read out the 10 words at a steady pace. Record those words they successfully repeat back to you. The order they repeat them in is not important. Note that you do not have to put a space between the answers.

Respondents are next asked to do a series of number subtractions. They begin by taking 7 away from 100. This should be 93. They should then continue taking 7 away from what they have left over until you tell them to stop. They should carry out a total of 5 subtractions (including the first).

Subtrct1 to Subtrct5 Type in the number that the respondent gives you. Blaise automatically works out if this is the correct answer. Respondents may make a mistake, say the wrong number, but continue to take 7 away correctly from that number. They will still get a correct score for these later subtractions.

Paper Respondents can give the answer scissors or shears to this question, but nothing else.

Count Respondents are to count backwards from 20 to 1 without skipping any numbers.

Plant Cactus is the only correct answer.

Say This question asks respondents to say "Methodist Episcopal". It is considered to be correct if they get the syllables in the correct order.

Queen Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd are all considered to be correct answers.

PM Respondents should give the last name of the current Prime Minister Tony Blair. (If in Scotland or Wales they give the name of the First Minister of their Regional Assembly – prompt them to give the UK Prime Minister)

West The correct answer to the opposite to East is of course WEST.

List2 Respondents are asked to repeat back to you the list of words you read out to them earlier. Again, record the words that are successfully repeated back to you. The order they repeat them is not important. If they cannot remember any words leave the field empty and press enter to continue.

National Adult Reading Test

Administering - Instruct the subject to read out the words one at a time, and to wait until you say 'OK' before they proceed with the next (this gives you time to mark their response). The test terminates if they get four words in a row wrong

Hints - Encourage them to guess if they say 'don't know'.

Rating - Exactly as the given pronunciation

Animal naming

Administering - Read the instructions exactly as on screen. Make sure that the subject understands what is required, by checking that they come up with one or more words in the clothes category, before proceeding with the animal naming task

Prompts - If the subject stops before the time is up, say 'can you name more animals? You have xx seconds left'

Rating - any animal is permissible, however try to avoid scoring repetitions, mythical animals and made up words. Sub-members of a group are permissible i.e. after dog had been provided, Alsatian, poodle, Labrador would still all score

General rules and advice for asking the cognitive functioning questions

Interview the subject, if at all possible, away from family members who may answer for them, inhibit them, or make them anxious

Avoid the temptation to give any hints yourself!

Be sensitive to the possibility that subjects may feel demeaned by being asked some of the simpler cognitive items – 'we have to ask these same questions to everybody'

Be aware that subjects who are in the early stages of cognitive impairment may become angry or frustrated when they find that they cannot answer questions satisfactorily. Be patient and encouraging.

If a subject wishes to revise their response to a cognitive item, unprompted, then check that they are sure they wish to change their answer, and code the new answer (whether it is right or wrong).

3.22 Stressful life events, parenting, and social support

This section starts with questions about stressful life events that the respondent has experienced. It then goes on to look at the social support a respondent has and finally the need for and availability of assistance with activities of daily living.

Stressful life events

Stressful life events are associated with mental health problems. Similar questions to these have been asked on the previous surveys of health and wellbeing.

Respondents are shown a series of cards on which there are lists of stressful life events and asked if they have ever experienced any of these. They are then asked if any of these events occurred in the previous 6 months. For those recent events, details of the availability of support are then collected.

ChldInst Childhood history of time in institutions (children's homes, borstal, young offenders unit).

LACare This asks whether the respondent was ever taken away from home into local authority care. It is possible to have a care order and stay at home and these cases should not be counted. There may obviously be some overlap with ChldInst but, as this includes foster care and ChldInst includes youth custody etc., the responses can be different.

Parenting

There are a couple of questions about growing up with parents and about whether the respondent is parent his- or herself.

BothMaPa Asks whether the respondent lived continuously with both parents up to the age of 16. If they did not then you are routed to a question with various reasons why not.

AnyChild Asks whether the respondent is the 'natural parent' of any children. Do not probe the answer given, but if queried exclude miscarriage, abortion, and adoption, and include any children who were stillborn or have died.

Social support

These questions were used on the original survey of health and wellbeing in 1993 and, with some variation, in all subsequent health and wellbeing surveys. For people who are lonely and isolated, this section can be very upsetting so needs to be handled with sensitivity.

These questions are about people whom the respondent feels close to including relatives, friends and acquaintances, both living with them or living elsewhere. Friends or acquaintances may be professionals such as a voluntary worker or a counsellor, if the respondent thinks of them in this way. They are all opinion questions.

DLSSint2 This question asks the respondent to think about everyone they know. The questions that follow ask about the relationships that they have and the support they receive from these relationships.

CloseRel to OutSee These questions ask respondents about the people they feel close to, and how many of these people they have spoken to in the last week.

DLSS1 to DLSS7 These questions are comments people have made about people, such as family and friends. For each statement, they are to say whether it is not true, partly true or certainly true for them.

3.23 Resilience section

There has often been a focus on the risk factors for negative mental health outcomes, but there is now increasing interest in identifying and assessing the related protective and resilience factors. This section covers questions on two areas of interest, that is, religion and spirituality, and social capital, social participation and neighbourhood characteristics. Elsewhere in the questionnaire other concepts related to resilience - such as happiness, optimism, energy and vitality – are covered.

Religion and spirituality

Relig to Imprac There are 6 questions that cover views on religion and spirituality. Respondents are first asked to indicate whether they belong to a specific religion (**Whatrel**), they are then asked whether they have a religious and/or spiritual understanding of life. It is perfectly possible and acceptable to answer yes to one but not the other of these.

Social capital, participation and the physical neighbourhood

For some years there has been significant interest in the influence of environmental and community factors on people's well-being. Therefore a set of questions assessing respondent's perceptions of their social environment will be asked of all respondents.

Hwlong Respondents are asked a single question to establish how long they have lived in the area and then a series of statements about social cohesion, neighbourhood quality and social participation follow (**Belong to Clubs**).

3.24 Socio-demographic section

This section collects information about the respondent's background and current circumstances.

Ethnicity

Origin Ask this question using the showcard.

This is the harmonised version of the ethnicity question. We need to know what ethnic group the respondent thinks s/he belongs to, **never** attempt any judgement of your own.

Education

SchLeft Sixth form colleges should be treated as schools. If respondents tell you that they left school before reaching the minimum school-leaving age - currently 16 - because their birthday was in the holiday period between school years or terms, record them as having left at the minimum age.

HiQuals The codes used are based on those used in previous psychiatric morbidity and other surveys, but have been expanded to include many new qualifications.

The qualifications shown on the showcard are grouped into 8 types ranging from degree level qualifications down to no qualifications. We are interested in the highest level of qualifications obtained. You should hand the respondent the card and ask them to tell you the first one they come to that they have passed. You should then check that this is in fact their highest qualification, as we only want the highest coded. Note that the qualifications are arranged in groups; we do not need the individual qualification coded, only the group in which it falls. You may need to probe your respondent's answer in order to establish which code to choose.

NOTE: Due to the lack of space on the screen not all the qualifications are listed under codes 2,3,4 and 5. A full list of the qualifications in each group are listed on the next page and can be seen during the interview by pressing <F9>.

If the respondent says they have another qualification (*code 7*) which is not listed on the card they will then be asked to specify what this qualification is at **OthQuals**

The groups at **HiQual** are:

- 1 Degree (or degree level qualification)
NVQ/SVQ Level 5

- 2 Teaching qualification
HNC or HND
BEC or TEC Higher
BTEC/SCOTVEC Higher
City and Guilds Full Technological Certificate
Nursing Qualifications (SRN, SCM, RGN, RM, RHV, Midwife)
NVQ/SVQ Level 4
- 3 A levels
SCE Higher
ONC or OND
BEC or TEC not higher
City and Guilds Advanced/Final Level
BTEC/SCOTVEC National
GNVQ/GSVQ (Advanced level)
NVQ/SVQ (level 3)
Youth Award - Platinum
- 4 'O' level passes (Grade A-C if after 1975)
CSE (Grades A-C)
CSE Grade 1
SCE Ordinary (Bands A-C)/Standard Grade (Level 1-3)
SLC Lower
SUPE Lower or Ordinary
School Certificate or Matric
City and Guilds Craft/Ordinary Level
BTEC/SCOTVEC First
GNVQ/GSVQ (Intermediate level)
NVQ/ SVQ Level 2
Youth Award - Gold
- 5 CSE Grades 2-5
GCE O level (Grades D & E if after 1975)
GCSE (Grades D,E,F,G)
SCE Ordinary (Bands D & E)/Standard Grade (Level 4,5)
Clerical or Commercial qualifications
Apprenticeship
GNVQ/GSVQ (Foundation level)
NVQ/SVQ Level 1
Youth Award - Bronze or Silver
- 6 CSE Ungraded
- 7 Other qualifications (**specify**)
- 8 No qualifications

Employment questions

The harmonised employment questions are included here. However, because there is considerable interest in the effect of mental health problems on employment, there are a number of additional questions covering this area.

There are also some questions for the Health and Safety Executive on the effect of medication for mental health problems on fitness for work (**MedJob, MedJob2 and MedJobV**).

If the Household Reference Person (HRP) identified in the household grid at the start of the questionnaire is someone other than the respondent then the core employment questions will also be asked of that person. It is acceptable to take this information from the respondent (to the best of their ability) or if available, to obtain this information directly from the HRP.

State Benefits and Other Income

These questions on benefits are the standardised questions, taken from the FRS. The main purpose of the section is to provide a measure of overall income, which is an important classificatory item used with data from all other sections of the questionnaire. It also gives us information about the receipt of certain state benefits.

(a) State benefits

The benefits are divided between four sections. We want to know which, if any, of these benefits are received. We do not need to know the amounts received. Benefits covered are in four sections, listed on showcards. Housing benefit is also covered.

If an informant is receiving a combined payment, record all of the benefits which are covered in that payment.

(b) Other Sources of Income

Occupational pensions from former employer – include all employers' pensions, not just retirement pension, regular payments for early retirement and pension from a current employer if informant is still working but is over the retirement age appropriate to the retirement scheme.

Gross4a This question (and G4aHigh) asks for the household income from all sources. If the respondent is unable to answer this, e.g. a 17 year old may not know about his/her parents income, but someone else in the household could it is acceptable to obtain the information from someone else.

Housing, tenure, financial strain and fuel poverty

There is considerable concern about the impact of mental health problems on housing conditions and social exclusion in general. This section therefore covers housing tenure, housing conditions and debt.

The first group of questions in this section are harmonised questions about the household's type of tenure. For these questions (**Ten1**, **Tied**, **Llord** and **Furn**) you can obtain the information from another member of the household, who is better able to answer them, if necessary.

The following questions, **Moving** onwards, relate to the respondent and their feelings about the accommodation and should be answered by the respondent themselves.

(SepBed to AccProb) Fuel poverty's relationship with health, and the needs of vulnerable people including those with poor mental health is highlighted as a key area of importance for future research. This section covers questions looking at the types of heating respondents have, social isolation due to inadequate heating facilities and problems experienced with accommodation.

Two extra questions have been added to the ARF (interviewer observations) to help us to assess fuel poverty.

3.25 Follow-up questions, consent, vouchers, and Admin

Follup This question asks if the respondent would be prepared to be approached for a second interview. For the second-stage of the survey we are taking samples of those who sift positive for psychosis or personality disorder, but **we will also be selecting a sample of those who sift negative as well**. Therefore many of those selected will not have any mental health problems. You should, therefore, reassure people, if necessary, that they need not worry if they are selected for a further interview.

Please see section 2.16 and 2.17 for a discussion of this section of the questionnaire.

Those who refuse a second interview are then asked the standard recall question.

All respondents are asked for consent to flagging on the NHS Central Register (NHSCR) for which signed consent is required. Flagging involves putting a mark (flag) on a person's record on the NHSCR which indicates that they were a participant in the survey. No-one outside the NHSCR and the research team would be able to find out who has been flagged in this way.

(Reinter – StabAdd)

If the respondent has agreed to give you their stable address details, you will need to record the name of the stable address contact, relationship to respondent, address, postcode and telephone number. These details should be recorded on the ARF in the interview, and only transferred to the admin block after the interview.

Voucher placement

You will be routed to the appropriate reminder for your sample point regarding voucher placement. This will either be a reminder to give the respondent their voucher and get them to sign the receipt; or to leave a promissory note with the respondent.

Appendix A: Definitions and descriptions of symptoms in sections A to N of the CIS-R

Somatic symptoms

These symptoms can be any ache, pain or bodily discomfort which the informant attributes to feeling low, anxious or stressed. They also include any aches, pains or discomfort which are **made worse** by feeling low, anxious or stressed.

Fatigue

This refers to the feeling of tiredness, fatigue or loss of energy. It does not refer to the pleasant or muscular tiredness which can result from physical exertion.

Concentration or forgetfulness

These refer to the ability to fix one's mind and the tendency to forget things. Poor concentration and forgetfulness are relatively common symptoms. Naturally, there are problems with remembering whether one has forgotten something.

Sleep problems

We are interested in people who could not sleep when they were trying to. People who did not get enough sleep simply because they stayed up too late or had to get up too early do not have a sleep problem.

We are also interested in people who feel they have been sleeping for too long and regard this as a problem.

Abnormal sleeping times are not necessarily regarded as a problem.

Irritability

This refers to feeling short-tempered or 'snappy' towards people or feeling angry over things even if this does not show. Sometimes people feel that the anger they are experiencing is a justifiable result of provocation. Most will not regard this as feeling short-tempered or angry. Hence, people are asked whether they felt short-tempered or angry about things which seem trivial when they look back on them.

Depression

This refers to **feeling** sad, miserable or depressed and whether people have been feeling able to enjoy themselves as much as usual (or at all). It involves feelings of guilt, inadequacy and hopelessness which are sometimes so overwhelming that the person feels suicidal.

Worry

This is the complaint of repetitive and unpleasant preoccupation with something which is upsetting or anxiety provoking. The person is **aware** of what is making

them upset or anxious. This is what distinguishes worry from anxiety (see below). People who say they are 'concerned about things' are not regarded as worrying.

Anxiety

Anxiety is meant to refer to physical tension and mental nervousness where a person is **not aware of the content** of the anxiety provoking ideas in his/her mind. Anxiety and worry can be present at the same time.

Anxiety can be caused by a specific thing or situation resulting from a phobia (phobic anxiety) or it may occur without an obvious precipitant ('general anxiety'). Again, both types of anxiety can be present at the same time.

Phobia

This is the dread or uncontrollable fear of some thing or situation where the informant regards the fear as irrational i.e. there is no real danger. Hence, a person does not have a phobia if he has a fear of going out of the house at night and thinks that there is some real danger, or significant risk of danger, attached to this.

Sometimes people deliberately avoid the things or situations that they have a phobia about. Hence they do not report any anxiety caused by any such things or situations within the reference period of the survey. To this end, specific questions about avoidance of such things or situations are asked.

Panic

This is the name given to extreme levels of anxiety accompanied by a variety of symptoms such as the heart racing or pounding, hands sweating or shaking, and feeling dizzy. Sometimes the panic is a result of phobic anxiety when a person encounters the thing or situation that he/she dreads.

Compulsions

These are repetitive acts performed by a subject though they are regarded as unnecessary. These are most commonly checking that doors or windows are locked, that gas or electrical appliances are turned off. These compulsive acts may occur at work, for instance, in checking work over and over again. Sometimes people compulsively make sure they are clean by continually washing themselves.

People are aware that the thing which they are doing compulsively comes from an urge to do so from themselves and not because of some external reason. For instance, a person who checks the door is locked because she thinks the door has been opened since last checking is not counted as having a compulsion. However, the person who checks the door is locked who knows that the door has not been opened since he last checked it, does have a compulsion.

The **subject has to decide** whether he/she thinks the act which they have been repeating was done so unnecessarily or whether there was good reason.

Obsessions

These are repetitive unpleasant or distressing thoughts. They are sometimes difficult to distinguish from worry. However, an obsession is the **same** single thought over and over again which is different from worrying about and around some anxiety provoking subject.

The difference between an obsession and a compulsion is that obsessions are repetitive **thoughts** while compulsions are repetitive **acts**. The two can be present at the same time.

Appendix B: Definitions and descriptions of Psychotic Symptoms

Psychoses

Psychoses produce disturbances in thinking and perception that cannot be explained as responses to experience and are severe enough to distort the person's perceptions of the world and the relationship of events within it.

Psychoses are normally divided into two groups: organic psychoses and functional psychoses. Organic psychoses comprise illnesses such as dementia and Alzheimer's disease. The psychosis screening questionnaire concentrates on functional psychoses which mainly cover schizophrenia and manic depression.

Schizophrenia

Schizophrenia is a most devastating mental illness. It is characterised by several distinctive alterations in mental experiences, modes of thinking and mood. The most characteristic disturbances occur during the active phase of the illness and take the form of hallucinations, delusions and altered behaviour.

Hallucinations and delusions are the most outstanding schizophrenic mental experiences. Auditory hallucinations are the most common. Thus, schizophrenics may hear their thoughts aloud or hear voices commenting on their every action, or several voices engaged in conversation. Commonly, schizophrenics may also feel that their body is under the control of some outside force, for example, making them behave as a robot with no will of their own.

Manic-Depressive Psychosis

The essential feature of manic depression is an excessive disturbance of mood and self-appraisal. Manic depression tends to be episodic with periods of elation (mania) or sadness (depression) interspersed with periods of apparent mental health varying in length from weeks to years.

During an attack of depression the person complains of being miserable and unsure of themselves. Additionally there is also a feeling of low self-esteem, and the person can feel incompetent, worthless and blameworthy. Attitudes of hopelessness and despair may lead to an inclination toward suicide.

Manic symptoms are almost the exact opposite of those seen during an attack of depression. People may report they are in excellent spirits and never felt better. They are active, restless, energetic; over-bearing, over-confident and pompous. The restlessness and energy progress to hyperactivity.

Adult Psychiatric Morbidity Survey

2007

Interviewer Instructions Phase two

A survey carried out on behalf of the Information Centre

National Centre for Social Research
University of Leicester

Overview of research programme

Background

You will already be aware of the previous surveys of psychiatric morbidity commissioned by the Department of Health and carried out by ONS between 1993 and 2000.

The series of national surveys covered people:

- in private households (in 1993 and 2000)
- in institutions specifically catering for people with mental health problems
- who are homeless
- known to have a severe mental illness
- prisoners in England and Wales, and
- children and adolescents.

Key findings from the last household survey (2000) include:

- About 1 in 6 adults had a neurotic disorder. The most common was mixed anxiety and depressive disorder.
- Just under a quarter of people with a neurotic disorder were receiving treatment of some kind.
- One in four adults had a hazardous pattern of drinking in the last year.
- The prevalence of probable psychotic disorder was low, about 5 per 1,000

Reports with findings from the previous surveys in the series can be accessed for free online at:

<http://www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/ListOfSurveySince1990/SurveyListMentalHealth/fs/en>

While the Department of Health commissioned the previous surveys in the series, the NHS Information Centre is now the commissioner of a repeat of the surveys of adults living in private households. This new survey will cover the same topic areas as the 2000 survey plus some new topics, including Aspergers syndrome. In addition the upper age limit - which in 2000 was 74 years of age – has been removed. This is because of the lack of data on the mental health and wellbeing of older people.

There will be two stages to the fieldwork. NatCen will conduct stage one interviews and, as you know, psychologists specially trained by the University of Leicester will conduct follow-up interviews for a small sub-sample of respondents. Stage two respondents are drawn from people who screen positive for psychotic disorder, and a sample of respondents with a range of scores on the personality disorder or aspergers syndrome screens.

Ethical approval has been obtained for the survey from the Royal Free Multi-centre Research Ethics Committee.

Purpose of the survey

The psychiatric morbidity survey series has an extremely high profile amongst mental health policy makers and practitioners working in the field. It is the primary national source for prevalence data on

psychiatric illness, and provides key evidence about people with mental health problems and their use of and need for services. We are also looking at the relationship between mental illness and stressful life events, and the use of alcohol, tobacco and drugs. This will assist the NHS, Department of Health and other government departments in their development and updating of policies and provision for people with a range of mental disorders.

1. Introduction

As with previous survey waves, a two-stage approach for the assessment of disorders is being used. The first interview will include sections on the full range of topics, including questions to sift for the presence of likely psychosis and borderline and antisocial personality disorder. The second stage interview will include a SCAN (Schedule for Clinical Assessment in Neuropsychiatry) interview to assess psychosis and an assessment of (and borderline and antisocial) personality disorder using the SCID-II (Structured Clinical Interview for DSM-IV) and the ADOS (autistic diagnostic observation schedule).

In some cases, people who have sifted positive for psychosis will refuse a second-stage interview. In these cases we may be asking you to assess the likelihood of the person having a psychotic disorder on the basis of the information collected in the initial interview – a “vignette assessment”. This will help to reduce the bias that would be introduced if those with the most severe disorder were most likely to refuse a second interview.

2. The first stage interview

Interviewers from NatCen will carry out the first stage interview. They are not specially trained in psychiatry/psychology, and this survey will be one of a number of surveys that they are likely to be working on, covering a whole range of social policy related topics. The name of the survey that they will use when they introduce the interview in field is ‘The National Study of Health and Wellbeing’, so this is the name that respondents are likely to be familiar with. In each postal sector that interviewers work in, they will be issued with 28 addresses. On average about 10% will then be issued for a second stage interview, if they agree to a follow-up interview – see below for a discussion of the sample.

3. The sample

At the main stage, we aim to achieve about 8,500 initial interviews and about **650 second-stage interviews** throughout England. 519 postal sectors have been selected meaning 43/44 postal sector points will be allocated to NatCen interviewers per month.

The sample for the initial interviews is a random selection of addresses in each sector drawn from the postcode address file. One adult (aged 16 plus) per eligible household is then randomly selected for interview. At the end of each initial interview, the respondent is told that a proportion of the sample will be invited to take part in a further interview looking in more detail at one or two of the topics already covered. There are two versions of this wording, outlined below.

Version 1

As a result of feedback from the Dress Rehearsal, for those respondents that we would definitely like to approach for a second interview, due to their answers to the Aspergers screen questions, the wording is as follows:

" That's the end of the interview. Thank you very much for your help. There is a second part to this study. Would it be all right if an interviewer from the University of Leicester was to call you in 6 weeks time to tell you about it?"

IF NECESSARY, REASSURE RESPONDENT THAT WE ARE SELECTING ALL KINDS OF DIFFERENT PEOPLE FOR THE FOLLOW-UP. THEIR SELECTION DOES NOT NECESSARILY IMPLY ANYTHING ABOUT THEM OR THE ANSWERS THEY HAVE GIVEN. HAND THE RESPONDENT THE LETTER FROM THE UNIVERSITY OF LEICESTER."

Interviewers will then hand respondents a letter from the University of Leicester signed by Jane Smith (see appendices).

Version2

Respondents are asked, if they were selected, whether they would be willing to be approached for the 2nd stage interview. It is made clear that selection for follow-up does not mean that they have any particular problem. The wording of the question is as follows:

"That's the end of the interview. Thank you very much for your help...There is a second part to this study. If you were selected to take part would it be all right if an interviewer from the University of Leicester called you in a few weeks time to tell you about it?"

IF NECESSARY, REASSURE RESPONDENT THAT WE ARE SELECTING ALL KINDS OF DIFFERENT PEOPLE FOR THE FOLLOW-UP. THEIR SELECTION DOES NOT NECCESARILY IMPLY ANYTHING ABOUT THEM OR THE ANSWERS THEY HAVE GIVEN."

IF NECESSARY SAY: 'The second interview is usually much shorter, and just focuses on your health and personality.'"

Again, this wording has been changed in response to feedback from the Dress Rehearsal.

It is important to note that for both versions, interviewers are asking for permission to be contacted about the second stage interview rather than agreeing to take part.

4. Interview procedures

Arranging interviews:

Most respondents will have given their telephone number at stage 1, so you will be able to make initial contact by telephone to arrange an interview. Where possible, stage 1 interviewers will have made a note about the best time for you to call. The respondents have given their consent to be contacted about a 2nd interview, so you will need to explain the purpose of the survey again, gain their co-operation and consent.

Key points:

Before you begin an interview you should always cover the following points. Some of these will have been mentioned by the stage 1 interviewer, but it is important to remind the respondent again.

- The name of the organisations carrying out the survey (University of Leicester and the National Centre for Social Research)
- The name of the organisation on whose behalf the survey is being undertaken (NHS)
- The purpose of the survey. NatCen interviewers find it useful to talk in relation to the stresses and strains of everyday life, emotional and psychological wellbeing, and avoid terms such as psychiatric morbidity! You may want to point out that the 2nd interview is less general and focuses on aspects of their health and personality and involves completing some tasks not just an interview.
- The confidential and voluntary nature of the study: the identity of respondents is not disclosed to outside agencies and each one is given a unique identification number. All findings are presented in such a way that no individuals can be identified.

In addition, you will be aware that the stage 2 interview now includes the following procedures:

- Informed written consent to film sections of the interview (ADOS)
 - This should be done before you start the main interview. Please use the consent form as a guide. Remember if a respondent refuses to be video recorded they can still take part.
- Informed *verbal* consent for quality assurance interview.
 - As this is a standard procedure, verbal consent, the Blaise programme will remind you, is considered sufficient for general household survey interviews.
- Informed written consent for a relative to be interviewed about the respondents' early childhood, should they be selected for this stage.
 - Please use the consent form as a guide. You should ask about this towards the end of the main interview. The Blaise programme will remind you.

Respondent distress and interviewer safety

With the majority of respondents you should encounter no problems and even those with problems may find the interview therapeutic. However as with any PAF sample you need to think of your own safety first and use all your previous interviewing experience in assessing potential risks. The first stage interviewer are instructed to notify the office if they had any major concerns- where there are real concerns about the safety of another interviewer re-entering the household, these respondents will have been removed from the sample. In addition, the initial interviewers can enter a menu note which you will be able to view in the contact sheet if they had lesser concerns (for instance, this could be a note about the area, tips on better places to park, how to access the property etc). All NatCen interviewers register with the police station in the area in which they are working, and you may decide to do the same.

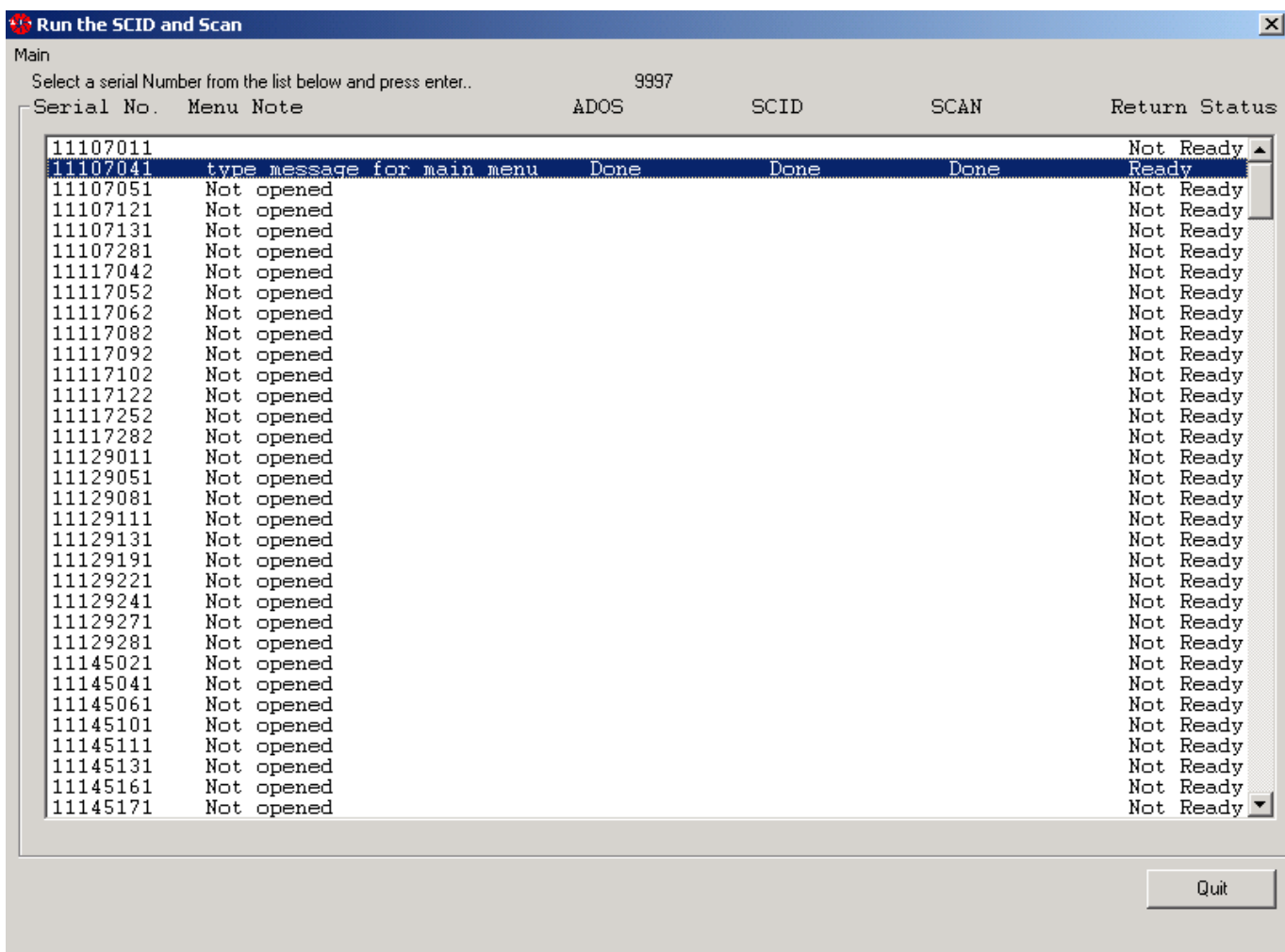
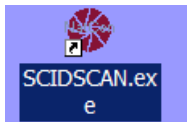
You will have worked on similar surveys and will be aware of the potential for distress to a few respondents. If you find yourself with someone who is getting upset or distressed, be prepared to withdraw and if appropriate offer to go back another time to finish off but if at all possible avoid doing this and complete the interviews after a suitable break. As in the previous surveys, the help you can offer to a respondent will be limited because of confidentiality issues and because you are not there as a counsellor. Our usual advice is to suggest that the respondent speak to their GP, or some other support group. In your work pack is a supply of leaflets with telephone numbers of organisations that may be able to help which you can leave with them. There is also a smaller folded card, which you can hand out to respondents with just the key help lines listed, such as The Samaritans and Victim Support. In the unlikely event of major concerns about the state of any respondent contact the University of Leicester team. In the unlikely event that you are unable to get in contact with the University of Leicester team, the NatCen research team is happy to offer support and advice to you.

5. Overview of the programme

The following notes outline how to pickup your cases through the modem, and how to send data back the same way. Please read this section carefully, as they have been updated since the Dress Rehearsal.

1. STARTING UP

To access the system click on this icon (below), which will be on the Desktop of your laptop:



2. MAIN MENU

Above is the main menu screen. To open a cases contact sheet or to start an interview click on the serial number (or press enter).

A few key points about this screen:

- When you type a menu note in the admin section this will appear on the menu screen (as shown for 11107041 above) or if you have started an interview for a case but not entered a menu note the 'Not opened' text will disappear (as shown for 11107011 above).
- The status of the ADOS, SCID and SCAN should refresh automatically from the status values in the admin block of the questionnaire.
- If the return status is ready, this means the case is ready to transmit for next time you dial in.

3. CONTACT SHEET

When you select a serial number you will be taken directly to the respondents contact sheet.

Contact Information

Stable Contact Further info : None Given

Survey information :

Employment Information

EcInAct (Economically inactive)

Reason for not looking for work - Retired from paid work

Tenure information : Own outright

Respondent has lived here for - 10 years or more

Health

- Health conditions diagnosed by a doctor

Cataracts/eyesight problems (even if corrected with glasses or contacts)

High blood pressure

Skin problems

Respondent is not taking any of the prescribed medication that we asked

Respondent has not been having any injections

Respondent is not receiving counselling

SCAN SCID\ADOS Return to main menu

Below is an example of the kind of information you might see on a contact sheet.

First are details about the respondent, including contact details, household composition and any useful re-contact information. We can see on the example below that the respondent here did not provide stable address information (that is, the contact details of a relative or close friend).

This is followed by details about the respondents' current employment and housing.

template contact form.txt - Notepad

File Edit Format View Help

Respondent Name : XXXXXX XXXXXX

Age : 19

Date of Birth : XX-10-1987

Date of first Interview : XX-10-2006

Respondent Address :

XXXXXX

other people in the household :

SARAH XX-01-1957

PHIL XX-08-1991

Recall Information

Best time to call: Evenings (not weekends)

Contact Phone No: 020 8xxx xxxx

Useful re-contact Information

House is near The Star and Garter pub. Good parking available in adjacent street.

Menunote COMPLETED

Interviewer did not complete a report form

Interviewer stated that NO special action was required

This person HAS agreed to a followup interview

Stable Contact Information :

Name :

Relationship :

Address:

Stable Contact Further info : None Given

Survey information :

Employment Information

ECInAct (Economically inactive)

Reason for not looking for work - Student

Tenure information : Buying it with the help of a mortgage or loan

Respondent has lived here for - 10 years or more

Health

- Health conditions diagnosed by a doctor

Epilepsy/fit

Migraine or frequent headaches

Anxiety, depression or other mental health issue

High blood pressure

Allergies

If we were to scroll down this example contact form we would then see details about current health and the outcome of some of the stage 1 assessments.

The image shows a Notepad window titled "template contact form.txt" containing a form template. Two callout boxes with arrows point to specific sections of the form:

- The first callout box points to the "Health" section, which lists conditions diagnosed by a doctor and prescribed medication. The text in the box is: "Reports a number of health conditions diagnosed by a doctor and has been prescribed Prozac in the last 12 months."
- The second callout box points to the "PDS Information (DVPTSD) 9" section, which lists scores for various screens. The text in the box is: "Scores for the different screens"

The form content is as follows:

tenure information : Buying it with the help of a mortgage or loan
Respondent has lived here for - 10 years or more

Health
- Health conditions diagnosed by a doctor
Epilepsy/fit
Migraine or frequent headaches
Anxiety, depression or other mental health issue
High blood pressure
Allergies
Prescribed Medication
Prozac (Fluoxetine)
Respondent has not been having any injections
Respondent is not receiving counselling
Description of mental health problems has seen GP about
Depression
Respondent has NOT been in hospital with a mental health problem

PSQ Information :
Score 1
Selected based on PSQ score - YES

PDS Information (DVPTSD) 9

Probable Dementia Score (Range 0-50) : 0
PTSD Score - (Range - 0-10) : 9
Aspergers Score - (Range 0-20) : 13
ADHD Score (Range - 0-6) : 5
Eating Disorder Score (Range 0-5) : 4

SFQ Variables
I complete my tasks at work and home satisfactorily - Most of the time
I find my tasks at work and at home very stressfull - occasionally
I have no money problems - Definite problems
I have difficulties in getting and keeping close relationships - Severe difficulties
I have problems in my sex life - occasional problems
I get on well with my family and other relatives - Yes, usually
I feel lonely and isolated from other people - very much
I enjoy my spare time - Not often

Practical Activity variables:
Respondents asked : Do you have any difficulty with :
personal care - No
getting out and about or using transport - No
medical care such as taking medicines or pills - No

Scroll down more and we can see details about their social functioning and practical activities (useful background information for Aspergers assessments).

template contact form.txt - Notepad

File Edit Format View Help

Respondent has NOT been in hospital with a mental health problem

PSQ Information :
 Score 1
 Selected based on PSQ score - YES

PDS Information (DVPTsd) 9

Probable Dementia Score (Range 0-50) : 0
 PTSD Score - (Range - 0-10) : 9
 Aspergers Score - (Range 0-20) : 13
 ADHD Score (Range - 0-6) : 5
 Eating Disorder Score (Range 0-5) : 4

SFQ variables

I complete my tasks at work and home satisfactorily -	Most of the time
I find my tasks at work and at home very stressfull -	occasionally
I have no money problems -	Definite problems
I have difficulties in getting and keeping close relationships -	Severe difficulties
I have problems in my sex life -	occasional problems
I get on well with my family and other relatives -	Yes, usually
At feel lonely and isolated from other people -	very much
I enjoy my spare time -	Not often

Practical Activity variables:

Respondents asked : Do you have any difficulty with :

personal care	-	NO
getting out and about or using transport	-	NO
medical care such as taking medicines or pills	-	NO
household activities like preparing meals	-	NO
practical activities such as gardening	-	NO
dealing with paperwork	-	NO
managing money	-	NO

Respondent does not receive help with practical activities

Respondent was not in an institution as a child

Respondent was not Local Authority care

Social support variables :

How many people respondent lives with they feel close to	0
Relatives over 16 respondent feels close to	0
How many close friends	3
Number of close friends they spoke to in week of interview	2

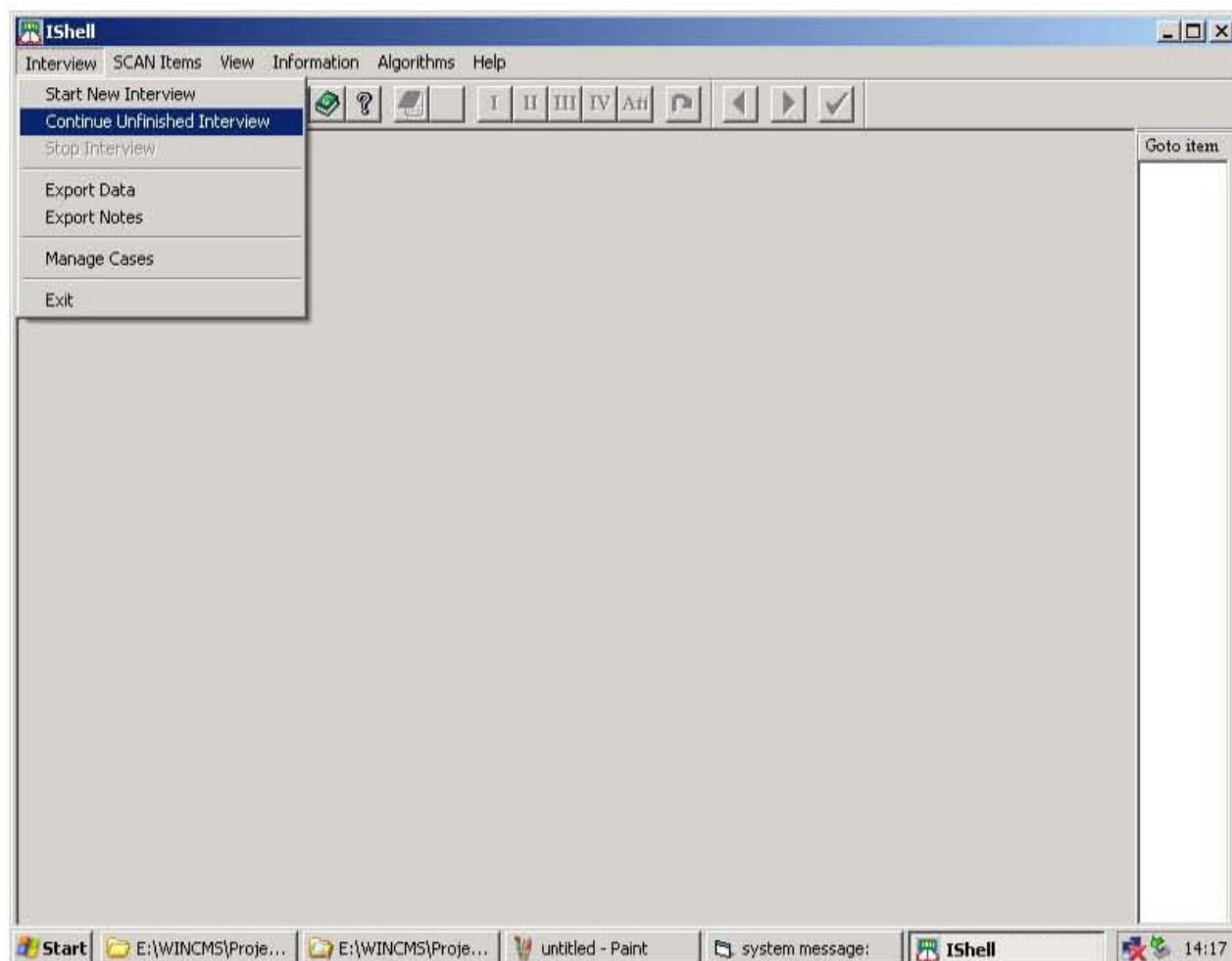
(There are people I know amongst my family and friends) :

who do things to make me happy	not true
who make me feel loved	partly true
relied on	certainly true
who would see that I am taken care of if I needed to be	certainly true
accept me for who I am	certainly true
make me feel an important part of their lives	partly true
give me support and encouragement	partly true

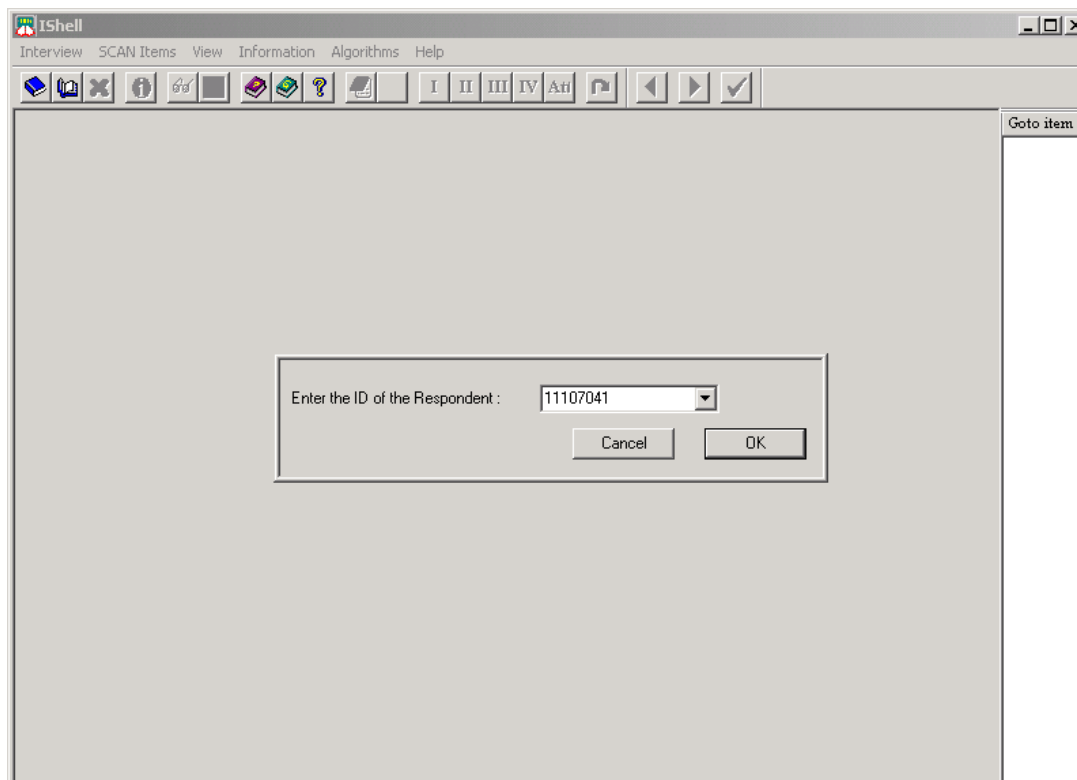
4. OPENING A NEW INTERVIEW

SCAN

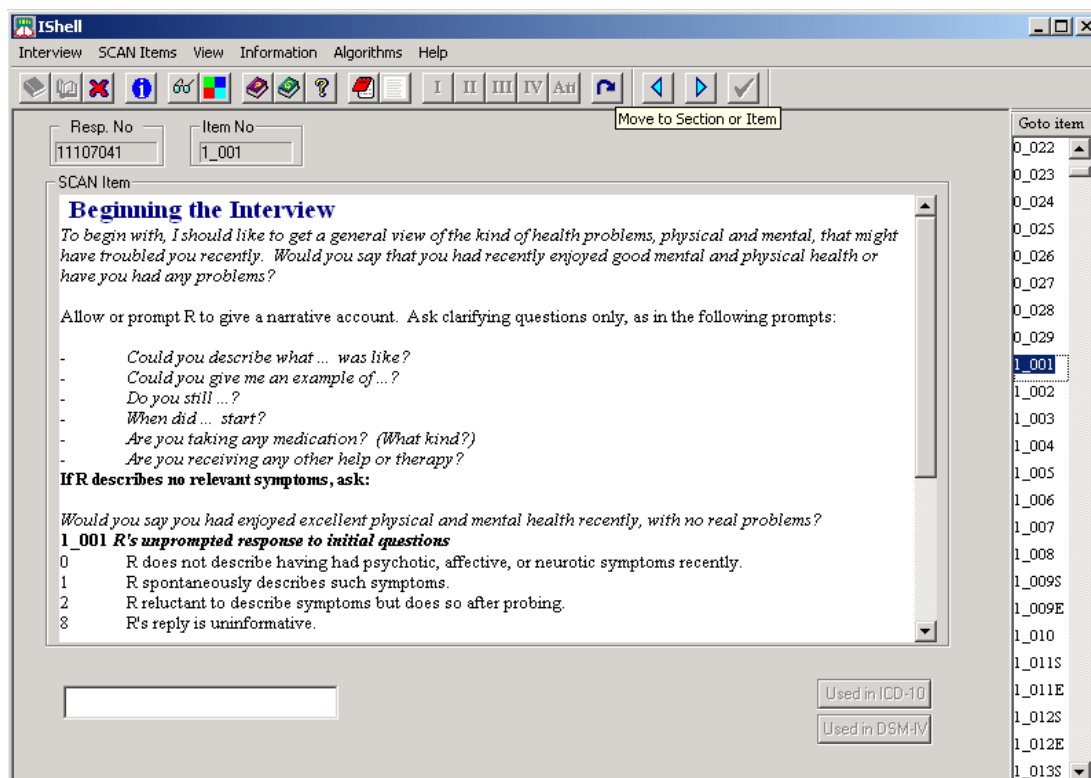
You should start the interview with the SCAN by selecting the SCAN tab (shown on page 7). You then need to select **Interview > Continue Unfinished Interview** to retrieve the correct respondent serial number (do not create a new serial number via start new interview).



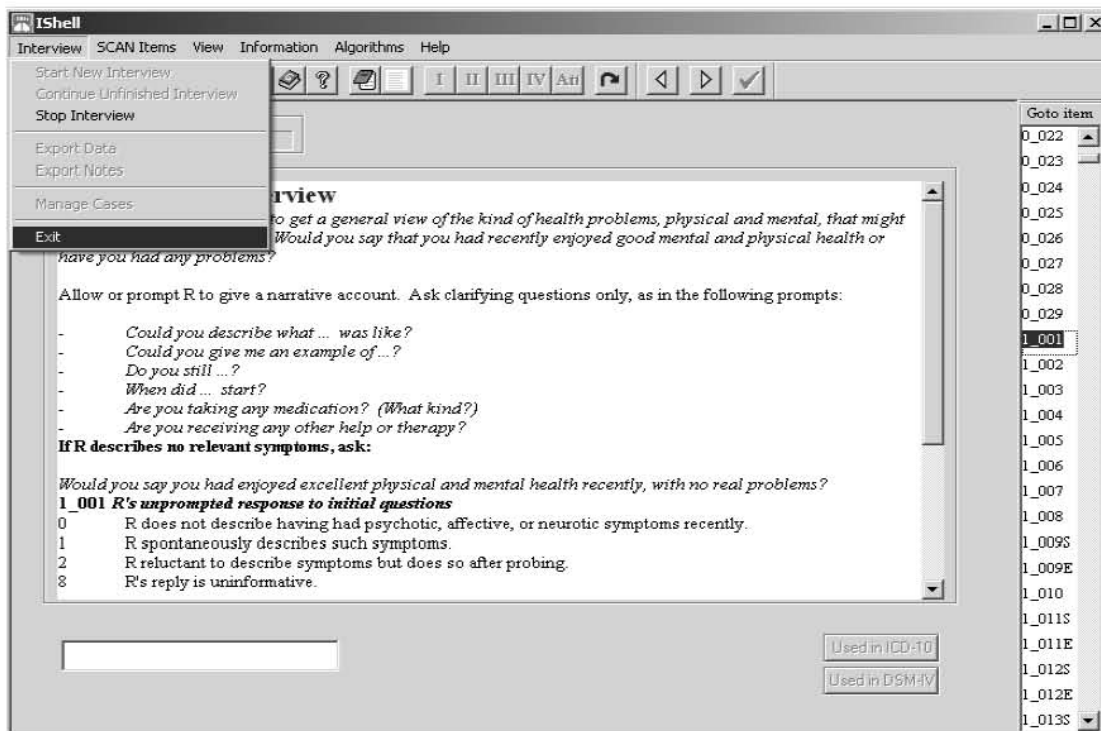
The correct serial number will then be automatically linked the SCAN, select **OK** to proceed.



You may then proceed with the SCAN interview as usual.



A final point to remember with the SCAN interview for this survey is that you must always exit by selecting **Interview > Exit**. This will ensure the data collected on the SCAN programme can be linked to the data collected on the Blaise programme.



BLAISE PROGRAMME INTERVIEW

After the SCAN, you will then be taken back to the main menu and should select the ADOS/ SCID tab. You are then taken to a page that will look something like this:

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

Press (Ctrl and Enter) to choose the section you'd like to ask first or the Press Enter to begin the ADOS observation section

1. Press 1 and <Enter> to continue.

StartDat 08/11/2006

Start 1

Parallel Blocks

- Main Section
- + Select this for the ADOS observation Section
- Select this for the ADOS Coding Section
- Select this to Ask the SCID Interview
- Select this to complete the ADMIN and sign off the cas

OK Cancel Help Quit form

2/21 P8550 11107041 QSTART.Start 08-11-2006 14:52:42

You will be routed through the Blaise programme in the following order: ADOS observation, ADOS coding, SCID, then ADMIN and sign off. However, the programme includes a function called parallel blocks that allows you to change this order by selecting the section you would like to go to (this may be particularly useful if you are re-

entering to complete the admin block once you have left the address).

To access parallel blocks just type **Ctrl+Enter**, or use the cursor to select **Navigate>Subforms**

ADOS OBSERVATION

The ADOS observation section begins with the screen below and just includes the title of the task. You can move through this section by typing enter. If you need to type notes press the **insert** key on your laptop.

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

ADOS TASK OBSERVATION

Construction Task (optional)

Press the Insert key to enter or edit your comments

Q1		Q8	
Q2		Q9	
Q3		Q10	
Q4		Q11	
Q5			
Q6			
Q7			

3/21 P8550 11107041 QADOSOBS.Q1 08-11-2006 14:53:26

The insert box will then appear. Remember always to close this by selecting **Save**.

Memo

Save Cancel Help

Q4		Q11	
Q5			
Q6			
Q7			

3/21 P8550 11107041 QADOSOBS.Q1 08-11-2006 14:53:26

ADOS CODING

The ADOS coding section follows. Note that ratings are abbreviated on the screen, and that you should refer to your ADOS protocol if necessary.

(Remember, if you need to come back to this later you can use parallel blocks).

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

LANGUAGE AND COMMUNICATION

A1 Overall Level of Non-Echoed Language

The rating for this item should reflect the majority of the R's utterances, not merely the best ones.

☐ 0. Uses sentences in a largely complete form.
☐ 1. Some relatively complex speech with recurrent grammatical errors.
☐ 2. Non-echoed speech is mostly utterances of at least three words.
☐ 3. Non-echoed language is mostly simple phrases.

LCoall ☐ LCconv ☐
 LCspab ☐ LCingest ☐
 LCech ☐ LCegest ☐
 LCidio ☐ RSleve ☐
 LCoft ☐
 LCasks ☐
 LC7evts ☐

6/21 P8550 11107041

Parallel Blocks

- Main Section
- + Select this for the ADOS observation Section
- Select this for the ADOS Coding Section
- Select this to Ask the SCID Interview
- Select this to complete the ADMIN and sign off the case

OK Cancel Help Quit form

SCID

You will then

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

SCID - BORDERLINE PERSONALITY SECTION - Criterion 1

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

What have you done?
Have you threatened or pleaded with him/her?

FRANTIC EFFORTS TO AVOID REAL OR IMAGINED ABANDONMENT

3=SEVERAL EXAMPLES

☐ 1. absent or false
☐ 2. subthreshold
☒ 3. threshold or true
☐ 8. inadequate information

B90 Absent

1/10 SCID_Interview 11107041 QSCIDINT.qscidSUM.Q8ord.B90 08-11-2006 14:57:55

complete the SCID interview.

The last screen of the SCID will look something like the screen below. If you want to enter the admin data once you have left the household select Quit form. If you would like to go straight to the admin and sign off section, highlight that section on the parallel block and click OK.

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

These are the scores (press a enter to continue)

BORDERLINE PD SCORE 1

ANTISOCIAL PD SCORE 1

Parallel Blocks

- Main Section
- + Select this for the ADOS observation Section
- Select this for the ADOS Coding Section
- + Select this to Ask the SCID Interview
- Select this to complete the ADMIN and sign off the ca...

OK Cancel Help Quit form

BDScore 1

ASScore 1

ShowScore ☐

10/10 SCID_Interview 11107041 QSCIDINT.qscidSUM.ShowScore 08-11-2006 14:59:26

ADMIN BLOCK AND SIGN OFF

It is vital that the information you enter into the admin block is accurate. Some key points to consider:

- Menu note- can be used to enter a note that will be displayed on the main menu. Just to remind you, do not type anything that you would not like the respondent to see.
- Next are 3 questions reflecting the stage 2 methodology:
 1. Did the respondent consent to filming the ADOS?
 - If so, you should have the necessary consent form
 2. Did the respondent consent to quality assurance follow-up?
 - Verbal consent is sufficient here
 3. Did the respondent consent to informant follow-up?

- If so, you should have the necessary consent form

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

INTERVIEWER: Please enter the name of the informant

MenuNote	type message for main menu	ADITelNum	020 8xxx xxxx
VidCon	1 Yes	ADIAdd1	Flat no.
ReCall	1 Yes	ADIAdd2	House no.
FollCon	1 Yes	ADIAdd3	My road
ADIName	Jeff Smith	ADIadd4	Town
ADIAdd	1 Yes	ADIadd5	County
ADIRel	father	ADIaddPC	Postcode

1/3 Sign_Off_Case 11107041 Q52admin.QADIADD.ADIName 08-11-2006 15:04:53

If the respondent agrees to an informant interview you will have recorded this information on your copy of the consent form. You should enter this information into the admin block. You will then be able to check that you have entered this information correctly.

- Checking the interviews are done- the programme will ask you if the SCID, SCAN and ADOS are complete. The programme will not allow you to sign off unless all these are entered yes.

- Outcome codes- you will then need to enter the outcome of the interview. You should not code anything other than fully co-operative without contacting and getting authorisation from Jane Smith first.

Survey of Health and Wellbeing Stage 2

Forms Answer Navigate

What was the outcome of the interview?

☒ 1. Fully co-operative
☐ 2. Partial interview
☐ 3. Respondent refused
☐ 4. Non Contact
☐ 5. Re-Allocation

ADInfo near the park NCREas

SCIDDone 1 Yes NoteToHQ

ScanDone 1 Yes IntDone

ADOSDone 1 Yes

HoutQ 1

RUnable2

RefReas

3/3 Sign_Off_Case 11107041 Q52admin.HoutQ 08-11-2006 15:06:25

- Refusals
- Before you sign off the programme will ask you a 'soft check' question, to ensure that the case is ready to be transmitted. If the case is ready select 'suppress'.


Maniplus

CAPI Case Management System - National Centre for Social Research

11107041 WV1 P8550

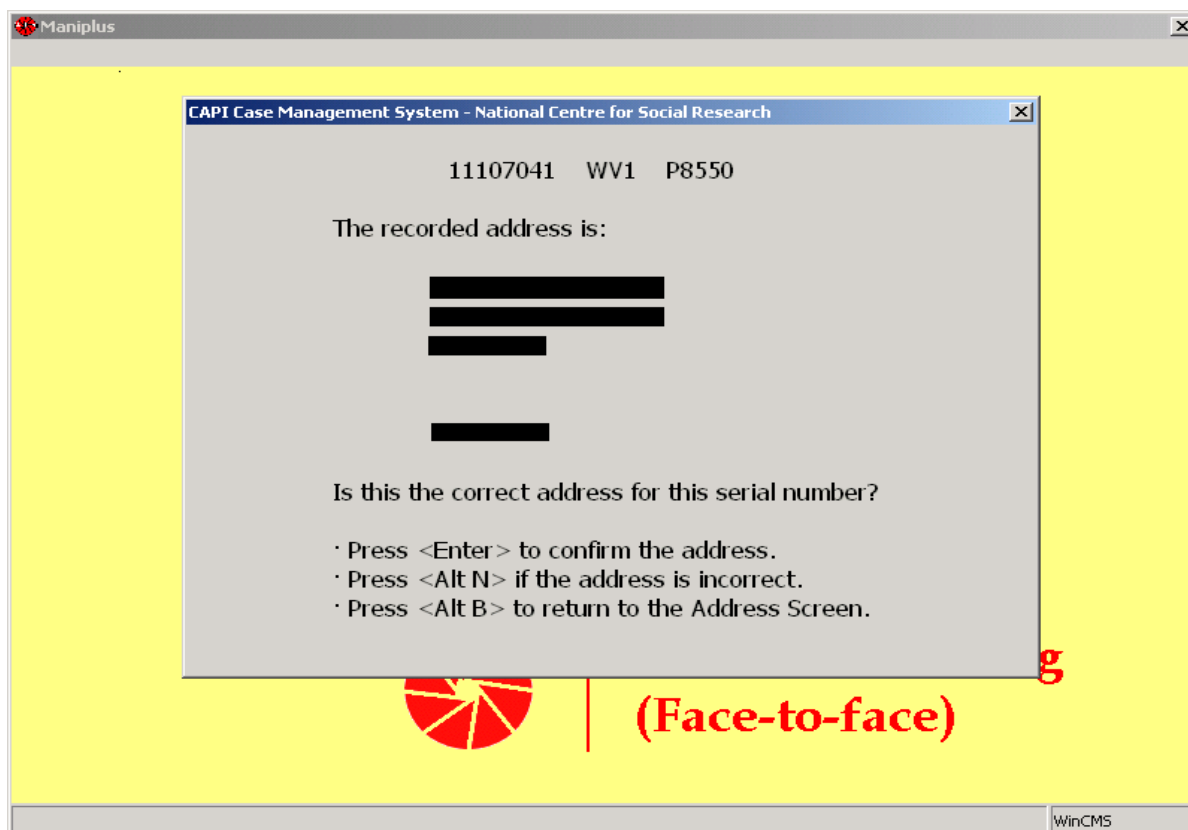
Do you wish to sign off this serial number?

· Press <Enter> for Yes.
 · Press <Alt N> for No.

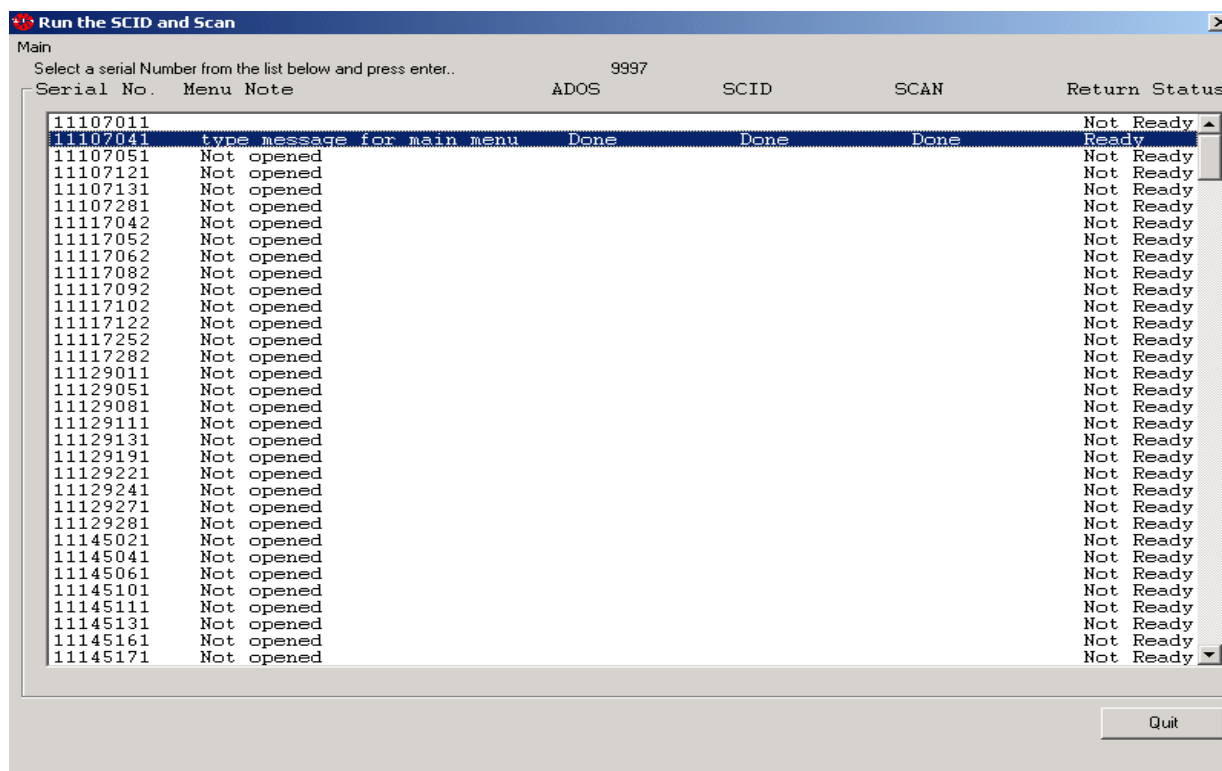
 | **Live Interviewing
(Face-to-face)**

WinCMS

Then **Enter** key again:



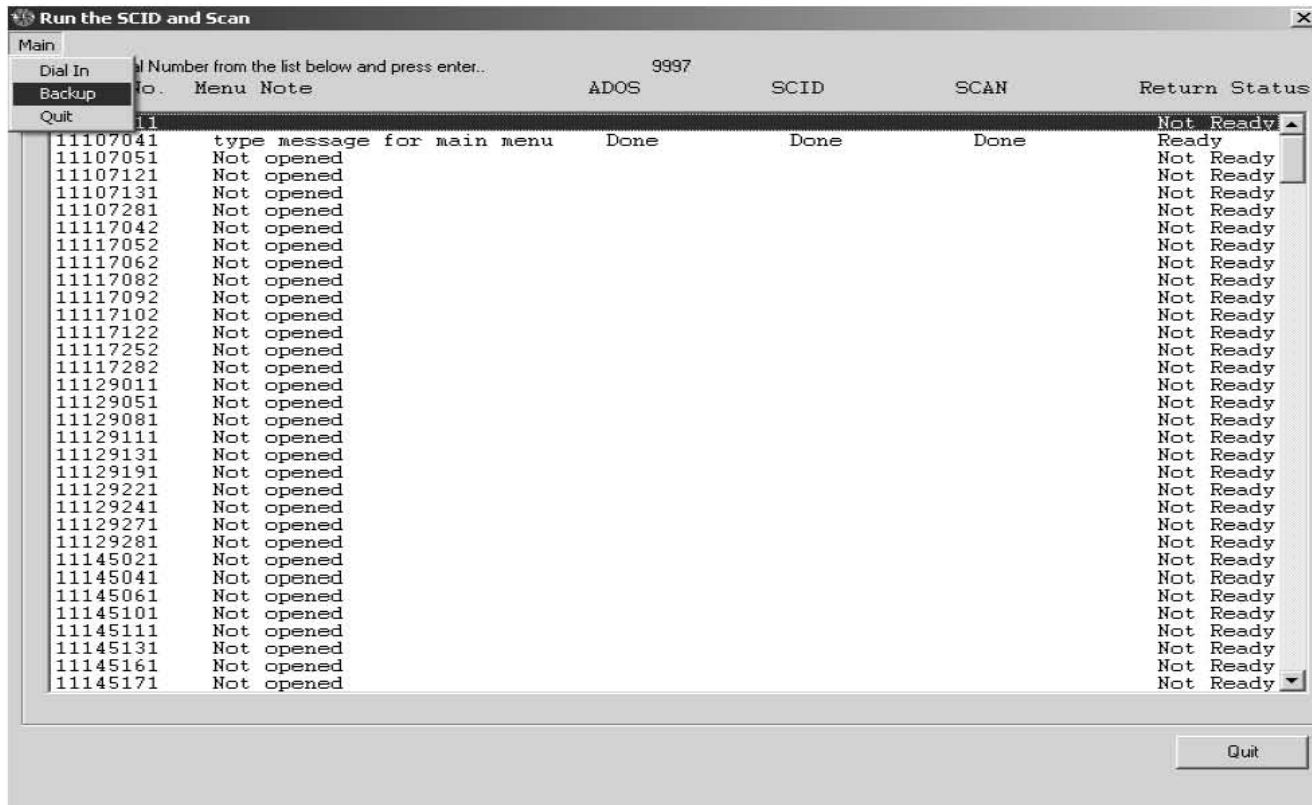
You will note that the details for that case will have been updated in the main menu:



MAIN MENU- DIAL IN, BACKUP AND QUIT

To access the main menu drop down:

- Click on main or use **Alt+M**
- Dial In - runs the dial in process
- Backup - creates a backup ready to be transferred to the host
- Quit - Exits the program - it doesn't shut the machine down as on the interviewer laptops.



This is the 'dial in' screen.


You can change an outside line prefix if you need to. There are two steps to doing this: click 'Change' - then enter the prefix then click 'Save'. If this has been changed for when you have been working in a

hotel or somewhere else away from home, then you need to remember to change it back to blank when you return home.

To dial in click 'Dial Now' and wait - then the next menu is displayed (see next page) and you should press 'Connect':

File Transfer

Receive and Transmit



Press <Alt+D> to receive and/or transmit work

Interviewer No

9997

Dial Now <Alt+D>

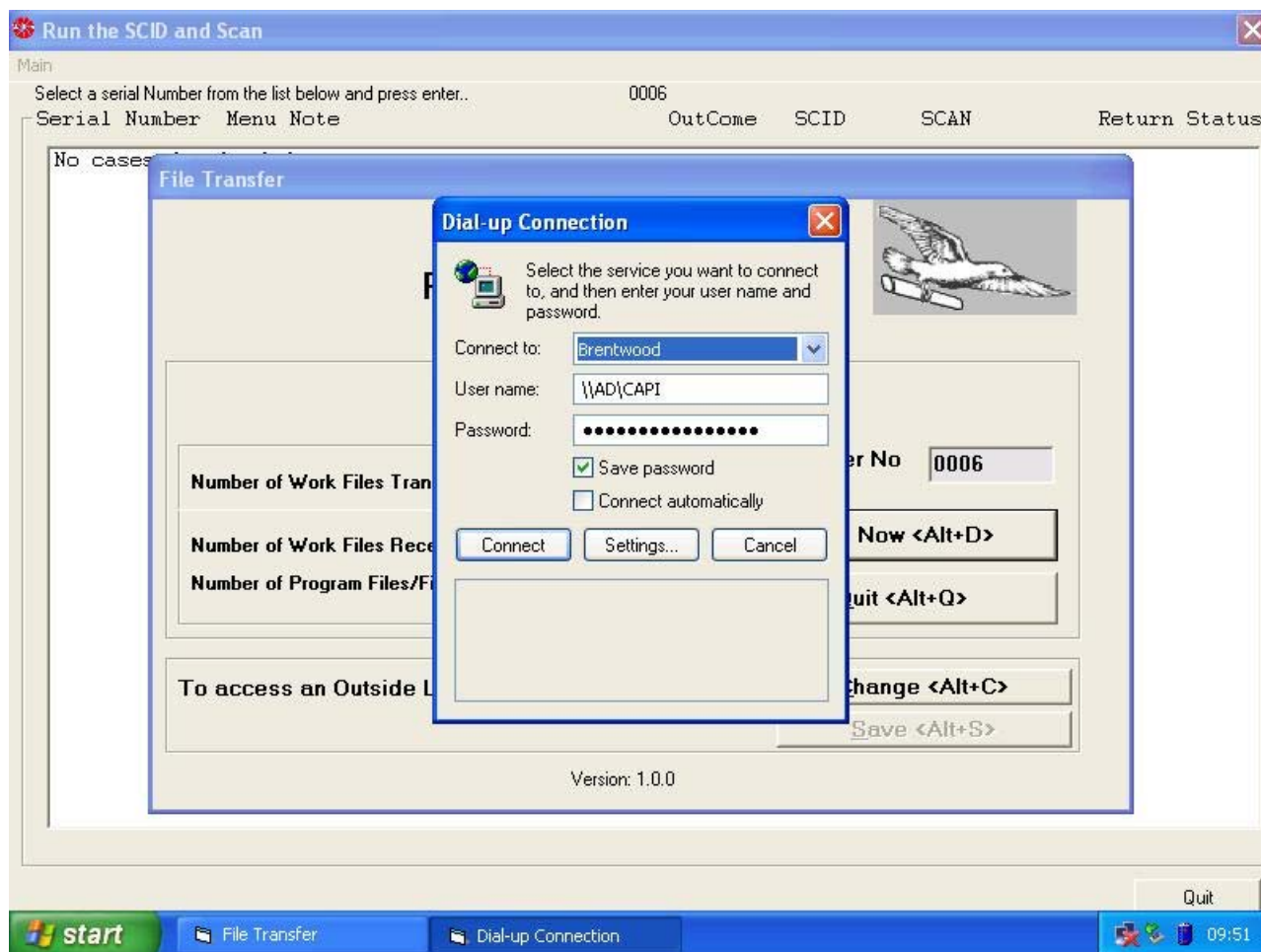
Quit <Alt+Q>

To access an Outside Line Dial (Prefix only):

Change <Alt+C>

Save <Alt+S>

Version: 1.0.0



When the transfer of files has been completed you have to 'Quit' the dial in program yourself. We are looking into whether we can improve the design of this for the main stage.

Notes about the modem:

- The modems are internal, the connection is on right hand side of the laptop - on the Evo N.
- The modem connection and network connection are similar, except that the modem connection is slightly smaller than the network connection.

Notes about the Blaise questionnaire:

- The admin block needs to be signed off even if it's a refusal. As you probably know the 'Intdone' flag is used by the system to trigger a return of work.
- There are a couple of checks on the question called 'Intdone', so the SCIDNOW and SCANDONE variables need to be set to the appropriate response codes.
- Pressing Control and Enter allows them to access the parallel blocks - which means they can jump directly to the admin block or the start of the SCID interview.

Notes about the SCAN:

- The system should generate the case number for the respondent. You should access the case by choosing 'Continue Unfinished Interview' from within the SCAN software.
- The SCAN interviews will not be transmitted back until they are signed off - there's a END question that you need to complete.

6. Notes for when you are interviewing:

Ask if you can plug your laptop in, this is safer than relying on the laptop battery. If a respondent is reluctant offer 30p (remember to claim for it). This has never happened before but there is always a first time for everything.

Have the Scan interview ready to begin at start of interview. You can do this by getting the programme ready before the interview:

- Be careful of data protection. If making notes before entering data into Scan, use ID number and initials only. The same applies when keeping a record of appointments and destroy all records (fire, shredding, eating (!)) once finished with.
- Get contact details from: contact details and beginning of SCID. This is a bit fiddly for the pilot but will not be for main stage.
- Enter all possible data into scan. You can complete:
- 0.002 Project Number: this will be 002.
- 0.003 Resp. Number: Put this in manually without looking at the top ID number. Then check both are same.
- 0.004 Rater Number: Jane 0002, Christine 0004; Janet 0005; Karen 0006.
- 0.005 Date of Interview: The actual date you interview - this can change.
- 0.006 always 1.
- 0.009 always 1.
- 0.010 always 1.
- 0.016 always 1.
- 0.019 always 1.
- 0.021 Age: For the pilot you do not have DOB but will have for main stage.
- 0.023 Sex.
- 0.024 Marital Status.
- 0.027 Employment status: Only if working full or part-time; retired etc.
- Finish when reached 'To begin with.....' The next time you open scan, it will be here ready for you to start.

Good luck, and please keep a note of anything you think of that might make things smoother or easy for you, e.g. changes to the programme, these instructions, etc.

7. Support

If you have any problems please contact Jane Smith in the first instance.

If you can't get hold of Jane then try:

- Sally McManus
- Colin Miceli (programmer)
- Jenny Harris
- Dhriti Jotangia
- Melanie Doyle

And we will try and sort out your problems or identify someone who can.

8. Don't know, question refusals and remarks/notes

Just to mention that you could also make notes in the Blaise questionnaire - using the Make Remarks (Ctrl + M) This has the advantage that the remarks/notes are kept with the case data, and they are encrypted.

Also in Blaise, Ctrl + K can be used to indicate 'don't know' (highlight the question with a '?'), and Ctrl+ R can be used for refused (highlights the question with a '!').

APPENDIX 1: COPY OF ADVANCED LETTER

This letter was sent to respondents prior to the stage 1 interviewer calling, printed on NatCen and NHS headed paper

Dear Resident,

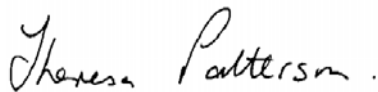
We would be grateful for your help with the National Study of Health and Wellbeing.

I am writing to tell you about a study that NatCen is carrying out for the National Health Service. The main aim of the study is to see how the stresses and strains of everyday life can affect people's health and wellbeing. This will help services and support to be planned more effectively.

Within the next few weeks, one of our interviewers will call at your door to explain the survey in more detail and to ask for your help. If you are busy when the interviewer calls s/he will be happy to call back.

In our work we rely on people's voluntary co-operation. Your help will give everyone a better understanding of the experiences and needs of people in our society. The success of the study depends on the participation of as many of those selected as possible. As a token of our appreciation all participants receive a £5 high street voucher. If you would like to know more about the study in advance of an interviewer calling, please call xxxx xxx xxxx, or write to me at the above address.

Yours sincerely,



Your interviewer on this study will be

Theresa Patterson

Project Controller

APPENDIX 1: COPY OF ADVANCED LETTER

Printed on reverse side of letter

How was your address selected?

Your address is one of about 15,000 addresses throughout the country that we have selected at random from the Post Office's list of addresses.

Who do we want to interview?

One person aged 16 or over, selected at random at each address.

Who are our interviewers?

All our interviewers carry an official identification card which includes their photograph and the NatCen logo that appears on the top of this letter.

Confidentiality

Everything you tell us will be treated in strictest confidence. We are fully compliant with data protection regulations.

For further information and a summary of findings from previous reports see: www.healthandwellbeingsurvey.org

APPENDIX 2: COPY OF LETTER GIVEN TO THOSE RESPONDENTS THAT SCORED ABOVE 10 ON AS SCORE

Printed on University of Leicester headed paper

Dear

The National Study of Health and Wellbeing 2006/7

Thank you very much for your help. We will be contacting you within the next 6 weeks about the second stage of this study.

The interview will focus entirely on you and your health.

If you have any questions please do not hesitate to contact Jane Smith, Project Manager, at the University of Leicester.

Thank you again for your invaluable help in this national study.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Terry Brugha". The signature is fluid and cursive, with the first name "Terry" and last name "Brugha" clearly distinguishable.

Professor Terry Brugha