APMS 2007: phase one questionnaire and phase two contents

PHASE ONE

1. Household information

StartDat
Date interview with respondent was started.
Press <Enter> to confirm date.

ASK FOR EACH PERSON THE HOUSEHOLD:

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

Sex
1   Male
2   Female

Birth
What is name/your date of birth?
DATE

IF Birth = Don’t know OR Refusal THEN
AgeIf
What was name/your age last birthday?
98 or more = CODE 97    HELP<F9>
Range: 0…97

DVage
AGE FOR THE WHOLE SAMPLE, FROM BIRTH AND AGE IF
Range: 0…120

IF DVage >=16 THEN
MarStat
CODE FIRST THAT APPLIES.
What is name/your legal marital status?
Are you/is HELP<F9>
1   Single, that is never married
2   Married and living with your husband/wife
3   Married and separated from your husband/wife
4   Divorced
5   Widowed?
6   Spontaneous only: in a legally-recognised Civil partnership and separated from civil partner
7   Spontaneous only: formerly a civil partner, the Civil partnership now legally dissolved
8   Spontaneous only: a surviving civil partner: his/her partner having since died
IF (Dvage>=16) AND (No. in Household>1) AND (MarStat = Not married) THEN
LiveWith
May I just check, are you living with someone in the household as a couple? HELP<F9>
This would include as a same sex couple.
1   Yes
2   No
3   Spontaneous only: same sex couple

Respdnt
ENTER THE PERSON NUMBER OF THE RESPONDENT.
Range: 1…14

IF (DVage >=1) AND (No. in Household>1) THEN
Hhldr
In whose name is the accommodation owned or rented?
CODE ALL THAT APPLY.

IF Hhldr = more than 1 person THEN
HiHNum
You have told me that (name) and (name) jointly own or rent the accommodation. Who has the
highest income (from earnings, benefits, pensions and any other sources)?
Enter PERSON NUMBER.

HRP
The Household Reference Person is:
Name of HRP
1   Continue

R
I would now like to ask how the people in your household are related to each other.
CODE RELATIONSHIP  HELP<F9>
1   Spouse (including civil partner
2   Cohabitee
3   Son/daughter (incl. adopted)
4   Step-son/daughter
5   Foster child
6   Son in-law/daughter in-law
7   Parent/guardian
8   Step-parent
9   Foster parent
10  Parent-in-law
11  Brother/sister (incl. adopted)
12  Step brother/sister
13  Half brother/sister
14  Foster brother/sister
15  Brother/sister in-law
16  Grandchild
17  Grandparent
18  Other relative
19  Other non-relative

ASK ALL
Proxy
CODE WHETHER INTERVIEW IS TO BE CONDUCTED WITH:
1 the selected respondent
2 or, a proxy respondent

ProxRel
IF Proxy = a proxy respondent
INTERVIEWER: ASK OF THE PROXY RESPONDENT
(Can I just check) What is your relationship to (name of responding person)?
1 Spouse (including civil partner)
2 Cohabitee
3 Son/daughter (incl. adopted, step, foster)
4 Son-in-law/daughter-in-law
5 Parent/guardian (incl. adopted, step, foster)
6 Parent-in-law
7 Brother/sister (incl. adopted, step, half, foster)
8 Brother/sister-in-law
9 Grandchild
10 Grandparent
11 Other relative
12 Neighbour
13 Friend
14 Support worker/personal assistant/paid carer
15 Other non-relative

IF ProxRel = OthRel OR Other non-relative THEN
XProxRel
Please specify relationship to selected respondent.

IF Proxy = a proxy respondent THEN
ProxNam
What is your full name?

IF Proxy = selected respondent THEN
Language
INTERVIEWER RECORD:- IS ENGLISH THE RESPONDENT'S FIRST LANGUAGE?
IF UNSURE ASK THE FOLLOWING QUESTION
May I ask, is English your first language?
1 Yes
2 No
2. General health & wellbeing

ASK IF SELECTED RESPONDENT

SF1
How is your health in general?
Would you say your health is...
RUNNING PROMPT
1 Excellent
2 very good
3 good
4 fair
5 or, poor?

SF2
These questions are about activities you might do during a typical day.
Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
1 Yes
2 No

IF SF2 = Yes THEN
SF21
And how much does your health now limit you with these activities…
RUNNING PROMPT
1 a little
2 or, a lot?

IF SF2 = No
SF3
And does your health now limit you in climbing several flights of stairs?
1 Yes
2 No

IF SF3 = Yes THEN
SF31
And how much does your health now limit you with this activity…
RUNNING PROMPT
1 a little
2 or, a lot?

SF4
During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health?
1 Yes
2 No

SF5
And during the past 4 weeks, were you limited in the kind of work or other activities you could do as a result of your physical health?
1 Yes
2 No
SF6
During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
1 Yes
2 No

SF7
And during the past 4 weeks, did you work or do other activities less carefully than usual as a result of your emotional health?
1 Yes
2 No

SF8
SHOWCARD A
During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)…
RUNNING PROMPT
1 not at all,
2 a little bit,
3 moderately,
4 quite a bit,
5 or, extremely?

SF9
SHOWCARD B
For each of the following questions, please look at this card and give the one answer that comes closest to the way you have been feeling.
How much of the time during the past 4 weeks have you felt calm and peaceful?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF10
SHOWCARD B
And how much of the time during the past 4 weeks did you have a lot of energy?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF11
SHOWCARD B
And how much of the time during the past 4 weeks have you felt downhearted and low?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time
Fullife
SHOWCARD B
And how much of the time during the past 4 weeks have you felt full of life?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Worn
SHOWCARD B
And how much of the time during the past 4 weeks did you feel worn out?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Tired
SHOWCARD B
And how much of the time during the past 4 weeks did you feel tired?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF12
SHOWCARD B
During the past 4 weeks how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends or relatives etc)?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Happy
Taking all things together, how would you say you are these days - would you say you’re very happy, fairly happy, or not too happy these days?
1 Very happy
2 Fairly happy
3 Not too happy

CONHOMD
SHOW CARD C
To what extent do you agree with the following statement. Over the next 3-5 years I expect to have many more positive than negative experiences.
1 Strongly disagree
2 Moderately disagree
3 Slightly disagree
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4 Slightly agree
5 Moderately agree
6 Strongly agree
3. **Activities of Daily Living (ADL)**

ASK ALL

**AcDif1**
SHOWCARD D
This next section is about practical activities.
Looking at showcard D, do *(name of proxy respondent)* have any difficulty with any of the following activities...
…personal care such as dressing, bathing, washing, or using the toilet?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif2**
And do *(name of proxy respondent)* have any difficulty with...
…getting out and about or using transport?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif3**
And do *(name of proxy respondent)* have any difficulty with...
…medical care such as taking medicines or pills, having injections or changes of dressing?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif4**
And do *(name of proxy respondent)* have any difficulty with...
…household activities like preparing meals, shopping, laundry and housework?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif5**
And do *(name of proxy respondent)* have any difficulty with...
…practical activities such as gardening, decorating, or doing household repairs?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif6**
And do *(name of proxy respondent)* have any difficulty with...
…dealing with paperwork, such as writing letters, sending cards or filling forms?
1  No, no difficulty at all
2  Yes, some difficulty
3  Yes, a lot of difficulty

**AcDif7**
And do *(name of proxy respondent)* have any difficulty with...
…managing money, such as budgeting for food or paying bills?
1  No, no difficulty at all
2  Yes, some difficulty
3 Yes, a lot of difficulty

AcHelp
Do you/(name of proxy respondent) need anyone to help you with (name of activity)?
1 Yes
2 No

IF AcHelp = Yes THEN
AcWho
SHOWCARD E
Who helps you/(name of proxy respondent) with (name of activity) the things that you have difficulty with?
CODE ALL THAT APPLY
1 No one
2 Spouse/cohabitee
3 Brother/sister (incl. in-law)
4 Son/daughter (incl. in-law)
5 Parent (incl. in-law)
6 Grandparent (incl. in-law)
7 Grandchild (incl. in-law)
8 Other relative
9 Boyfriend/girlfriend
10 Friend
11 CPN/Nurse
12 Occupational Therapist
13 Social Worker
14 Home care worker/home help
15 Voluntary worker
16 Landlord/landlady
17 Paid domestic help
18 Paid nurse
19 Bank manager
20 Solicitor
21 Other person
4. Caring responsibilities

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

Care1
Do you look after, or give help or support to family members, friends, neighbours or others because they have a long-term physical or mental ill-health or disability, or problems related to age?
Please do not count anything you do as part of your paid employment.
1  Yes
2  No

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

Care2
About how many hours a week do you spend looking after or helping them?
Please include any time you spend travelling so that you can do these activities.
1  0-4 hours a week
2  5-9 hours a week
3  10-19 hours a week
4  20-34 hours a week
5  35-49 hours a week
6  50-90 hours a week
7  100 or more hours a week
8  VARIES - usually under 10 hours a week
9  VARIES - usually 10 or more hours a week

IF Care2 = >10 hours a week THEN

Care3
SHOWCARD F
The following questions are about your caring responsibilities.
Looking at showcard F please indicate for each of the following statements how far they reflect your caring responsibilities.
I have constant time pressure due to having too much to do…
1  Strongly agree
2  Slightly agree
3  Slightly disagree
4  Strongly disagree

IF Care2 = >10 hours a week THEN

Care4
SHOWCARD F
Over the past few years, my caring responsibilities have become more demanding…
1  Strongly agree
2  Slightly agree
3  Slightly disagree
4  Strongly disagree

IF Care2 = >10 hours a week THEN

Care5
SHOWCARD F
My caring responsibilities rarely let me go, they are still on my mind when I go to bed
1  Strongly agree
2  Slightly agree
3  Slightly disagree
4  Strongly disagree
5. **Health conditions**

**ASK ALL**

**Health**

SHOWCARD G

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

INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.

PROBE - 'What others?'

CODE ALL THAT APPLY

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

**IF Health = Other THEN**

HealthX

INTERVIEWER: Enter name of other health condition.

**IF Health = RESPONSE THEN**

HDoct

You told me that you/(name of proxy respondent) have had (name of health condition). Did a doctor or other health professional diagnose this condition?

- 1  Yes
- 2  No

**IF Health = RESPONSE THEN**

HYear

Have you/(name of proxy respondent) had (name of health condition) in the last 12 months? Please say 'yes' if you have had this condition, even if you have not experienced any symptoms because you use medication or an aid.

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

- 1  Yes
- 2  No
IF (Health = RESPONSE) AND (Hyear = Yes) THEN
HFirst
When did you/(name of proxy respondent) first have (name of health condition)?
1 In the last 12 months
2 More than a year ago, less than 2 years ago
3 More than 2 years ago, less than 5 years ago
4 5 years ago or more

IF Health = RESPONSE THEN
HTreat
In the last 12 months, have you/(name of proxy respondent) had any treatment or taken any prescribed medication for the (name of health condition)?
INTERVIEWER: 'TREATMENT' INCLUDES PHYSIO AND OTHER THERAPIES. EXCLUDE MEDICATIONS BOUGHT OVER THE COUNTER.
1 Yes
2 No

CutDown
Now I'd like you/(name of proxy respondent) to think about the 2 weeks ending yesterday. During those weeks did you/(name of proxy respondent) have to cut down on any of the things you/he/she usually do(es) about the house, at work or in your/his/her free time because of illness or injury?
1 Yes
2 No
6. Use of psychoactive medications and injections

ASK ALL

Medic
(May I just check), are you/(name of proxy respondent) taking any pills or tablets that have been prescribed for you?
INTERVIEWER: DO NOT INCLUDE INHALERS, SUPPOSITORIES, PATCHES, CREAMS, INJECTIONS, OINTMENTS OR LOTIONS.

1  Yes
2  No

IF Medic = Yes THEN
MediW1
SHOW CARD H
Please look at this card. Are you/(name of proxy respondent) currently taking any of these medications?
PROBE - 'Which ones? Please just tell me the numbers on the card'
CODE ALL THAT APPLY

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

IF (Medic = Yes) AND (MediW1 = Yes) THEN
Mpac1
May I see the container or packet for (name of medication)?
1  Packet seen - drug coded correctly
2  Packet seen - drug not coded correctly
3  Packet not seen

IF Mpac1= Packet seen – coded correctly OR Packet Not Seen THEN
Mwhy1
(May I just check) What condition do you/(name of proxy respondent) take (name of medication) for?

IF Medic = Yes THEN
MediW2
SHOW CARD J
And please look at this card. Are you/(name of proxy respondent) currently taking any of these medications?
PROBE - 'Which ones? Please just tell me the numbers on the card'
CODE ALL THAT APPLY.

1  Prozac (fluoxetine)
2  Lustral (sertraline)
3  Seroxat (paroxetine)
4  Efexor (venlafaxine)
5  Nardil (phenelzine)
6  Manerix (moclobemide)
7  Tryptizol (amitriptyline)
8  Tofranil (imipramine)
9  Anafranil (clomipramine)
10 Prothiaden (dothiepin)
11 Sinequan (doxepin)
12 Cipramil (citalopram)
13 Zispin (mirtazapine)
14 None of these

IF Medic = Yes THEN
Mpac2
May I see the container or packet for the (name of medication)?
  1  Packet seen - drug coded correctly
  2  Packet seen - drug not coded correctly
  3  Packet not seen

IF Mpac2 = Packet seen - drug coded correctly OR Packet Not Seen THEN
Mwhy2
(May I just check) What condition do you/(name of proxy respondent) take (name of medication) for?

IF Medic = Yes THEN
MediW3
SHOW CARD K
And are you/(name of proxy respondent) currently taking any of the medications on this card?
PROBE - 'Which ones? Please just tell me the numbers on the card'
CODE ALL THAT APPLY.
  1  Valium (diazepam)
  2  Ativan (lorazepam)
  3  Librium (chlordiazepoxide)
  4  Planpak (temazepam)
  5  Mogadon (nitrazepam)
  6  Buspar (buspirone)
  7  Ritalin (methylphenidate)
  8  Strattera (atomoxetine)
  9  None of these

IF (Medic = Yes) AND (MediW3 = Yes) THEN
Mpac3
May I see the container or packet for the (name of medication)?
  1  Packet seen - drug coded correctly
  2  Packet seen - drug not coded correctly
  3  Packet not seen

IF Mpac3 = Packet seen - drug coded correctly OR Packet Not Seen THEN
Mwhy3
(May I just check) What condition do you/(name of proxy respondent) take (name of medication) for?

ASK ALL

Inject
(May I just check) Are you/(name of proxy respondent) currently having a regular course of injections which has been prescribed for you?
1  Yes
2  No

IF Inject = Yes THEN
INJECTWH
SHOW CARD L
Are you/(name of proxy respondent) currently having any of these medicines as a course of injections?
PROBE - 'Which ones? Please just tell me the numbers on the card'
CODE ALL THAT APPLY
1  Depixol (flupenthixol decanoate)
2  Modecate (fluphenazine decanoate)
3  Haldol (holoperidol decanoate)
4  Clopixol (zuclopenthixol decanoate)
5  Risperdal Consta (risperidone)
6  None of these
7. Service use

GP CONSULTATIONS

ASK ALL

DocYear
In the past 12 months, have you/(name of proxy respondent) spoken to a GP or family doctor on your own behalf, either in person or by telephone about a physical illness or complaint?
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT
1  Yes
2  No

DocPsyc
In the past 12 months, have you/(name of proxy respondent) spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT
1  Yes
2  No

IF DocPsyc = Yes THEN
PMatNum
When you/(name of proxy respondent) consulted the doctor about your mental, nervous or emotional problem, what did the doctor say was the matter with you?
INTERVIEWER: HOW MANY MENTAL PROBLEMS DOES THE RESPONDENT HAVE?
ENTER NUMBER OF MENTAL PROBLEMS MENTIONED
IF MORE THAN 6 - TAKE THE 6 MOST IMPORTANT
IF NONE - CODE 0
Range: 0…6

GP diagnosis coding block
(Asked for each diagnosis reported)

IF DocPsyc = Yes THEN
PMat
WHAT IS THE MATTER WITH RESPONDENT?
Enter one of conditions/symptoms respondent mentioned
(This is condition number [LGENHLTH] of [PMATNUM]).

IF DocPsyc = Yes THEN
PICD
CODE FOR COMPLAINT AT PMAT
IF CODE NOT FOUND, ENTER 98 HERE

IF DocPsyc = Yes THEN
PICDDsc
DESCRIPTION OF CODE SELECTED AT PICD.

IF DocYear = Yes THEN
DocTalk
During the two weeks ending yesterday, apart from any visit to a hospital, did you/(name of proxy respondent) talk to a GP or family doctor on your own behalf, either in person or by telephone?
INCLUDE CONSULTATIONS FOR ANY REASON.
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.
1  Yes
2  No

IF DocTalk = Yes THEN
DocWeeks
And during the two weeks ending yesterday, did you/(name of proxy respondent) speak to a GP or family doctor about being anxious or depressed or a mental, nervous or emotional problem?
DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.
1  Yes
2  No

COUNSELLING
ASK ALL

CnslHav
SHOWCARD M
Looking at this card, could you tell me if you/(name of proxy respondent) are currently having any counselling or therapy for a mental, nervous or emotional problem for example at home, at a doctor's surgery, a health centre, hospital or clinic?
INCLUDE COUNSELLING FOR BEREAVEMENT AND DRINK OR DRUG RELATED PROBLEMS
1  Yes
2  No

IF CnslHav = Yes THEN
Cnsl
SHOWCARD M
Which type/s of counselling or therapy are you having?
CODE ALL THAT APPLY
1  Psychotherapy, psychoanalysis, individual or group therapy
2  Behaviour or cognitive therapy
3  Art, music or drama therapy
4  Social skills training
5  Marital or family therapy
6  Sex therapy
7  Counselling
8  Another type of therapy

IF Cnsl = Another type of therapy THEN
CnslV
RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY.'

IF Cnsl = Psychotherapy, psychoanalysis, individual or group therapy THEN
CnslLng
How long have you been having this (name of therapy)?
1  Less than 3 months
2  3 months but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years but less than 5 years
6  5 years but less than 10 years
7  10 years or more
IF Cnsl = Psychotherapy, psychoanalysis, individual or group therapy THEN
CnslTak
How often do you have this (name of therapy)?
INTERVIEWER: PLEASE CODE
1  More than once a week
2  Weekly or more often than fortnightly
3  Fortnightly or more often than monthly
4  Monthly or more often than 3-monthly
5  3-monthly or more often than 6-monthly
6  6-monthly or more often than 1 yearly
7  Once a year or less

IN-PATIENT STAYS

ASK ALL

InStay
During the past year, have you been in hospital as an in-patient, overnight or longer for treatment or tests?
INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH
1  Yes
2  No

IF InStay = Yes THEN
InStayQt
Have you been in hospital as an in-patient, overnight or longer for treatment or tests, during the past 3 months?
INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH
1  Yes
2  No

IF (InStay = Yes) AND (InStayQt = Yes) THEN
InWhy
Were you in hospital because of...
RUNNING PROMPT
1  a physical health problem,
2  or a mental nervous or emotional problem?
3  Spontaneous: both of these

OUT-PATIENT VISITS

ASK ALL

OutStay
(Apart from seeing your own doctor/when you/(name of proxy respondent) stayed in hospital) In the past 12 months have you/(name of proxy respondent) been to a hospital or clinic for treatment or check-ups, as an out-patient or day-patient?
INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS
EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES
EXCLUDE ALL COMMUNITY CARE SERVICES
1  Yes
2  No
IF OutStay = Yes THEN
OutStyQt
Have you/(name of proxy respondent) been to a hospital or clinic for treatment or check-ups as an out-patient or day-patient in the past 3 months?
INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS
EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES
EXCLUDE ALL COMMUNITY CARE SERVICES
1  Yes
2  No

IF (OutStay = Yes) AND (OutStyQt = Yes) THEN
OutWhy
Was your/(name of proxy respondent) outpatient or day patient visit because of…
RUNNING PROMPT
1  a physical health problem
2  or a mental, nervous or emotional problem?
3  Spontaneous only – both

DayY
SHOWCARD N
Please can you tell me whether you/(name of proxy respondent) have used any of these day activity services over the last year?
COMMUNITY MENTAL HEALTH CENTRE
DAY ACTIVITY CENTRE
SHELTERED WORKSHOP
1  Yes
2  No
3  Spontaneous only: Would have liked to but not available

IF DayY = Yes THEN
DayWht
What did you/(name of proxy respondent) do there?
CODE ALL THAT APPLY
1  Work
2  Education
3  Social activities
4  Other

IF (DayY = Yes) AND (DayWht = Other) THEN
DayWOnth
What was the other activity?

CC2aY
SHOWCARD P
Here is a list of community care services. Excluding any contact with professionals or team members that you have already told me about, have you/(name of proxy respondent) used any of these services in the last year? For example, you/(name of proxy respondent) may have been visited at home by some of these people.
1  Yes
2  No
IF CC2aY = Yes THEN

CC2Y

SHOWCARD P

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

CODE ALL THAT APPLY

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

MentHos

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

1 Yes
2 No
8. Self-reported height and weight

ASK IF SELECTED RESPONDENT

Height
I am now going to ask some questions about your height and weight
How tall are you without shoes?
INTERVIEWER: CODE UNIT OF MEASUREMENT. ESTIMATE IF NOT SURE
1 Metres and Centimetres
2 Feet and inches
3 Cannot give estimate

IF Height = Metres and Centimetres THEN
HTMetres
INTERVIEWER: ENTER METRES
ACCEPT ESTIMATES
Range: 1…3

IF Height = Metres and Centimetres THEN
HTCms
INTERVIEWER: ENTER CENTIMETRES
ACCEPT ESTIMATES
Range: 0…99

IF Height = Feet and Inches THEN
HTFeet
INTERVIEWER: ENTER FEET
ACCEPT ESTIMATES
Range: 3…8

IF Height = Feet and Inches THEN
HTInches
INTERVIEWER: ENTER INCHES
ACCEPT ESTIMATES
Range: 0…11

IF (sex = Female) AND (DVage<45) THEN
Preg
I just need to check as it does affect weight, are you currently pregnant?
1 Yes
2 No
3 Not Asked

IF Preg = No OR Preg = Not Asked THEN
Weight
What is your current weight, without clothes on?
INTERVIEWER: CODE UNIT OF MEASUREMENT. ESTIMATE IF NOT SURE.
1 Kilograms
2 Stones and pounds
3 Cannot give estimate
IF (Preg = No OR Not Asked) AND (Weight = Kilograms) THEN
WTKilos
INTERVIEWER: ENTER KILOGRAMS. ACCEPT ESTIMATES.
   Range: 20…300

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN
WTStones
INTERVIEWER: ENTER STONES. ACCEPT ESTIMATES.
   Range: 4…50

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN
WTPounds
INTERVIEWER: ENTER POUNDS. ACCEPT ESTIMATES.
   Range: 0…15

IF Preg = No OR Not Asked THEN
WTAssess
Would you say you were ...READ OUT...
   1  ...about the right weight,
   2  ...underweight,
   3  ...slightly overweight or,
   4  ...very overweight?
9. Common Mental Disorders (CMDs) – CIS-R

ASK IF SELECTED RESPONDENT

APPETITE AND WEIGHT

Q18
Have you noticed a marked loss in your appetite in the past month?
1  Yes
2  No

Q19
Have you lost any weight in the past month?
1  Yes
2  No/Don't Know

IF Q19 = Yes THEN
Q19a
Were you trying to lose weight or on a diet?
1  Yes
2  No

IF (Q19 = Yes) AND (Q19a = No) THEN
Q19b
Did you lose half a stone or more, or did you lose less than this?
Half a stone
or 7 lbs
or 3 1/4 Kg
1  lost half a stone or more
2  lost less than half a stone

IF Q19 = No/Don't know THEN
Q21
Have you noticed a marked increase in your appetite in the past month?
1  Yes
2  No

IF Q19 = No/Don't know THEN
Q22
Have you gained weight in the past month?
Do not include weight gain due to pregnancy.
1  Yes
2  No/Don't Know
SECTION A - SOMATIC SYMPTOMS

ASK IF SELECTED RESPONDENT

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

A1
Have you had any sort of ache or pain in the past month?
1  Yes
2  No

IF A1 = No THEN
A2
During the past month have you been troubled by any sort of discomfort, for example, headache or indigestion?
1  Yes
2  No

IF (A1 = Yes) OR (A2 = Yes) THEN
A3
Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?
INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE PAIN/DISCOMFORT, THEN PLEASE REFER TO ANY OF THEM.
1  Yes
2  No

IF A3 = Yes THEN
A4
In the past seven days, including last (day) on how many days have you noticed the ache or pain/discomfort?
IF RESPONDENT GIVES A RANGE, THEN PLEASE CODE THE LOWER
1  4 days or more
2  1 to 3 days
3  None

IF (A3 = Yes) AND (A4 = 4 days or more) OR (A4 = 1 to 3 days)) THEN
A5
In total, did the ache or pain/discomfort last for more than 3 hours on any day in the past week/on that day?
1  Yes
2  No

IF (A3 = Yes) AND ((A4 = 4 days or more) OR (A4 = 1 to 3 days)) THEN
A6
In the past week, has the ache or pain/discomfort been...
RUNNING PROMPT
1  very unpleasant,
2  a little unpleasant,
Has the ache or pain/discomfort bothered you when you were doing something interesting in the past week?
1  Yes
2  No/has not done anything interesting

How long have you been feeling this ache or pain/discomfort as you have just described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION B - FATIGUE

ASK IF SELECTED RESPONDENT

B1
Have you noticed that you've been getting tired in the past month?
1  Yes
2  No

IF B1 = No THEN

B2
During the past month, have you felt you've been lacking in energy?
1  Yes
2  No

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

B3
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Do you know why you have been feeling tired/lacking in energy?
1  Yes
2  No

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

B3a
SHOW CARD R
What is the main reason? Can you choose from this card?
1  Problems with sleep
2  Medication
3  Physical illness
4  Working too hard
5  Stress, worry or other psychological reason
6  Physical exercise
7  Other

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

B4
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
In the past seven days, including last (day) on how many days have you felt tired/lacking in energy?
1  4 days or more
2  1 to 3 days
3  None

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

B5
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?
EXCLUDE TIME SPENT SLEEPING.
1  Yes
2  No
IF \((B1 = \text{Yes}) \text{ OR } (B2 = \text{Yes})\) AND \((B3 = \text{No AND B3a = NOT Physical exercise})\) AND \((B4 = \text{4 days or more}) \text{ OR } (B4 = \text{1 to 3 days}))\) THEN

B6

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Have you felt so tired/lacking in energy that you’ve had to push yourself to get things done during the past week?
1  Yes, on at least one occasion
2  No

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

B7

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Have you felt tired/lacking in energy when doing things that you enjoy during the past week?
1  Yes, at least once
2  No
3  Spontaneous: Does not enjoy anything

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

B8

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?
1  Yes
2  No

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

B9

SHOW CARD S

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
How long have you been feeling tired/lacking in energy in the way you have just described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION C - CONCENTRATION AND FORGETFULNESS

ASK IF SELECTED RESPONDENT

C1
In the past month, have you had any problems in concentrating on what you are doing?
1  Yes, problems concentrating
2  No

C2
Have you noticed any problems with forgetting things in the past month?
1  Yes
2  No

IF (C1 = Yes) OR (C2 = Yes) THEN
C4
Since last day, on how many days have you noticed problems with your concentration/memory?
1  4 days or more
2  1 to 3 days
3  None

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN
C5
In the past week could you concentrate on a TV programme, read a newspaper article or talk to someone without your mind wandering?
1  Yes
2  No/not always

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN
C6
In the past week, have these problems with your concentration actually stopped you from getting on with things you used to do or would like to do?
1  Yes
2  No

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN
C7
(Earlier you said you have been forgetting things).
Have you forgotten anything important in the past seven days?
1  Yes
2  No

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN
C8
SHOW CARD S
How long have you been having the problems with your concentration/memory as you have described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION D - SLEEP PROBLEMS

ASK IF SELECTED RESPONDENT

D1
In the past month, have you been having problems with trying to get to sleep or with getting back to sleep if you woke up or were woken up?
1 Yes
2 No

IF D1 = No THEN

D2
Has sleeping more than you usually do been a problem for you in the past month?
1 Yes
2 No

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

D3
On how many of the past seven nights did you have problems with your sleep?
1 4 nights or more
2 1 to 3 nights
3 None

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

D4
Do you know why you are having problems with your sleep?
1 Yes
2 No

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

D4a
SHOW CARD T
Can you look at this card and tell me the main reason for these problems?
1 Noise
2 Shift work/too busy to sleep
3 Illness/discomfort
4 Worry/thinking
5 Needing to go to the toilet
6 Having to do something (e.g. look after baby)
7 Tired
8 Medication
9 Other

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

D5
Thinking about the night you had the least sleep in the past week, how long did you spend trying to get to sleep?
(If you woke up or were woken up I want you to allow a quarter of an hour to get back to sleep). Only include time spent trying to get to sleep.
1 Less than 1/4 hr
2 At least 1/4 hr but less than 1 hr
3 At least 1 hr but less than 3 hrs
4 3 hrs or more
IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND 
D5 = 3 hrs or more THEN
D6
In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?
1  4 nights or more
2  1 to 3 nights
3  None

IF ((D1 = Yes) OR (D2 = Yes)) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND 
(D5 = At least 1/4 hr but less than 1 hr) OR (D5 = At least 1 hr but less than 3 hrs) OR (D5 = 
3 hrs or more)) THEN
D7
Do you wake more than two hours earlier than you need to and then find you can't get back to 
sleep?
1  Yes
2  No

IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) THEN
D8
Thinking about the night you slept the longest in the past week, how much longer did you sleep 
compared with how long you normally sleep for?
1  Less than 1/4 hr
2  At least 1/4 hr but less than 1 hr
3  At least 1 hr but less than 3 hrs
4  3 hrs or more

IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights)) AND D8 = 3 hrs or more 
THEN
D9
In the past week, on how many nights did you sleep for more than 3 hours longer than you 
usually do?
1  4 nights or more
2  1 to 3 nights
3  None

IF D2 = Yes AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights) AND ((D5 = At least 1/4 hr 
but less than 1 hr) OR (D5 = At least 1 hr but less than 3 hrs) OR (D5 = 3 hrs or more)) THEN
D10
SHOW CARD U
How long have you had these problems with your sleep as you have described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION E - IRRITABILITY

ASK IF SELECTED RESPONDENT

E1
Many people become irritable or short tempered at times, though they may not show it.
Have you felt irritable or short tempered with those around you in the past month?
   1  Yes/no more than usual
   2  No

IF E1 = No THEN
E2
During the past month did you get short tempered or angry over things which now seem trivial when you look back on them?
   1  Yes
   2  No

IF (E1 = Yes) OR (E2 = Yes) THEN
E3
Since last (day), on how many days have you felt irritable or short tempered/angry?
   1  4 days or more
   2  1 to 3 days
   3  None

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN
E4
What sort of things made you irritable or short tempered/angry in the past week? CODE VERBATIM

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN
E5
In total, have you felt irritable or short tempered/angry for more than one hour (on any day in the past week)?
   1  Yes
   2  No

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN
E6
During the past week, have you felt so irritable or short tempered/angry that you have wanted to shout at someone, even if you haven't actually shouted?
   1  Yes
   2  No

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN
E7
In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?
   1  Yes
   2  No
IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes THEN
E7a
Did this happen once or more than once (in the past week)?
  1  Once
  2  More than once

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes AND E7a = Once THEN
E8
Do you think this was justified?
  1  Yes, justified
  2  No, not justified

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) AND E7 = Yes AND E7a = More than once THEN
E9
Do you think this was justified on every occasion?
  1  Yes
  2  No, at least one was unjustified

IF ((E1 = Yes) OR (E2 = Yes)) AND ((E3 = 4 days or more) OR (E3 = 1 to 3 days)) THEN
E10
SHOW CARD U
How long have you been feeling irritable or short tempered/angry as you have described?
  1  Less than 2 weeks
  2  2 weeks but less than 6 months
  3  6 months but less than 1 year
  4  1 year but less than 2 years
  5  2 years or more
SECTION F - WORRY ABOUT PHYSICAL HEALTH

ASK IF SELECTED RESPONDENT

F1
Many people get concerned about their physical health. In the past month, have you been at all worried about your physical health?
INCLUDE WOMEN WHO ARE WORRIED ABOUT THEIR PREGNANCY
1 Yes, worried
2 No/concerned

IF (F1 = No/concerned) AND NOT IF (Health = None) THEN
F2Route
INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT HEALTH?
YOU ENTERED THE FOLLOWING ILLNESS/ES: (health conditions).
1 Yes, has mentioned a physical health problem
2 No physical health problem

IF F2Route = No physical health problem THEN
F2
During the past month, did you find yourself worrying that you might have a serious physical illness?
1 Yes
2 No

IF ((F1 = Yes, worried) OR (F2 = Yes)) THEN
F3
Thinking about the past seven days, including last (day), on how many days have you found yourself worrying about your physical health / worrying that you might have a serious physical illness?
1 4 days or more
2 1 to 3 days
3 None
IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days)) THEN
F4
In your opinion, have you been worrying too much in view of your actual health?
1 Yes
2 No

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days)) THEN
F5
In the past week, has this worrying been...
RUNNING PROMPT...
1 very unpleasant,
2 a little unpleasant,
3 or not unpleasant?
IF ((F1 = Yes, worried) OR (F2 = Yes)) AND ((F3 = 4 days or more) OR (F3 = 1 to 3 days)) THEN

F6
In the past week, have you been able to take your mind off your health worries at least once, by doing something else?
1  Yes
2  No, could not be distracted once

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

F7
SHOW CARD U
How long have you been worrying about your physical health in the way you described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION G - DEPRESSION

ASK IF SELECTED RESPONDENT

G1
Almost everyone becomes sad, miserable or depressed at times.
Have you had a spell of feeling sad, miserable or depressed in the past month?
1  Yes
2  No

G2
During the past month, have you been able to enjoy or take an interest in things as much as you usually do?
1  Yes
2  No/no enjoyment or interest

IF G1 = Yes THEN
G4
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
In the past week have you had a spell of feeling sad, miserable or depressed?
1  Yes
2  No

IF G2 = No THEN
G5
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
In the past week have you been able to enjoy or take an interest in things as much as usual?
1  Yes
2  No/no enjoyment or interest

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN
G6
Since last (day) on how many days have you felt [depressed or unable to take an interest in / / things / sad, miserable or depressed / unable to enjoy or take an interest in]?
1  4 days or more
2  1 to 3 days
3  None

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN
G7
Have you felt sad, miserable or depressed / unable to enjoy or take an interest in things for more than 3 hours in total (on any day in the past week)?
1  Yes
2  No

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN
G9
In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?
1  Yes, at least once
2  No
IF ((G4 = Yes) OR (G5 = No/no enjoyment)) THEN
G10
SHOW CARD V
How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described?
1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years but less than 5 years
6. 5 years but less than 10 years
7. 10 years or more
SECTION H - DEPRESSIVE IDEAS

ASK IF SELECTED RESPONDENT AND DVG11>=1

H1
I would now like to ask you about when you have been feeling miserable, depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things.
In the past week, was this worse in the morning or in the evening, or did this make no difference?
PROMPT AS NECESSARY
1  in the morning
2  in the evening
3  no difference/other

H2
INTERVIEWER PLEASE READ OUT:
Many people find that feeling miserable, depressed or unable to take an interest in things can affect their interest in sex.
Over the past month, do you think your interest in sex has…
RUNNING PROMPT
1  increased
2  decreased
3  has it stayed the same?
4  Spontaneous - Not applicable

H3A
When you have felt miserable, depressed or unable to take an interest in things in the past seven days
….. have you been so restless that you couldn't sit still?
1  Yes
2  No

H3B
….. have you been doing things more slowly, for example, walking more slowly?
1  Yes
2  No

H3C
….. have you been less talkative than normal?
1  Yes
2  No

H4
Now, thinking about the past seven days have you on at least one occasion felt guilty or blamed yourself when things went wrong when it hasn't been your fault?
1  Yes, at least once
2  No

H5
During the past week, have you been feeling you are not as good as other people?
1  Yes
2  No
H6
Have you felt hopeless at all during the past seven days, for instance about your future?
1  Yes
2  No

H8
In the past week have you felt that life isn’t worth living?
1  Yes
2  No

H9
In the past week, have you thought of killing yourself?
1  Yes
2  No

H10
Thank you for answering those questions on how you have been feeling. I would now like to ask you a few questions about worrying.
1  Continue
SECTION I - WORRY

ASK IF SELECTED RESPONDENT

I1
(The next few questions are about worrying.) In the past month, did you find yourself worrying more than you needed to about things?
1 Yes, worrying
2 No/concerned

IF I1 = No/concerned THEN
I2
Have you had any worries at all in the past month?
1 Yes
2 No

IF ((I1 = Yes) OR (I2 = Yes)) THEN
I6INTRO
For the next few questions, I want you to think about worries you have had other than those about your physical health.
1 Continue

IF ((I1 = Yes) OR (I2 = Yes)) THEN
I6
On how many of the past seven days have you been worrying about things (other than your physical health)?
1 4 days or more
2 1 to 3 days
3 None

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
I7
In your opinion, have you been worrying too much in view of your circumstances?
REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH
1 Yes
2 No

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
I8
In the past week, has this worrying been:
REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH
RUNNING PROMPT
1 very unpleasant
2 a little unpleasant
3 or not unpleasant?

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
I9
Have you worried for more than 3 hours in total on any one of the past seven days?
REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH
1 Yes
2 No
IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN I10
SHOW CARD W
How long have you been worrying about things in the way you have described?
1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more

IF ((I1 = Yes) OR (I2 = Yes)) THEN
Reason
SHOW CARD X
Can you look at this card and tell me what sorts of things have been making you [depressed or unable to take an interest in / things and worried / things / worried]?
CODE ALL THAT APPLY - DON'T KNOW = 99
1  Members of the family
2  Relationship with spouse/partner
3  Relationships with friends
4  Housing
5  Money/bills
6  Own physical health (inc. pregnancy)
7  Own mental health
8  Work or lack of work
9  Legal difficulties
10  Political issues/the news
11  Exams
12  Other
99  Don't know/no main thing

IF ((I1 = Yes) OR (I2 = Yes)) THEN
MnReason
SHOW CARD X
What was the main thing you have been [depressed or worried / depressed / worried] about?
DON'T KNOW/NO MAIN THING = 99
1  Members of the family
2  Relationship with spouse/partner
3  Relationships with friends
4  Housing
5  Money/bills
6  Own physical health (inc. pregnancy)
7  Own mental health
8  Work or lack of work
9  Legal difficulties
10  Political issues/the news
11  Exams
12  Other
99  Don't know/no main thing
SECTION J - ANXIETY

ASK IF SELECTED RESPONDENT

J1
Have you been feeling anxious or nervous in the past month?
   1  Yes, anxious or nervous
   2  No

IF J1 = No THEN

J2
In the past month, did you ever find your muscles felt tense or that you couldn't relax?
   1  Yes
   2  No

J3
Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get extremely anxious when in confined spaces, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.
In the past month have you felt anxious, nervous or tense about any specific things when there was no real danger?
   1  Yes
   2  No

IF DVJ4 = anxiety and phobia THEN

J5
In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?
   1  Always brought on by phobia
   2  Sometimes generally anxious

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

J6
The next questions are concerned with general anxiety/nervousness/tension only.
I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.
On how many of the past seven days have you felt generally anxious/nervous/tense?
   1  4 days or more
   2  1 to 3 days
   3  None

IF DVJ4 = only general anxiety THEN

J7
On how many of the past seven days have you felt generally anxious/nervous/tense?
   1  4 days or more
   2  1 to 3 days
   3  None

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

J8
In the past week, has your anxiety/nervousness/tension been:
RUNNING PROMPT
1 very unpleasant,
2 a little unpleasant,
3 or not unpleasant?

IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN
J9
SHOW CARD Y
In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?
1 Yes
2 No

IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) AND J9 = Yes THEN
J9A
SHOW CARD Y
Which of these symptoms did you have when you felt anxious/nervous/tense?
CODE ALL THAT APPLY
1 Heart racing or pounding
2 Hands sweating or shaking
3 Feeling dizzy
4 Difficulty getting your breath
5 Butterflies in stomach
6 Dry mouth
7 Nausea or feeling as though you wanted to vomit

IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN
J10
Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?
1 Yes
2 No

IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN
J11
How long have you had these feelings of general anxiety/nervousness/tension as you described?
SHOW CARD Z
1 Less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more
SECTION K - PHOBIAS

ASK IF SELECTED RESPONDENT AND DVK1 = Others

K2
Sometimes people avoid a specific situation or thing because they have a phobia about it. In the past month, have you avoided any situation or thing because it would have made you feel nervous or anxious, even though there was no real danger?

1  Yes
2  No

IF (DVK1 = Others) OR (K2 = Yes) THEN
K3
SHOW CARD BA
Can you look at this card and tell me which of the situations or things listed [made you the most anxious/nervous/tense / did you avoid the most] in the past month?
CODE ALL THAT APPLY
1  Crowds or public places
2  Enclosed spaces
3  Social situations
4  Sight of blood or injury
5  Specific single cause
6  Other (SPECIFY)

IF K3 = Other phobia THEN
XK3
CISR - PHOBIAS
SPECIFY OTHER PHOBIA

IF DVK1 = phobic anxiety in past month THEN
K4
In the past seven days, how many times have you felt nervous or anxious about (SITUATION(S)/THING(S))?

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

IF DVK1 = phobic anxiety in past month AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times)) THEN
K5
SHOW CARD BB
In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?
HEART RACING OR POUNDING
HANDS SWEATING OR SHAKING
FEELING DIZZY
DIFFICULTY GETTING YOUR BREATH
BUTTERFLIES IN STOMACH
DRY MOUTH
NAUSEA OR FEELING AS THOUGH YOU WANTED TO VOMIT

1  Yes
2  No
IF DVK1 = phobic anxiety in past month AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times)) AND K5 = Yes THEN

K5A
SHOW CARD BB
Which of these symptoms did you have when you felt anxious/nervous/tense?
  1  Heart racing or pounding
  2  Hands sweating or shaking
  3  Feeling dizzy
  4  Difficulty getting your breath
  5  Butterflies in stomach
  6  Dry mouth
  7  Nausea or feeling as though you wanted to vomit

IF DVK1 = phobic anxiety in past month THEN

K6
In the past week, have you avoided any situation or thing because it would have made you feel anxious/nervous/tense even though there was no real danger?
  1  Yes
  2  No

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

K7
How many times have your avoided such situations or things in the past seven days?
  1  4 times or more
  2  1 to 3 times
  3  None

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

K8
SHOW CARD BC
How long have you been having these feelings about these situations/things as you have just described?
  1  Less than 2 weeks
  2  2 weeks but less than 6 months
  3  6 months but less than 1 year
  4  1 year but less than 2 years
  5  2 years or more
SECTION L – PANIC

ASK IF SELECTED RESPONDENT AND DVK1 = 1 OR 2 THEN

L1
Thinking about the past month, did your anxiety or tension ever get so bad that you got in a panic, for instance make you feel that you might collapse or lose control unless you did something about it?

1  Yes
2  No

IF L1 = Yes THEN

L2
How often has this happened in the past week?

1  Once
2  More than once
3  Not at all

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

L3
In the past week, have these feelings of panic been:
RUNNING PROMPT

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

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

L4
Did this panic/the worst of these panics last for longer than 10 minutes?

1  Yes
2  No

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

L5
Are you relatively free of anxiety between these panics?

1  Yes
2  No

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

L6
Is this panic always brought on by (list of phobias mentioned)?

1  Yes
2  No

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

L7
SHOW CARD BC
How long have you been having these feelings of panic as you have described?

1  Less than 2 weeks
2  2 weeks but less than 6 months
3  6 months but less than 1 year
4  1 year but less than 2 years
5  2 years or more
SECTION M – COMPULSIONS

ASK IF SELECTED RESPONDENT

M1
In the past month, did you find that you kept on doing things over and over again when you knew you had already done them. For example, making your bed or washing your hands over and over again?

1  Yes
2  No

IF M1 = Yes THEN

M2
On how many days in the past week did you find yourself doing things over again that you had already done?

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

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

M3
Since last (day) what sorts of things have you done over and over again?

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

M4
During the past week, have you tried to stop yourself repeating (BEHAVIOUR)/doing any of these things over again?

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

1  Yes
2  No

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

M5
Has repeating (BEHAVIOUR)/doing any of these things over again made you upset or annoyed with yourself in the past week?

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

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

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

M6
INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3

1  Yes
2  No

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

M6A
Thinking about the past week, which of the things you mentioned did you repeat the most times?
IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M7
Since last (day), how many times did you repeat (description of main compulsion) when you had already done it?
  1  3 or more repeats
  2  2 repeats
  3  1 repeat

IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M8
SHOW CARD BC
How long have you been repeating (BEHAVIOUR)/any of the things you mentioned in the way which you have described?
  1  Less than 2 weeks
  2  2 weeks but less than 6 months
  3  6 months but less than 1 year
  4  1 year but less than 2 years
  5  2 years or more
SECTION N - OBSESSIONS

ASK IF SELECTED RESPONDENT

N1
In the past month did you have any thoughts or ideas over and over again that you found unpleasant and would prefer not to think about, that still kept on coming into your mind? For example, constantly thinking about death
1  Yes
2  No

IF N1 = Yes THEN

N2
Can I check, is this the same thought or idea over and over again or are you worrying about a problem or something in general?
1  Same thought
2  Worrying in general

IF N1 = Yes AND N2 = Same thought THEN

N3
What are these unpleasant thoughts or ideas that keep coming into your mind?
RECORD VERBATIM
DO NOT PROBE
DO NOT PRESS FOR AN ANSWER

IF N1 = Yes AND N2 = Same thought THEN

N4
Since last (day), on how many days have you had these unpleasant thoughts?
1  4 days or more
2  1 to 3 days
3  None

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

N5
During the past week, have you tried to stop yourself thinking any of these thoughts?
1  Yes
2  No

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

N6
Have you become upset or annoyed with yourself when you have had these thoughts in the past week?
1  Yes, upset or annoyed
2  Not at all

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

N7
In the past week, was the longest episode of having such thoughts...
RUNNING PROMPT
1  a quarter of an hour or longer,
2 or was it less than this?

IF N1 = Yes AND N2 = Same thought AND ((N4 = 4 days or more) OR (N4 = 1 to 3 days))
THEN
N8
SHOW CARD BC
How long have you been having these thoughts in the way which you have just described?
  1  Less than 2 weeks
  2  2 weeks but less than 6 months
  3  6 months but less than 1 year
  4  1 year but less than 2 years
  5  2 years or more
SECTION O - OVERALL EFFECTS AND MULTIPLE EPISODES OF DEPRESSION

ASK IF SELECTED RESPONDENT

O1
Now I would like to ask you how all of these things that you have told me about have affected you overall. In the past week, has the way you have been feeling ever actually stopped you from getting on with things you used to do or would like to do?
1  Yes
2  No

IF O1 = Yes THEN
O1A
In the past week, has the way you have been feeling stopped you doing things once or more than once?
1  Once
2  More than once

IF O1 = No THEN
O1B
Has the way you have been feeling made things more difficult even though you have got everything done?
1  Yes
2  No

AnyDep
Have you ever had a spell of feeling sad, miserable or depressed or unable to enjoy or take an interest in things?
1  Yes
2  No

PrevDep
Earlier you said that you have been feeling sad, miserable or depressed or unable to enjoy or take an interest in things lately. Have you had a spell of feeling like this before?
INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.
1  Yes
2  No

IF ((AnyDep = Yes) OR (PrevDep = Yes)) THEN
AgeDep
About how old were you the first time you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things?
INTERVIEWER: INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.
INCLUDE ANY CURRENT SPELL OF DEPRESSION.
Range: 4…99

IF ((AnyDep = Yes) OR (PrevDep = Yes)) AND AgeDep = RESPONSE THEN
YrsDep
Have you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things in the last 10 years / 5 years?
INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE INCLUDE ANY CURRENT SPELL.
1  Yes
IF ((YrsDep = Yes) OR (PrevDep = Yes)) THEN
TimesD

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

INTERVIEWER: INCLUDE ANY CURRENT SPELL OF DEPRESSION.

1  1
2  2
3  3-4
4  5-6
5  7 or more
6  unable to say
10. Suicidal thoughts, attempts and self-harm

ASK IF SELECTED RESPONDENT

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

DSH1
Have you ever felt that life was not worth living?
1 Yes
2 No

IF DSH1 = Yes THEN
DSH1a
Was this....
READ OUT AND CODE FIRST THAT APPLIES
1 ...in the last week,
2 ...in the last year,
3 or at some other time?

DSH2
Have you ever wished that you were dead?
1 Yes
2 No

IF DSH2 = Yes THEN
DSH2a
Was this....
READ OUT AND CODE FIRST THAT APPLIES
1 ...in the last week?
2 ...in the last year?
3 or at some other time?

DSH3
Have you ever thought of taking your life, even if you would not really do it?
1 Yes
2 No

IF DSH3 = Yes THEN
DSH3a
Was this....
READ OUT AND CODE FIRST THAT APPLIES
1 ...in the last week,
2 ...in the last year,
3 or at some other time?

DSH4
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1 Yes
2 No
IF DSH4 = Yes THEN

DSH4a
Was this...
REDA OUT AND CODE FIRST THAT APPLIES
1 ...in the last week?
2 ...in the last year?
3 ...or at some other time?

IF DSH4 = Yes THEN

DSH4b
Did you try to get help from anyone following this attempt?
1 Yes
2 No

IF DSH4 = Yes AND DSH4b = Yes THEN

DSH4c
Who did you try to get help from?
You may give more than one response.
REDA OUT...
CODE ALL THAT APPLY
1 ...a friend
2 ...a member of your family
3 ...your GP/family doctor
4 ...the local hospital
5 ...someone else – specify

IF DSH4 = Yes AND DSH4c = Someone else THEN

DSH4d
Who was the other person you asked for help?

DSH5
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No

IF DSH5 = Yes THEN

DSH6
Did you...
READ OUT AND CODE ALL THAT APPLY
1 ...cut yourself,
2 ...or burn yourself,
3 ...or swallow any objects,
4 ...or harm yourself some other way?

IF DSH5 = Yes THEN

DSH7
Did you do any of these things to draw attention to your situation or to change your situation?
1 Yes
2 No
IF DSH5 = Yes THEN
DSH8
Did you do any of these things because it relieved unpleasant feelings of anger, tension, anxiety or depression?
   1   Yes
   2   No

IF DSH5 = Yes THEN
DSH9
Have you received medical attention for deliberately harming yourself in any of these ways?
INTERVIEWER: MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP.
   1   Yes
   2   No

IF DSH5 = Yes THEN
DSH10
Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?
   1   Yes
   2   No

IF ((DSH4a = in the last week OR in the last year)) OR ((DSH1a = in the last week) OR (DSH4a = in the last year)) OR ((DSH2a = in the last week) OR (DSH4a = in the last year)) OR ((DSH3a = in the last week) OR (DSH4 = No))) THEN
DSHExit
The sorts of thoughts and feelings we have talked about here are very serious and it is important that you talk to someone, for example a doctor or The Samaritans, if you find yourself thinking them.
   1   Continue
11. Psychosis - PSQ

ASK IF SELECTED RESPONDENT

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

PSQ1
Over the past year, have there been times when you felt very happy indeed without a break for days on end?
1  Yes
2  No
3  Unsure

IF PSQ1 = Yes THEN
PSQ1a
Was there an obvious reason for this?
1  Yes
2  No
3  Unsure

IF (PSQ1 = Yes) AND (PSQ1a = No) THEN
PSQ1b
Did people around you think it was strange or complain about it?
1  Yes
2  No
3  Unsure

IF (PSQ1 = Yes) AND (PSQ1a = No) AND ((PSQ1b = Yes OR Unsure)) THEN
PSQ1bV
Could you tell me a little more about that?
CODE VERBATIM

PSQ2
Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?
1  Yes
2  No
3  Unsure

IF PSQ2 = Yes THEN
PSQ2a
Did this come about in a way that many people would find hard to believe, for instance, through telepathy?
1  Yes
2  No
3  Unsure

IF (PSQ2 = Yes) AND ((PSQ2a = Yes OR Unsure)) THEN
PSQ2aV
How do you explain what happened?
CODE VERBATIM
PSQ3
Over the past year, have there been times when you felt that people were against you?
1  Yes
2  No
3  Unsure

IF PSQ3 = Yes THEN
PSQ3a
Have there been times when you felt that people were deliberately acting to harm you or your interests?
1  Yes
2  No
3  Unsure

IF (PSQ3 = Yes) AND (PSQ3a = Yes) THEN
PSQ3b
Have there been times you felt that a group of people was plotting to cause you serious harm or injury?
1  Yes
2  No
3  Unsure

IF PSQ3 = Yes AND PSQ3a = Yes AND ((PSQ3b = Yes OR Unsure)) THEN
PSQ3bV
Why do you think this was happening?
CODE VERBATIM

PSQ4
Over the past year, have there been times when you felt that something strange was going on?
1  Yes
2  No
3  Unsure

IF PSQ4 = Yes THEN
PSQ4a
Did you feel it was so strange that other people would find it very hard to believe?
1  Yes
2  No
3  Unsure

IF (PSQ4 = Yes) AND ((PSQ4a = Yes OR Unsure)) THEN
PSQ4aV
What was going on that felt so strange?
CODE VERBATIM

PSQ5
Over the past year, have there been times when you heard or saw things that other people couldn’t?
1  Yes
2  No
3  Unsure
IF PSQ5 = Yes THEN
PSQ5a
Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?
  1   Yes
  2   No
  3   Unsure

IF (PSQ5 = Yes) AND ((PSQ5a = Yes OR Unsure)) THEN
PSQ5aV
What did the voices say to you?
CODE VERBATIM
12. **Attention Deficit Hyperactivity Disorder (ADHD) – ASRS**

**ASK IF SELECTED RESPONDENT**

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

1. Continue

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

Please take your answer from showcard BD
ADD IF NECESSARY: ‘PROJECTS INCLUDE ALL SORTS OF THINGS, LIKE MAKING SOMETHING, DOING HOMEWORK, OR DIY AROUND THE HOUSE’

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

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

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

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

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

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

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

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

1  Never
2  Rarely
3  Sometimes
4  Often
5  Very often

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

1  Never
2  Rarely
3  Sometimes
4  Often
5  Very often
13. **Work Related Stress (ERI & JCQ)**

**ASK IF SELECTED RESPONDENT AND DVAGE<=70**

**Work**
Did you do any paid work in the 7 days ending Sunday the *(date)*, either as an employee or as self-employed?
1. Yes
2. No

**IF Work = Yes THEN**
**ERIINTRO**
**SHOWCARD BE**
The following statements refer to your current main job. Looking at showcard BE please indicate for each of the following statements how far they reflect your situation.
1. Continue

**IF Work = Yes THEN**
**ERI1**
(How far do these statements reflect your situation,) I have constant time pressure due to heavy work load.
1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

**IF Work = Yes THEN**
**ERI2**
(How far do these statements reflect your situation), I have many interruptions and disturbances in my job.
1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

**IF Work = Yes THEN**
**ERI3**
(How far do these statements reflect your situation), Over the past few years, my job has become more and more demanding.
1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

**IF Work = Yes THEN**
**ERI4**
(How far do these statements reflect your situation), I receive the respect I deserve from my line manager.
1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree
5. Spontaneous only: Not applicable (no line manager)
IF Work = Yes THEN
ERI5
(How far do these statements reflect your situation), My job promotion prospects are poor.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree

IF Work = Yes THEN
ERI6
(How far do these statements reflect your situation,) I have experienced or I expect to experience an undesirable change in my work situation.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree

IF Work = Yes THEN
ERI7
(How far do these statements reflect your situation), My job security is poor.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree

IF Work = Yes THEN
ERI8a
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my colleagues.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree
   5  Spontaneous only: Not applicable (no colleagues)

IF Work = Yes THEN
ERI8b
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my clients.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree
   5  SPONTANEOUS ONLY: Not applicable (no clients)

IF Work = Yes THEN
ERI8c
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my customers.
   1  Strongly agree
   2  Slightly agree
   3  Slightly disagree
   4  Strongly disagree
   5  Spontaneous only: Not applicable (no customers)
IF Work = Yes THEN
ERI9
Considering all my efforts and achievements, my work prospects are adequate.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI10
(How far do these statements reflect your situation), I get easily overwhelmed by time pressures at work.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI11
(How far do these statements reflect your situation), As soon as I get up in the morning I start thinking about work problems.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI12
(How far do these statements reflect your situation), When I get home, I can easily relax and ‘switch off’ work.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI13
(How far do these statements reflect your situation), People close to me say I sacrifice too much for my job.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI14
(How far do these statements reflect your situation), Work rarely lets me go, it is still on my mind when I go to bed.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree
IF Work = Yes THEN

ER15
(How far do these statements reflect your situation), If I postpone something that I was supposed to do today I'll have trouble sleeping at night.
1  Strongly agree
2  Slightly agree
3  Slightly disagree
4  Strongly disagree

IF Work = Yes THEN

WORK2
Thank you. The next set of questions are also about your current job.
SHOWCARD BF
For each question, please look at this card and give the answer that comes closest to reflecting your work situation.
1  Continue

IF Work = Yes THEN

JCQ1
SHOWCARD BF
Do you have a choice in deciding HOW you go about your work?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never

IF Work = Yes THEN

JCQ2
SHOWCARD BF
Do you have a choice in deciding WHAT you do at work?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never

IF Work = Yes THEN

JCQ3
SHOWCARD BF
Do you get help and support from your colleagues?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never
5  Does not apply/ has no colleagues

IF Work = Yes THEN

JCQ4
SHOWCARD BF
Are your colleagues willing to listen to your work related problems?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never
5  Does not apply/ has no colleagues
IF Work = Yes THEN

JCQ5
SHOWCARD BF
Do you get help and support from your line manager?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never
5  Does not apply/ has no line manager

IF Work = Yes THEN

JCQ6
SHOWCARD BF
Is your line manager willing to listen to your problems?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never
5  Does not apply/ has no line manager
14. Smoking – (Fagerstrom Test)

ASK IF SELECTED RESPONDENT

Smokintr
The following questions are about smoking.
  1  Continue

Cigever
Have you ever smoked a cigarette?
  1  Yes
  2  No

IF Cigever = Yes THEN
Cignow
Do you smoke cigarettes at all nowadays?
  1  Yes
  2  No

IF (Cigever = Yes) AND (Cignow = Yes) THEN
QtyWknd
About how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
  Range: 0…97

IF (Cigever = Yes) AND (Cignow = Yes) THEN
QtyWeek
About how many cigarettes a day do you usually smoke on weekdays?
PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
  Range: 0…97

IF (Cigever = Yes) AND (Cignow = Yes) THEN
DVCig1
Total Cigarettes smoked
  Range: 0…997

IF (Cigever = Yes) AND (Cignow = Yes) THEN
EasNoSmk
How easy or difficult would you find it to go without smoking for a whole day...
RUNNING PROMPT
  1  very easy
  2  fairly easy
  3  fairly difficult
  4  or very difficult?

IF (Cigever = Yes) AND (Cignow = Yes) THEN
GiveUp
Would you like to give up smoking altogether?
  1  Yes
  2  No
IF (Cigever = Yes) AND (Cignow = Yes) THEN
FirstCig
How soon after waking do you usually smoke your first cigarette?
1. Less than 5 minutes
2. 5 to 14 mins
3. 15 to 29 mins
4. 30 mins but less than 1 hour
5. 1 hr but less than 2 hrs
6. 2 hours or more

IF (Cigever = Yes) AND (Cignow = Yes) THEN
FagForb
Do you find it difficult to refrain from smoking in places where it is forbidden such as a church, the library, or cinema?
1. Yes
2. No

IF (Cigever = Yes) AND (Cignow = Yes) THEN
FagGive
Which cigarette would you hate most to give up...
READ OUT
1. …the first one in the morning,
2. or, all the others?

IF (Cigever = Yes) AND (Cignow = Yes) THEN
FagWake
Do you smoke more frequently during the first hours after waking than the rest of the day?
1. Yes
2. No

IF (Cigever = Yes) AND (Cignow = Yes) THEN
FagIll
Do you smoke if you are so ill that you are in bed most of the day?
INTERVIEWER: IF RESPONDENT SAYS THEY HAVE NEVER BEEN ILL, ASK THEM TO GUESS WHAT THEY WOULD DO.
1. Yes
2. No
15. **Drinking [1]**

**ASK IF SELECTED RESPONDENT**

**DrinkNow**
I'm now going to ask you about drinking. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

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**IF DrinkNow = No THEN**

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

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<td>1</td>
<td>Very occasionally</td>
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<td>2</td>
<td>Never</td>
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**AUDIT & SAD-QC**

**START OF SELF COMPLETION**

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

**DrkIntro**
The next set of questions is for you to fill in yourself on the computer.
INTERVIEWER: EXPLAIN THAT THE INSTRUCTIONS WILL APPEAR ON SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH RESPONDENT. EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS INFORMANTS SHOULD SELF-COMPLETE. IF RESISTANCE, DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.

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<td>3</td>
<td>CASI to be read and answers to be entered by the interviewer</td>
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**IF (DrkIntro = CASI to be completed by respondent OR CASI to be read by interviewer, respondent to enter answers) THEN**

**DrTest**
The first two questions are to check that you know how to answer the questions in this section.
Is this the first time you have used a computer?
PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)
If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9.

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<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>9</td>
<td>Don't Understand/Does Not Apply</td>
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</table>

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

**DrTest2**
Which of the following hot drinks do like?
PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

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<td>Tea</td>
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DrkOft
In the last 12 months, how often have you had a drink containing alcohol?
1 Never
2 Monthly
3 Two to four times a month
4 Two to three times a week
5 Four or more times a week

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

DrAmt
How many standard drinks containing alcohol do you have on a typical day when you are drinking?
A standard drink is half a pint of beer, a single measure of spirits or a small glass of wine.
1 One or two
2 Three or four
3 Five or six
4 Seven, eight, or nine
5 Ten or more

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

LotOften
How often do you have 6 or more drinks on one occasion?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

IF DrkOft = two or more times a month THEN

NotStop
How often during the last year have you found that you were not able to stop drinking once you had started?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

IF DrkOft = two or more times a month THEN

FailDrk
How often during the last year have you failed to do what was normally expected from you because of drinking?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily
IF DrkOft = two or more times a month THEN

MornDrk
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
1  Never
2  Less than monthly
3  Monthly
4  Weekly
5  Daily or almost daily

IF DrkOft = two or more times a month THEN

Guilty
How often during the last year have you had a feeling of guilt or remorse after drinking?
1  Never
2  Less than monthly
3  Monthly
4  Weekly
5  Daily or almost daily

IF DrkOft = two or more times a month THEN

NoMem
How often during the last year have you been unable to remember what happened the night before because you had been drinking?
1  Never
2  Less than monthly
3  Monthly
4  Weekly
5  Daily or almost daily

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

Injured
Have you or someone else been injured as a result of your drinking?
1  Yes, but not in the last year
2  Yes, during the last year
3  No

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

Advised
Has a relative, a friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
1  Yes, but not in the last year
2  Yes, during the last year
3  No

DVAudit
COMPUTED VARIABLE
AUDIT SCORE (computed from DrkOft to Advised)

ASK IF DVAUDIT>=10

woke
Now thinking about your drinking in the last 6 months, would you say that the day after drinking alcohol...
…you woke up feeling sweaty
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

shook
Still thinking about the last six months, would you say that the day after drinking alcohol…
…your hands shook first thing in the morning
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

violent
Still thinking about the last six months, would you say that the day after drinking alcohol…
…your whole body shook violently first thing in the morning if you didn’t have a drink
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

drench
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you woke up absolutely drenched in sweat
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

dread
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you dreaded waking up in the morning absolutely drenched in sweat
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

fright
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you were frightened of meeting people first thing in the morning
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

despair
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you felt at the edge of despair when you awoke
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?
awoke
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you felt very frightened when you awoke
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

morn
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you liked to have a morning drink
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

quick
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you always gulped your first few drinks down as quickly as possible
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

shakes
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you drank in the morning to get rid of the shakes
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

crave
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you had a very strong craving for drink when you awoke
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

quarter
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you drank more than 1/4 bottle spirits a day (or 4 pints of beer/2 cans strong lager/1 bottle table wine)
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

IF quarter = Sometimes OR often OR always or nearly always THEN
half
Still thinking about the last six months, would you say that the day after drinking alcohol…
...you drank more than 1/2 bottle spirits a day (or 8 pints of beer/4 cans strong lager/2 bottles table wine)
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

IF ((quarter = Sometimes OR often OR always or nearly always) AND ((half = sometimes OR often OR always or nearly always)) THEN whole
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you drank more than 1 bottle spirits a day (or 15 pints of beer/8 cans strong lager/4 bottles table wine)
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

IF ((quarter = Sometimes OR often OR always or nearly always)) AND ((half = sometimes OR often OR always or nearly always)) AND ((whole = sometimes OR often OR always, or nearly always)) THEN two
Still thinking about the last six months, would you say that the day after drinking alcohol…
…you drank more than 2 bottles spirits a day (or 30 pints of beer/15 cans strong lager/8 bottles table wine)
1  Never, or almost never,
2  sometimes,
3  often,
4  or always, or nearly always?

IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN Ssweat
Imagine the following situation.
(1) You have hardly drunk alcohol for a few weeks
(2) You then drink very heavily for two days
How would you feel in the morning after those two days of heavy drinking? Would you say that...
I would start to sweat
1  Not at all,
2  slightly,
3  moderately,
4  or, quite a lot?

IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN hshake
How would you feel in the morning after those two days of heavy drinking? Would you say that...
My hands would shake
1  Not at all,
2  slightly,
3  moderately,
4  or, quite a lot?

IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN bshake
How would you feel in the morning after those two days of heavy drinking? Would you say that...
My body would shake
1  Not at all,
2  slightly,
3 moderately,  
4 or, quite a lot?

**IF (DrinkNow = Yes) OR (DrinkAny = Yes) THEN**  
**craved**  
How would you feel in the morning after those two days of heavy drinking? Would you say that...  
I would be craving for a drink  
1 Not at all,  
2 slightly,  
3 moderately,  
4 or, quite a lot?
16. Drugs

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

START OF SELF COMPLETION FOR RESPONDENTS NOT COMPLETING THE DRINKING SECTION

DrgIntro
The next set of questions, is for you to fill in yourself on the computer.
EXPLAIN THAT INSTRUCTIONS WILL APPEAR ON THE SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH RESPONDENT.
EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS
INFORMANTS SHOULD SELF-COMPLETE. IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.
1  CASI to be completed by respondent
2  CASI to be read by interviewer, respondent to enter answers
3  CASI to be read and answers to be entered by the interviewer

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

DrgTest
The first two questions are to check that you know how to answer the questions in this section.
Is this the first time you have used a computer?
PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)
If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9
1  Yes
2  No
9  Don’t Understand/Does Not Apply

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

DrgTest2
Which of the following hot drinks do you like?
PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE
1  Tea
2  Coffee
3  Hot Chocolate
4  Bovril
5  Ovaltine
6  None of these

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

DrgIntr2
This section is about drug use. By drugs we mean things like cannabis, speed and heroin.
We do not mean drugs that you have taken or are taking on a doctor’s prescription.
1  Continue

ADrug
Have you EVER taken any of the drugs listed below even if it was a long time ago?
Please type the numbers of ALL those drugs you have used.
If you have used NONE of them, type '8'
1  Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
2  Amphetamines (speed, whizz, uppers, billy)
3  Cocaine or coke
4  Crack (rock, stones)
5  Ecstasy (E)
6  Heroin (smack, skag, H, brown)
7  Acid or LSD
8  None of these

ADrug2
And, have you EVER taken any of the drugs listed below (not prescribed by a doctor) even if it was a long time ago?
Please type the numbers of ALL those drugs you have used
If you have used NONE of them, type '8'
1  Magic mushrooms
2  Methadone or physeptone
3  Semeron
4  Tranquilisers (temazepam, valium)
5  Amyl nitrate (poppers)
6  Anabolic steroids (steroids)
7  Glues, solvents, gas or aerosols (to sniff)
8  None of these

IF (ADrug = cannabis OR amphetamines OR cocaine or coke OR crack OR ecstasy OR heroin OR acid or LSD) THEN
YDrug
In the LAST 12 MONTHS have you taken any of these drugs?
Please type the numbers of ALL those drugs you have used in the LAST 12 MONTHS
If you have used NONE of them, type '8'
1  Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
2  Amphetamines (speed, whizz, uppers, billy)
3  Cocaine or coke
4  Crack (rock, stones)
5  Ecstasy (E)
6  Heroin (smack, skag, H, brown)
7  Acid or LSD
8  None of these

IF (ADrug2 = magic mushrooms OR methadone or physeptone OR semeron OR tranquilisers OR amyl nitrate OR anabolic steroids OR glues, solvents, gas or aerosols) THEN
YDrug2
And, in the LAST 12 MONTHS have you taken any of these drugs?
Please type the numbers of ALL those drugs you have used in the LAST 12 MONTHS
If you have used NONE of them, type '8'
1  Magic mushrooms
2  Methadone or physeptone
3  Semeron
4  Tranquilisers (temazepam, valium)
5  Amyl nitrate (poppers)
6  Anabolic steroids (steroids)
7  Glues, solvents, gas or aerosols (to sniff)
8  None of these
IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
AgeStrt
How old were you when you first used (name of drug)?
    Range: 0…97

IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
NumUse
How many times have you ever used (name of drug)?
    1   Less than 10 times
    2   10 to 100 times
    3   More than 100 times?

IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
More2wk
During the past 12 months, have you used (name of drug) every day for two weeks or more?
    1   Yes
    2   No

IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
Needed
In the past 12 months have you used (name of drug) to the extent that you felt like you needed it
or were dependent on it?
    1   Yes
    2   No

IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
CutDrg
In the past 12 months have you tried to cut down on (name of drug) but found you could not do
it?
    1   Yes
    2   No

IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR
tranquilisers) ) THEN
IncDrg
In the past 12 months did you find that you needed larger amounts of (name of drug) to get an
effect, or that you could no longer get high on the amount you used to use?
    1   Yes
    2   No
IF ( (YDrug = cannabis, amphetamines, cocaine or coke, crack, ecstasy, OR heroin) OR 
(YDrug2 = glues, solvents, gas or aerosols OR methadone or physeptone OR 
tranquilisers) ) THEN

Withdr
In the past 12 months have you had withdrawal symptoms such as feeling sick because you
stopped or cut down on (name of drug)?
1 Yes
2 No

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

UseMB4
Now thinking about the past month, have you used (name of drug) in the past month?
1 Yes
2 No

IF UseMB4 = Yes THEN

OftenB4
About how often were you using (name of drug) in the past month?
1 About daily
2 2 to 3 times per week
3 About once a week
4 Less than once a week

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

SDS1Cont
Thinking about your cannabis use, do you think your use of cannabis is out of control?
1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

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

SDS2Not
Does the prospect of not having cannabis make you anxious or worried?
1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

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

SDS3Worr
Do you worry about your use of cannabis?
1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

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

SDS4Stop
Do you wish you could stop?
1 Never-almost never
2 Sometimes
3  Often
4  Always-nearly always

IF (YDrug = cannabis) AND (UseMB4 = Yes) THEN
SDS5WOut
How difficult do you find it to go without cannabis?
1  Not difficult
2  Quite Difficult
3  Very Difficult
4  Impossible

IF (Adrug = NOT None) OR (Adrug2 = NOT None) THEN
ODEver
Have you ever experienced a drugs overdose of any type of drug, where you accidentally took too much or the drug was stronger than you were used to?
1  Yes
2  No

IF ODEver = Yes THEN
OdTimes
How many times has this happened to you in your life?
1  Once
2  2 or 3 times
3  4 or 5 times
4  6 - 9 times
5  10 or more times

IF (Adrug = NOT None) OR (Adrug2 = NOT None) THEN
InjIntr
The next questions are about your own experience of drug injecting.
1  Continue

IF ((Adrug = amphetamines OR Cocaine OR Crack OR Ecstasy OR Heroin) OR (Adrug2 = Methadone or physeptone OR tranquilisers)) THEN
InjEver
Have you ever injected drugs?
Do not include drugs that you were prescribed by a doctor.
1  Yes
2  No

IF InjEver = Yes THEN
InjAge
About how old were you when you first injected?
   Range: 5…97

IF InjEver = Yes THEN
InjReg
Have you ever injected regularly?
1  Yes
2  No

IF InjEver = Yes THEN
InjOften
About how many times have you EVER injected?
1  Less than 10 times
2  10 to 100 times
3  More than 100 times?

IF InjEver = Yes THEN
InjMB4
Did you inject in the last month?
1  Yes
2  No

IF (InjEver = Yes) AND (InjMB4 = Yes) THEN
InjOftB4
About how often did you inject in the last month?
1  About daily
2  2 to 3 times per week
3  About once a week
4  Less than once a week

If (Adrug = NOT None) OR (Adrug2 = NOT None) THEN
TreatInt
We would now like to ask you about any treatment, help or advice that you may have had in relation to drug use.
1  Continue

If (Adrug = NOT None) OR (Adrug2 = NOT None) THEN
TreatOut
Have you EVER received any treatment, help or advice because you were using drugs?
1  Yes
2  No

IF TreatOut = Yes THEN
TreatB4
Thinking about the past 12 months, did you receive any treatment, help or advice because you were using drugs?
1  Yes
2  No
17. Personality Disorder - (SCID-II for Antisocial and Borderline Personality Disorder)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The next set of questions are about the kind of person you generally are, that is, how you have usually felt or behaved over the past several years. (Remember not to think too hard about the answers, the first answer you think of is fine.) PRESS 1 FOR YES, PRESS 2 FOR NO OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT DOES NOT APPLY.

1  Continue

PD73
Have you often become frantic when you thought that someone you really cared about was going to leave you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD74
Do your relationships with people you really care about have lots of extreme ups and downs?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD75
Have you all of a sudden changed your sense of who you are and where you are headed?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD76
Does your sense of who you are often change dramatically?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD77
Are you different with different people or in different situations so that you sometimes don't know who you really are?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD78
Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD79
Have you often done things impulsively?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD80
Have you tried to hurt or kill yourself or threatened to do so?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD81
Have you ever cut, burned, or scratched yourself on purpose?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD82
Do you have a lot of sudden mood changes?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD83
Do you often feel empty inside?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD84
Do you often have temper outbursts or get so angry that you lose control?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD85
Do you hit people or throw things when you get angry?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD86
Do even little things get you very angry?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD87
When you are under a lot of stress, do you get suspicious of other people or feel especially 'spaced out' as if you were on drugs?
1  Yes
2  No
9  Don't Understand/Does Not Apply
PD88
Before you were 15, would you bully or threaten other kids?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD89
Before you were 15, would you start fights?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD90
Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, a knife or a gun?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD91
Before you were 15, did you deliberately torture someone or cause someone physical pain or suffering?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD92
Before you were 15, did you torture or hurt animals on purpose?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD93
Before you were 15, did you rob, mug, or forcibly take something from someone by threatening him or her?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD94
Before you were 15, did you force someone to have sex with you, get undressed, or touch you sexually?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD95
Before you were 15, did you start fires?
1  Yes
2  No
9  Don't Understand/Does Not Apply
PD96
Before you were 15, did you deliberately destroy things that weren't yours?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD97
Before you were 15, did you break into houses, other buildings, or cars?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD98
Before you were 15, did you lie a lot or con other people?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD99
Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD100
Before you were 15, did you run away and stay away overnight?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD101
Before you were 13, did you often stay out very late, long after the time you were supposed to be home?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD102
Before you were 13, did you often skip school?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD103
Now thinking of the time SINCE you were 15, do you often do things on the spur of the moment without thinking about how it will affect you or other people?
1  Yes
2  No
9  Don't Understand/Does Not Apply
PD104
Since you were 15, has there been a period when you had no regular place to live, for at least a month or so?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD105
Have you ever hit or thrown things at your spouse or partner?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD106
Since you were 15, have you ever hit a child, yours or someone else’s, so hard that he or she had bruises, or had to stay in bed or see a doctor?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD107
Since you were 15, have you been in any fights?
1  Yes
2  No
9  Don't Understand/Does Not Apply

PD107a
Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF PD107a = Yes THEN
PD107b
How many times in the last five years?
Range: 1…100

IF PD107a = Yes THEN
PD107c
Were you ever intoxicated with drink or drugs before any of these incidents?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF PD107a = Yes THEN
PD107d
Did any of these incidents involve any of the following people?
PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED
1  Spouse or partner
2  Girlfriend or boyfriend
3  Children
4  Other family member
5  A friend
6 Someone known to you - not a family or friend
7 A stranger
8 Police
9 Other

IF PD107a = Yes THEN
PD107e
Did any of these fights or assaults occur in the following places?
PLEASE ENTER THE NUMBERS OF ALL THE PLACES WHERE THESE FIGHTS OR ASSAULTS OCCURRED.
1 In your home
2 In someone else's home
3 In the street - outdoors
4 In a bar or pub
5 At your workplace
6 In a hospital
7 Anywhere else

IF PD107a = Yes THEN
PD107f
Did any of the following things happen as a result of these fights or assaults?
PLEASE ENTER THE NUMBERS OF ALL THE THINGS THAT RESULTED FROM THESE FIGHTS OR ASSAULTS.
1 You were injured
2 You saw your GP because of your injuries
3 You went to hospital because of your injuries
4 The other person(s) was injured
5 The police became involved
6 None of these things

PD108
Since you were 15, have you used a weapon, like a stick, knife, or gun in a fight?
1 Yes
2 No
9 Don't Understand/Does Not Apply

PD109
Do you feel guilty or remorseful for previous behaviour such as having hurt, mistreated, or stolen from other people?
1 Yes
2 No
9 Don't Understand/Does Not Apply

PD110
Since you were 15 have you done things that are against the law - even if you weren't caught?
For example, have you stolen things?
1 Yes
2 No
9 Don't Understand/Does Not Apply

PD111
Since you were 15, have you used or sold drugs?
1 Yes
2 No
9  Don't Understand/Does Not Apply

**PD112**  
Since you were 15, have you passed bad cheques?  
1  Yes  
2  No  
9  Don't Understand/Does Not Apply

**PD113**  
Since you were 15, have you been paid for sex?  
1  Yes  
2  No  
9  Don't Understand/Does Not Apply

**PD114**  
Since you were 15, have you ever used an alias or pretended to be someone else?  
1  Yes  
2  No  
9  Don't Understand/Does Not Apply

**PD115**  
Since you were 15, have you often 'conned' others to get what you want?  
1  Yes  
2  No  
9  Don't Understand/Does Not Apply

**PD116**  
Since you were 15, did you ever drive a car when you were drunk or high on drugs?  
1  Yes  
2  No  
9  Don't Understand/Does Not Apply
18. Social Functioning Questionnaire - (SFQ)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
For the next few statements, please choose the response that comes closest to how you have been over the past two weeks:

1. Continue

SFQA
I complete my tasks at work and home satisfactorily.
1. Most of the time
2. Usually
3. Occasionally
4. Not at all

SFQB
I find my tasks at work and at home very stressful.
1. Most of the time
2. Usually
3. Occasionally
4. Not at all

SFQC
I have no money problems
1. No problems at all
2. Slight problems only
3. Definite problems
4. Very severe problems

SFQD
I have difficulties in getting and keeping close relationships.
1. Severe difficulties
2. Some difficulties
3. Occasional difficulties
4. No difficulties at all

SFQE
I have problems in my sex life.
1. Severe problems
2. Moderate problems
3. Occasional problems
4. No problems at all

SFQF
I get on well with my family and other relatives.
1. Yes, always
2. Yes, usually
3. No, some problems
4. No, severe problems

SFQG
I feel lonely and isolated from other people.
1 Very much
2 Sometimes
3 Not often
4 Not at all

SFQH
I enjoy my spare time.
1 Very much
2 Sometimes
3 Not often
4 Not at all
19. Asperger syndrome - (Asperger Self Completion Questionnaire)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The following statements are about the kind of person that you are, and the way you prefer to do things. You might find some of the statements a bit odd, but please answer all them to the best of your ability, even if some of them don't seem to apply to you.

ASover
I prefer to do things the same way over and over again.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASsound
I often notice small sounds when others do not.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASpolite
Other people frequently tell me that what I've said is impolite, even though I think it is polite.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASdates
I am fascinated by dates.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASSocsit
I find social situations easy.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASdetail
I tend to notice the details that others do not.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree
ASparty
I would rather go to a party than a library.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASpeople
I find myself drawn more strongly to people than to things.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASTalk
When I talk, it isn't always easy for others to get a word in edgeways.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASstory
When I'm reading a story, I find it difficult to work out the characters intentions.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASread
I particularly enjoy reading fiction.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASfriend
I find it easy to make new friends.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASlisten
I know how to tell if someone listening to me is getting bored.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASdomore
I find it easy to do more than one thing at once.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASphone
When I talk on the phone, I'm not sure when it's my turn to speak.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASface
I find it easy to work out what someone is thinking or feeling just by looking at their face.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASinform
I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASplan
I like to plan any activities I participate in carefully.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASsococc
I enjoy social occasions.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASdob
I am not very good at remembering people's date of birth.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

IF DVAssc >=2 AND DVTotal >=8 THEN
ImpactAS
You've said that you prefer to (do things the same way each time/plan activities carefully). Are your important daily routines, work or study ever affected by of this?
1  To a great extent
2  To some extent
3  A little bit
4  Not at all

**IF DVAsdc >=2 AND DVTotal >=8 THEN**
**ImpactAD**
You’ve said that you are particularly good at things like *(noticing small sounds when others do not/remembering details like dates).*
Are your important daily routines, work or study ever affected by this?
1  To a great extent
2  To some extent
3  A little bit
4  Not at all

**IF DVCnsc >=2 AND DVTotal >=8 THEN**
**ImpactCn**
You’ve said that you sometimes have difficulties *(knowing how and when to speak/being told that you are impolite).*
Are your important daily routines, work or study ever affected by this?
1  To a great extent
2  To some extent
3  A little bit
4  Not at all

**IF DVSSsc >=2 AND DVTotal >=8 THEN**
**ImpactSS**
You’ve said that you *(may avoid social situations or find them difficult/find yourself drawn strongly to things).*
Are your important daily routines, work or study ever affected by this?
1  To a great extent
2  To some extent
3  A little bit
4  Not at all

**IF DVImsc >=2 AND DVTotal >=8 THEN**
**ImpactIm**
You’ve said that you *(take a particular interest in facts about things but not in characters in stories).*
Are your important daily routines, work or study ever affected by this?
1  To a great extent
2  To some extent
3  A little bit
4  Not at all
20. Gambling

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Gamb1
The next few questions are about gambling. By ‘gambling’ we mean things like:
- buying lottery tickets or scratchcards for yourself;
- playing games or making bets for money on the internet (online gambling);
- playing football pools, bingo or fruit machines;
- playing games or making bets with friends for money;
- betting on races and/or with a bookmaker;
- and table games in a casino.
Have you spent any money on any of these things in the last 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF Gamb1 = No THEN
Gamb2
Just to check, does that mean that you haven't gambled at all in the last 12 months, or do you gamble very occasionally, perhaps to buy a lottery ticket, scratch card, or play on a fruit machine?
1  Very occasionally in last year
2  Not at all in the last year

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamPreoc
Are you preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences or planning the next venture, or thinking of ways to get money with which to gamble)?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamDesir
Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamStop
Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF GamStop = Yes THEN
GamIrrit
Are you restless or irritable when attempting to cut down or stop gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply
IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamEscp
Do you gamble as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety or depression?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamLoss
After losing money gambling, do you often return another day to get even?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamLie
Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamIlleg
Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamCare
Have you jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN
GamRely
Do you rely on others to provide money to relieve a desperate financial situation caused by gambling?
1  Yes
2  No
9  Don't Understand/Does Not Apply
21. Post Traumatic Stress Disorder (PTSD) – TSQ and working in Armed Forces

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

**PTSDever**
The next questions are about traumatic events or experiences that might have happened to you at any time in your life.
The term traumatic event or experience means something like a major natural disaster, a serious automobile accident, being raped, seeing someone killed or seriously injured, having a loved one die by murder or suicide, or any other experience that either put you or someone close to you at risk of serious harm or death.
Has a traumatic event or experience ever happened to you at any time in your life?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF PTSDever = Yes THEN**

**PTSDlong**
How long ago did that traumatic experience happen? If you have experienced more than one, please answer about the most recent
1  Within the last 6 months
2  More than 6 months ago, but since the age of 16
3  More than 6 months ago, before the age of 16

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**Consider**
Please consider the following reactions that sometimes occur after a traumatic experience. Indicate whether or not you have experienced the following at least twice in the past week.
1  Continue

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDmem**
Have you experienced, at least twice in the past week:
Upsetting memories or thoughts about the event that have come into your mind against your will
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDdre**
Have you experienced, at least twice in the past week:
Upsetting dreams about the event
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN**

**PTSDagai**
Have you experienced, at least twice in the past week:
Acting or feeling as though the event were happening again

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IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDrem
Have you experienced, at least twice in the past week:
Feeling upset by reminders of the event
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDby
Have you experienced, at least twice in the past week:
Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDasl
Have you experienced, at least twice in the past week:
Difficulty falling or staying asleep
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDirr
Have you experienced, at least twice in the past week:
Irritability or outbursts of anger
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDconc
Have you experienced, at least twice in the past week:
Difficulty concentrating
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN
PTSDdan
Have you experienced, at least twice in the past week:
Heightened awareness of potential dangers to yourself and others
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDjum
Have you experienced, at least twice in the past week:
Being jumpy or being startled at something unexpected
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

PTSDarm
Have you ever served in the Armed Forces or the Reserve Armed Forces?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF PTSDarm = Yes THEN

PTSDarmf
In what year did you first serve in the Armed Forces?
Please enter the year as numbers for example 1990
Range: 1900…2007

IF PTSDarm = Yes THEN

PTSDarmc
Are you currently serving in the Armed Forces?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF PTSDarm = Yes AND PTSDarmc = Yes THEN

PTSDarmb
Which branch of the Armed Forces (do/did) you serve with?
SELECT ALL THAT APPLY.
1  Royal Naval Service
2  Army
3  Royal Air Force
4  As a Reservist, Cadet, Territorial Army
5  Other

IF PTSDarm = Yes AND PTSDarmc = No THEN

PTSDarml
In what year did you last serve in the Armed Forces?
Please enter the year as numbers for example 1990
Range: 1900…2007

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IF PTSDarm = Yes AND PTSDever = Yes THEN PTSDarms
Was the traumatic event or experience you referred to before...
1  ...a military experience,
2  ...a non military experience,
3  or both?
22. Domestic violence and abuse

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro2
The next questions ask about events you may or may not have experienced SINCE the age of 16. Please include all relevant events, even if they did not seem important to you at the time. Remember that all your answers will be completely confidential, and that the computer will lock them up so that the interviewer cannot see what you have answered.

1  Continue

Va
Has a current or previous partner ever prevented you from having your fair share of the household money? (By partner we mean any boyfriend or girlfriend, as well as a husband, wife, or civil partner).
1   Yes
2   No
3   Never been in a relationship

IF Va = Yes THEN
Va12
Has this happened within the past 12 months?
1   Yes
2   No
9   Don't Understand/Does Not Apply

IF Va = Yes OR No THEN
Vb
Has a current or previous partner ever stopped you from seeing friends and (or) relatives?
1   Yes
2   No
9   Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vb = Yes)) THEN
Vb12
Has this happened in the past 12 months?
1   Yes
2   No
9   Don't Understand/Does Not Apply

IF Va = Yes OR No THEN
Vc
Has a current or previous partner ever frightened you, by threatening to hurt you or someone close to you?
1   Yes
2   No
9   Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vc = Yes)) THEN
Vc12
Has this happened within the past 12 months?
1   Yes
2   No
9   Don't Understand/Does Not Apply
IF $Va = \text{Yes OR No}$ THEN 
$Vd$
Has a current or previous partner ever pushed you, held or pinned you down or slapped you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $((Va = \text{Yes OR No}) \text{ AND } (Vd = \text{Yes}))$ THEN 
$Vd12$
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $Va = \text{Yes OR No}$ THEN 
$Ve$
Has a current or previous partner ever kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $((Va = \text{Yes OR No}) \text{ AND } (Ve = \text{Yes}))$ THEN 
$Ve12$
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $Va = \text{Yes OR No}$ THEN 
$Vf$
Has a current or previous partner ever choked or tried to strangle you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $((Va = \text{Yes OR No}) \text{ AND } (Vf = \text{Yes}))$ THEN 
$Vf12$
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $Va = \text{Yes OR No}$ THEN 
$Vg$
Has a current or previous partner ever threatened you with a weapon, such as a stick or a knife?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF $((Va = \text{Yes OR No}) \text{ AND } (Vg = \text{Yes}))$ THEN 
$Vg12$
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vh**
Has a current or previous partner ever threatened to kill you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vh = Yes)) THEN**

**Vh12**
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vi**
Has a current or previous partner ever used a weapon against you e.g. a knife?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vi = Yes)) THEN**

**Vi12**
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF Va = Yes OR No THEN**

**Vj**
Has a current or previous partner ever used some other kind of force against you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**IF ((Va = Yes OR No) AND (Vj = Yes)) THEN**

**Vj12**
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

**ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

**VSa**
Since the age of 16, has anyone talked you in a sexual way that made you feel uncomfortable?
1  Yes
2  No
9  Don't Understand/Does Not Apply
IF Vsa = Yes THEN
VSA12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

VSB
Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way without your consent?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VSB = Yes THEN
VSB12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

VSC
Since the age of 16, has anyone had sexual intercourse with you without your consent?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VSc = Yes THEN
VSC12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IntroU16
The next few questions are about events you may or may not have experienced BEFORE the age of 16.
1  Continue

VBA
Before the age of 16, did anyone talk to you in a sexual way that made you feel uncomfortable?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VBA = Yes THEN
VBAage
How old were you when this first happened?
Range: 0…16
VBb
Before the age of 16, did anyone touch you, or get you to touch them, in sexual way without your consent?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VBb = Yes THEN
VBbage
How old were you when this first happened?
  Range: 0…16

VBc
Before the age of 16, did anyone have sexual intercourse with you without your consent?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VBc = Yes THEN
VBcage
How old were you when this first happened?
  Range: 0…16

VBd
Before the age of 16, were you ever severely beaten by a parent, step-parent or carer?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF VBd = Yes THEN
VBdage
How old were you when this first happened?
  Range: 0…16

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

DSHIntro
The next few questions are being asked again from earlier in the interview.
1 Continue

DSHlife
There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings.
Have you ever thought of taking your life, even if you would not really do it?
1 Yes
2 No
9 Don't Understand/Does Not Apply

DSHtry
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1 Yes
2 No
9 Don't Understand/Does Not Apply

DSHharm
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No
9 Don't Understand/Does Not Apply

TalkToGP
The sorts of things we have asked you about here are very serious and it is important that you talk to someone, for example your GP or The Samaritans, if you find yourself thinking them.
1 Continue
24.  **Eating Disorders – SCOFF**

**ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

**Intro**
The next few questions are about food and eating in the last year, that is since *(date)*.

1. Continue

**eatston**
During the last year, have you lost more than one stone in a 3 month period?

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

**eatfull**
Still thinking about the last year... have you made yourself be sick because you felt uncomfortably full?

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

**eatcont**
Still thinking about the last year... did you worry you had lost control over how much you eat?

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

**eatoth**
Still thinking about the last year... did you believe yourself to be fat when others said you were too thin?

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

**eatlife**
Still thinking about the last year... would you say that food dominated your life?

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

**eatfeel**
Still thinking about the last year... did your feelings about food interfere with your ability to work, meet personal responsibilities, and/or enjoy a social life?

1. Yes
2. No
9. Don't Understand/Does Not Apply
25. Discrimination

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.
   1  Continue

DISeth
Have you been unfairly treated in the last 12 months, that is since (date), because of your skin colour or ethnicity?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISsex
Have you been unfairly treated in the last 12 months, that is since (date), because of your sex?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISrel
Have you been unfairly treated in the last 12 months, that is since (date), because of your religious beliefs?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISAge
Have you been unfairly treated in the last 12 months, that is since (date), because of your age?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISmen
Have you been unfairly treated in the last 12 months, that is since (date), because of your mental health?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISphy
Have you been unfairly treated in the last 12 months, that is since (date), because of any other health problem or disability?
   1  Yes
   2  No
   9  Don't Understand/Does Not Apply

DISsori
Have you been unfairly treated in the last 12 months, that is since (date), because of your sexual orientation?
   1  Yes
SEXUAL ORIENTATION AND PARTNERSHIPS

Version A

IF Penny = 1 THEN

Sexori

Which statement best describes your sexual orientation? This means sexual feelings, whether or not you have had any sexual partners.

1  Entirely heterosexual (attracted to persons of the opposite of sex)
2  Mostly heterosexual, some homosexual feelings
3  Bisexual (equally attracted to men and women)
4  Mostly homosexual, some heterosexual feelings
5  Entirely homosexual (attracted to persons of the same sex)
6  Other

IF Penny = 1 THEN

Sexpart

Have your sexual partners been...

1  only opposite sex
2  mainly opposite sex but some same sex partners
3  mainly same sex but some opposite sex partners
4  only same sex
5  or, I have not had a sexual partner

Version B

IF Penny NOT = 1 THEN

Sexdes

Please choose the answer below that best describes how you think of yourself...

1  completely heterosexual
2  mainly heterosexual
3  bisexual
4  mainly gay or lesbian
5  completely gay or lesbian
6  Other

IF Penny NOT = 1 THEN

SexPart2

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse, or any other form of sex). Has your sexual experience been...

1  Only with (women/men) or a (woman/man), never with a (man/woman)
2  More often with (women/men), and at least once with a (man/woman)
3  About equally often with (women/men) and (men/women)
4  More often with (men/women), and at least once with a (woman/man)
5  Only with (men/women) or a (man/woman), never with a (woman/man)
6  I have never had any sexual experience with anyone at all

Hide

That's the end of the self completion section of the interview.

If you select yes at this question the Self Completion questions will be hidden.

Please hand the computer back to the interviewer and they will introduce the next section.

1  Yes
2  No
HandBack
INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU. REMEMBER THAT YOU CAN DEMONSTRATE THAT THE RESPONDENT'S SELFCOMPLETION DATA HAS BEEN LOCKED.
INTERVIEWER: 5000
Range: 1000…9997

END OF SELF COMPLETION
26. Intellectual Functioning – TICS-M, Animal Naming Test & NART

TELEPHONE INTERVIEW FOR COGNITIVE STATUS

ASK IF SELECTED RESPONDENT AND DVAGE >=60

DemIntr
The next set of questions are used to assess memory and concentration. Some you may find very easy and some you may find difficult. We’re asking everyone these questions, and I hope you don’t mind.
First, I’m going to ask you some questions about the date today.
  1  Continue

PMADAY
What day of the week is it today?
  1  (Day)
  2  Anything else/does not know

PMATODAY
What is the date of the month today?
  1  (Date)
  2  Anything else/does not know

PMAmonth
What month is it?
  1  (Month)
  2  Anything else/does not know

PMAYear
What year is it?
  1  (Year)
  2  Anything else/does not know

Season
What season is it?
  1  Spring
  2  Summer
  3  Autumn
  4  Winter
  5  Anything else/does not know

dmntage
What is your age?
  Range: 0…120

DVAgeQ
DV to calculate if respondent correctly answers age
  1  Correct
  2  Incorrect

List1
I’m going to read you a list of 10 words. Please listen carefully and try to remember them.
When I am done, tell me as many words as you can, in any order. Ready?
READ LIST AT A STEADY RHYTHM OF ABOUT 1 WORD PER SECOND
CABIN -- PIPE -- ELEPHANT -- CHEST -- SILK -- THEATRE -- WATCH -- WHIP -- PILLOW -- GIANT
Now tell me all the words you can remember.
CODE ALL RECALLED CORRECTLY
IF NO WORDS RECALLED CORRECTLY PRESS ENTER.

0   None Remembered
1  CABIN
2  PIPE
3  ELEPHANT
4  CHEST
5  SILK
6  THEATRE
7  WATCH
8  WHIP
9  PILLOW
10 GIANT

Subtrct1
Please take 7 away from 100 and then tell me the answer
Range: 1…100

Subtrct2
Now continue to take 7 away from what you have left over until I ask you to stop
ALLOW FOUR MORE SUBTRACTIONS
- WRITE IN SECOND SUBTRACTION
  Range: 1…100

Subtrct3
WRITE IN THIRD SUBTRACTION
Range: 1…100

Subtrct4
WRITE IN FOURTH SUBTRACTION
Range: 1…100

Subtrct5
WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP
Range: 1…100

Paper
What do people usually use to cut paper?
1  Scissors or shears
2  Anything else

Count
Please count backwards from 20 to 1.
1  Counted correctly
2  Made one or more mistakes
**Plant**
What is the prickly green plant found in the desert?
1  Cactus
2  Anything else

**Say**
Please say 'Methodist Episcopal'
1  Said exactly right
2  Anything else

**Queen**
Who is the reigning King or Queen?
1  Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd
2  Anything else

**PM**
Who is the prime minister now?
1  Correct Surname – Blair/Brown
2  Anything else

**West**
What is the opposite of East?
1  West
2  Anything else

**List2**
A little while ago I read out a list of 10 words. How many of those words can you remember now?
CODE ALL RECALLED CORRECTLY.
IF NO WORDS RECALLED CORRECTLY PRESS ENTER.
0  None Remembered
1  CABIN
2  PIPE
3  ELEPHANT
4  CHEST
5  SILK
6  THEATRE
7  WATCH
8  WHIP
9  PILLOW
10  GIANT

**NATIONAL ADULT READING TEST (NART)**

ASK IF SELECTED RESPONDENT AND Language = Yes

intnarta
SHOWCARD BG
The next set of questions are about something completely different, and involve reading different words.
First, I would like you to look at this card.
1  Continue

intnartb
SHOWCARD BG
Now, I would like you to look at this card
1  Continue

intnart2
SHOWCARD BG
In a moment I will ask you to start reading the words on the card.
Begin with the first word on the top row and go from left to right along the row, and then on to the second row. Please pause after each word - wait until I say OK before going on to the next. Don’t worry if you don’t recognize a word. Have a guess at how it is said. We will stop before the end of the list.
ALLOW ONLY PRECISE PRONUNCIATIONS. MARK ALL ERRORS OR DON'T KNOWS INCORRECT.
1  Continue

q1
‘kawd’
CHORD
1  Correct
2  Incorrect/don’t know

q2
‘ake’
ACHE
1  Correct
2  Incorrect/don’t know

q3
‘deppo’
DEPOT
1  Correct
2  Incorrect/don’t know

q4
‘ile’
AISLE
1  Correct
2  Incorrect/don’t know

q5
‘BOO-kay’ or ‘BO-kay’
BOUQUET
1  Correct
2  Incorrect/don’t know

q6
‘sarm’
PSALM
1  Correct
2  Incorrect/don’t know

q7
‘KAY-pon’
CAPON
  1  Correct
  2  Incorrect/don't know

q8
'di-NIGH' DENY
  1  Correct
  2  Incorrect/don't know

q9
'NAW-zia' NAUSEA
  1  Correct
  2  Incorrect/don't know

q10
'dett' DEBT
  1  Correct
  2  Incorrect/don't know

q11
'KUR-tius' COURTEOUS
  1  Correct
  2  Incorrect/don't know

q12
'RARE-ifie' RARIFY
  1  Correct
  2  Incorrect/don't know

q13
'e-KWIV-oh-ki' EQUIVOCAL
  1  Correct
  2  Incorrect/don't know

q14
'NIGH-eve' NAIVE
  1  Correct
  2  Incorrect/don't know

q15
'KATT-a-koom' CATACOMB
  1  Correct
  2  Incorrect/don't know
q16
'jayld'
GAOLED
1 Correct
2 Incorrect/don't know

q17
'time'
THYME
1 Correct
2 Incorrect/don't know

q20
'air'
HEIR
1 Correct
2 Incorrect/don't know

q23
'RAY-DICKS'
RADIX
1 Correct
2 Incorrect/don't know

q24
'ASS-ig-neight'
ASSIGNATE
1 Correct
2 Incorrect/don't know

q25
'high-EIGHT-us'
HIATUS
1 Correct
2 Incorrect/don't know

q26
'suttI'
SUBTLE
1 Correct
2 Incorrect/don't know

q27
'PRO-cree-eight'
PROCREATE
1 Correct
2 Incorrect/don't know

q28
'jist'
GIST
1 Correct
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<tr>
<th>Question</th>
<th>Word</th>
<th>Correct</th>
<th>Incorrect/don't know</th>
</tr>
</thead>
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<td>q29</td>
<td>'gowedje'</td>
<td>GOUGE</td>
<td></td>
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<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q30</td>
<td>'sue-PER-flu-us'</td>
<td>SUPERFLUOUS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q31</td>
<td>'SIM-illy'</td>
<td>SIMILE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q32</td>
<td>'b'n-arle'</td>
<td>BANAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q33</td>
<td>'KWAD-rew-ped'</td>
<td>QUADRUPED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q34</td>
<td>'CHELL-ist'</td>
<td>CELLIST</td>
<td></td>
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<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q35</td>
<td>'fa-SARD'</td>
<td>FACADE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q36</td>
<td>'zellat'</td>
<td>ZEALOT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>Question</td>
<td>Word(s)</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
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<td>---------------</td>
<td>---------</td>
<td>----------------------</td>
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<tr>
<td>q37</td>
<td>'dram'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DRACHM</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q38</td>
<td>'e-on'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>AEON</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q39</td>
<td>'plass-EE-bo'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PLACEBO</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
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<td>q40</td>
<td>'ab-STEAM-ee-us'</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>ABSTEMIOUS</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q41</td>
<td>'day-TARNT'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DETENTE</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q42</td>
<td>'ID-l'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>IDYLL</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q43</td>
<td>'poo-ER-pur-l'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Puerperal</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q44</td>
<td>'a-VERR'</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>AVER</td>
<td>Correct</td>
<td>Incorrect/don't know</td>
</tr>
<tr>
<td>q45</td>
<td>'gowsh'</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GAUCHE</td>
<td>Correct</td>
<td></td>
</tr>
</tbody>
</table>
q46
'tope-ee-airy'
TOPIARY
1  Correct
2  Incorrect/don't know

q47
'le-VI-ath'n'
LEVIATHAN
1  Correct
2  Incorrect/don't know

q48
'bee-AT-ifie'
BEATIFY
1  Correct
2  Incorrect/don't know

q49
'PRELL-it'
PRELATE
1  Correct
2  Incorrect/don't know

q50
'si-DARE-ee-al'
SIDEREAL
1  Correct
2  Incorrect/don't know

q51
'de-MAIN'
DEMESNE
1  Correct
2  Incorrect/don't know

q52
'SING-k-pea'
SYNCOPE
1  Correct
2  Incorrect/don't know

q53
'LAY-bile'
LABILE
1  Correct
2  Incorrect/don't know

q54
ANIMAL NAMING TEST

ASK IF SELECTED RESPONDENT

Animal1
Now, I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say 'articles of clothing' you could say shirt, tie or hat. Can you think of any other articles of clothing?

1  Respondent can name an article of clothing
2  Respondent does not understand/cannot name an article of clothing

IF Animal1 = respondent can name an article of clothing THEN
Animal2
That's fine. I want you to name all of the things that belong to another category. That is animals. Any type of animal is okay: farm animals, birds, fish, insects, any kind of animal will do. You will have one minute.

1  Continue

IF Animal1 = respondent can name an article of clothing THEN
Animal3
CHECK RESPONDENT UNDERSTANDS THE TEST
PRESS 'ENTER' FOR EACH DIFFERENT ANIMAL NAMED
PRESS '5' TO STOP THE TEST WHEN THE MINUTE IS OVER
Okay, ready, go!

5  Stop
27. Stressful life events

ASK IF SELECTED RESPONDENT

Intro
Next, I would like to ask you about things that may have happened to you or problems you may have faced during your life

1 Continue

Trauma1
SHOW CARD BH
Looking at the card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:
CODE ALL THAT APPLY
IF NONE - CODE 7
1 Serious illness, injury or assault to yourself
2 Serious illness, injury or assault to a close relative
3 Death of an immediate family member of yours
4 Death of a close family friend or other relative, like an Aunt, cousin or grandparent
5 Separation due to marital difficulties, divorce or steady relationship broken down
6 Serious problem with a close friend, neighbour or relative
7 None of these

IF Trauma1 = NOT None of these THEN

TR1When
SHOW CARD BJ
Thinking about the (name of traumatic event). When did that happen?
INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE
1 Within last 6 months
2 More than 6 months ago, but since the age of 16
3 More than 6 months ago, and before the age of 16

Trauma2
SHOW CARD BK
Now looking at this card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:
CODE ALL THAT APPLY
IF NONE - CODE 7
1 Being made redundant or sacked from your job
2 Looking for work without success for more than 1 month
3 Major financial crisis, like losing the equivalent of 3 months income
4 Problem with police involving court appearance
5 Something you valued being lost or stolen
6 None of these

IF Trauma2 = NOT None of these THEN

TR2When
SHOW CARD BL
Thinking about the (name of traumatic event). When did that happen?
INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE
1 Within last 6 months
2 More than 6 months ago, but since the age of 16
3 More than 6 months ago, and before the age of 16

**Trauma3**

SHOW CARD BM

Now looking at this card, could you tell me if you have ever experienced any of these problems or events, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 8

1 Bullying
2 Violence at work
3 Violence in the home
4 Sexual abuse
5 Being expelled from school
6 Running away from your home
7 Being homeless
8 None of these

IF Trauma3 = NOT None of these THEN

**TR3Whn**

SHOW CARD BN

Thinking about the (name of traumatic event).

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

1 Within last 6 months
2 More than 6 months ago, but since the age of 16
3 More than 6 months ago, and before the age of 16
28. Parenting

ASK IF SELECTED RESPONDENT

ChildInst
Up to the age of 16 did you spend any time in any kind of institution such as a children's home, borstal, or young offenders unit?
(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)
  1  Yes
  2  No

LACare
(May I just check) Were you ever taken into Local Authority Care (that is into a children's home or foster care) as a child up to the age of 16?
  1  Yes
  2  No
  3  Does not apply, e.g. foreign national

MaPaIntro
Now a few questions about you and your parents when you were growing up.
  1  Continue

BothMaPa
Did you live more or less continuously with both of your natural parents at home until you were 16?
INTERVIEWER: EXPLAIN IF NECESSARY: That is your birth parents. 'YES' TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.
  1  Yes
  2  No
  
  IF BothMaPa = No THEN

YNotBoth
Is that because there was ...READ OUT...
  1  ...a divorce or separation,
  2  or, a death,
  3  or, are you adopted,
  4  or, your parents never lived together,
  7  or, is there another reason?(IF VOLUNTEERED, SPECIFY AT NEXT QUESTION)

  IF BothMaPa = No AND YNOTbBoth = Other reason THEN

XYNotBoth
IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE '7' AND <Enter>

  IF BothMaPa = No THEN

MaOrPa
And may I check, [ / after that] did you live more or less continuously with your mother or with your father until you were 16?
  1  Mother
  2  Father
  3  Both Mother and Father equally
  4  Other relative
  5  Other (in care, fostered, etc)
**AnyChild**
Do you have, or have you had, any children of your own that you are the natural [father / mother] of?
Please include any who don't now, or never did, live with you as part of your household.
IF MENTIONED, EXCLUDE MISCARRIAGE/ABORTION/ADOPTED.

1  Yes
2  No

**IF AnyChild = Yes THEN**

**NoChild**
How many children have you had?
(INCLUDE STILLBIRTH/DIED)
Range: 1…97
29. Social support

ASK IF SELECTED RESPONDENT

DLSSInt1
The next few questions are about people you feel close to, including relatives, friends and acquaintances.
1 Continue

CloseRel
First of all I would like to ask you about the people that you live with.
How many adults who live with you do you feel close to?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

CloseRI3
Now I would like to ask about people you feel close to who do not live with you.
How many relatives aged 16 or over, who do not live with you, do you feel close to?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

CloseFr
How many friends or acquaintances who do not live with you would you describe as close or good friends?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

IF ((CloseRI3 >= 1) OR (CloseFr >= 1)) THEN
OutSee
Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

DLSSInt2
I would now like you to think about your family and friends. (By family I mean those who live with you as well as those elsewhere).
Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.
1 Continue

DLSS1
SHOW CARD BP
There are people I know amongst my family and friends - who do things to make me happy.
1 Not true
2 Partly true
3 Certainly true

DLSS2
SHOWCARD BP
(There are people I know amongst my family and friends) - who make me feel loved.
1 Not true
2 Partly true
3  Certainly true

**DLSS3**
SHOWCARD BP
(There are people I know amongst my family and friends) - who can be relied on no matter what happens.
1  Not true
2  Partly true
3  Certainly true

**DLSS4**
SHOWCARD BP
(There are people I know amongst my family and friends) - who would see that I am taken care of if I needed to be.
1  Not true
2  Partly true
3  Certainly true

**DLSS5**
SHOWCARD BP
(There are people I know amongst my family and friends) - who accept me just as I am.
1  Not true
2  Partly true
3  Certainly true

**DLSS6**
SHOWCARD BP
(There are people I know amongst my family and friends) - who make me feel an important part of their lives.
1  Not true
2  Partly true
3  Certainly true

**DLSS7**
SHOWCARD BP
(There are people I know amongst my family and friends) - who give me support and encouragement.
1  Not true
2  Partly true
3  Certainly true
30. Religion and spirituality

ASK IF SELECTED RESPONDENT

SpecRel
The next few questions are about religion. Do you have a specific religion?
1 Yes
2 No

IF SpecRel = Yes THEN
WhatRel
Which religion is that?
INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.
1 Roman Catholic
2 Protestant Christian
3 Other Christian
4 Islam
5 Hinduism (Jain, Sikh)
6 Judaism
7 Buddhist
8 Other(SPECIFY)

IF SpecRel = Yes AND WhatRel = Other THEN
OthRel
INTERVIEWER: ENTER RELIGION

Relig
By 'religion', we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual beliefs. Would you say that you have a religious or a spiritual understanding of your life?
CODE ALL THAT APPLY
1 Religious
2 Spiritual
3 Neither

IF Relig = Religious OR Relig = Spiritual THEN
RStrong
SHOW CARD BQ
How strongly do you hold to your religious/spiritual view of life? Please look at this card and tell me the number that best describes your view, from 0 'weakly held' through to 10 'strongly held'.
INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.
Range: 0…10

IF Relig = Religious OR Spiritual THEN
ImpPrac
SHOW CARD BR
How important to you is the practice of your belief (e.g. private meditation, religious services) in your day-to-day life? Please look at this card and tell me the number that best describes your view, from 0 'not necessary' through to 10 'essential'
INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.
Range: 0…10
IF Relig = Religious OR Spiritual THEN
Praynum
SHOW CARD BS
How often do you attend services or prayer meetings or go to a place of worship?
1 Once a week or more
2 At least once a month, but less than once a week
3 At least once a year, but less than once a month
4 Less than once a year
5 Never
31. Social capital and participation

ASK IF SELECTED RESPONDENT

LivIntro
The next few questions are about the area where you live.
1 Continue.

Hwlong
How long have you lived in this area?
1 Less than one year
2 1-5 years
3 6-9 years
4 10 years or more

IntroAgree
How much do you agree or disagree with the following statements about your area?
By 'around here' we mean anywhere you can walk to, from your home, in 5 minutes.
1 Continue.

Belong
SHOWCARD BT
Please look at this card and tell me the answer that best describes your feelings.
I feel like I belong around here.
1 Strongly Agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

Trust
SHOWCARD BT
I trust people around here.
1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

Enjoy
SHOWCARD BT
I enjoy living around here.
1 Strongly Agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

Realhme
SHOWCARD BT
I think of the area around here as a real home not just a place.
1 Strongly Agree
2 Somewhat agree
3 Neither agree nor disagree
4  Somewhat disagree  
5  Strongly disagree 

**Safe**  
Showcard BT  
I feel safe around here in the daytime.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree  
4  Somewhat disagree  
5  Strongly disagree 

**Move**  
Showcard BT  
Given the opportunity I would like to move away from here.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree  
4  Somewhat disagree  
5  Strongly disagree 

**Resident**  
Showcard BT  
The area around here is nicely kept by its residents.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree  
4  Somewhat disagree  
5  Strongly disagree 

**Litter**  
Showcard BT  
Litter is a problem around here.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree  
4  Somewhat disagree  
5  Strongly disagree 

**Graffit**  
Showcard BT  
Graffiti or vandalism is a problem around here.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree  
4  Somewhat disagree  
5  Strongly disagree 

**PropClos**  
Showcard BT  
The properties around here are too close together.  
1  Strongly Agree  
2  Somewhat agree  
3  Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

Green
Showcard BT
There are not enough green areas or trees around here.
1 Strongly Agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

IntroActiv
The next few questions are about things that you do in your local area.

1 Continue.

ComGrp
How often do you participate in a voluntary or local community group?
INTERVIEWER: PLEASE CODE.
1 At least once a month
2 At least once a year
3 Not in the last year/never

Nschool
How often do you attend an adult education or night school class?
INTERVIEWER PLEASE CODE
1 At least once a month
2 At least once a year
3 Not in the last year/never

Leisure
How often do you go to a leisure centre?
INTERVIEWER: PLEASE CODE.
1 At least once a month
2 At least once a year
3 Not in the last year/never

GoLibrar
How often do you go to the library?
INTERVIEWER: PLEASE CODE.
1 At least once a month
2 At least once a year
3 Not in the last year/never

Clubs
SHOWCARD BU
Please look at this show card.
Are you actively involved in any of the following clubs or associations?
CODE ALL THAT APPLY
1 Sports or sport supporters club
2 Hobby or interest group
3 Political party
4 Neighbourhood Watch scheme
5 Parent Teacher Association
6 Tenants’ group
7 Residents’ group
8 Neighbourhood council
9 Religious group
10 Other local group
11 None of these
32. Socio demographics

ASK IF SELECTED RESPONDENT OR PROXY

Origin
SHOW CARD BV
To which of the groups listed on this card do you consider you belong?
1  White – British
2  White – Irish
3  Any other white background
   Mixed:
4  Mixed - White and Black Caribbean
5  Mixed - White and Black African
6  Mixed - White and Asian
7  Any other mixed background
   Asian or Asian British:
8  Asian or Asian British – Indian
9  Asian or Asian British – Pakistani
10  Asian or Asian British – Bangladeshi
11  Any other Asian/Asian British background
   Black or Black British:
12  Black or Black British – Caribbean
13  Black or Black British – African
14  Any other Black/Black British background
   Chinese or other ethnic group:
15  Chinese
16  Any other (please describe)

IF Origin = Any other THEN
XOrigin
Please describe.

AnyQuals
Have you got any qualifications of any sort?
1  Yes
2  No

IF AnyQuals = Yes THEN
HiQuals
SHOWCARD BW
Please look at this card and tell me whether you have passed any of the qualifications listed.
Look down the list and tell me the first one you come to that you have passed.
INTERVIEWER: FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>
1  Degree level qualification
2  Teaching qualification or HNC/HND, BEC/TEC Higher, BTEC Higher or NVQ level 4
3  'A'Levels/SCE Higher or ONC/OND/BE/C/TEC not higher or City & Guilds Advanced Final Level NVQ level 3
4  'O'Level passes (Grade A-C if after 1975) or City & Guilds Craft/Ord level or GCSE (Grades A-C) or NVQ level 2
5  CSE Grades 2-5 GCE 'O'level (Grades D & E if after 1975) GCSE (Grades D, E, F, G) or NVQ level 1
6  CSE ungraded
7  Other qualifications (specify)
8  No qualifications
IF (AnyQuals = Yes) AND (HiQuals = Other qualifications) THEN

OthQuals
What other qualification do you have?

INTERVIEW CHECK THAT THIS QUALIFICATION CANNOT BE CODED AT HiQuals
- IF NOT PLEASE ENTER A SHORT DESCRIPTION OR TITLE

ASK IF SELECTED RESPONDENT

Wrking
Did you do any paid work in the 7 days ending Sunday the (date), either as an employee or as self-employed? (HELP<F9>)
  1  Yes
  2  No

IF Wrking = No THEN

SchemeET
Were you on a government scheme for employment training?
  1  Yes
  2  No

IF ((Wrking = No) AND (SchemeET = 2 OR LILO1 =1))THEN

JbAway
Did you have a job or business that you were away from? HELP<F9>
  1  Yes
  2  No
  3  Waiting to take up a new job/business already obtained

IF JbAway = Yes THEN

JbReas
What was the main reason you were away from work (last week)? (HELP<F9>)
  1  On leave/holiday
  2  A mental, nervous or emotional problem
  3  A physical health problem
  4  Attending a training course away from the workplace
  5  Laid off/short time
  6  Personal/family reason
  7  Other reasons

IF JbAway = No OR Waiting to take up a new job/business already obtained THEN

OwnBus
Did you do any unpaid work in that week for any business that you own? (HELP<F9>)
  1  Yes
  2  No

IF ((JbAway = No OR Waiting to take up a new job/business already obtained) AND (OwnBus = No)) THEN

RelBus
...or that a relative owns? HELP<F9>
  1  Yes
  2  No
IF (Wrking = No AND SchemeET = No AND JbAway = No AND RelBus = No) THEN 
Looked
Thinking of the 4 weeks ending Sunday the (date), were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)
1  Yes
2  No
3  Waiting to take up a new job or business already obtained

IF Wrking = No AND SchemeET = No AND ((Looked = Yes OR Waiting to take up a new job or business already obtained)) AND JbAway = Waiting to take up a new job/business already obtained THEN 
StartJ
If a job or a place on a government scheme had been available in the week ending Sunday the (date), would you have been able to start within 2 weeks?
1  Yes
2  No

IF Wrking = No AND SchemeET = No AND ((Looked = No) OR (StartJ = No)) THEN 
YInAct
What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)
1  Student
2  Looking after the family/home
3  Temporarily sick or injured
4  Long-term sick or disabled
5  Retired from paid work
6  None of these

Everwk
Have you ever had a paid job, apart from casual or holiday work?
1  Yes
2  No

IF Everwk = Yes THEN 
DtJbL
When did you leave your last PAID job?
FOR DAY NOT GIVEN....ENTER 15 FOR DAY
FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

IF Everwk = Yes THEN 
IndD
...CURRENT OR LAST JOB
What/Did (does/did the firm) organisation you (work/worked) for mainly make or do (at the place where you) (work/worked)? HELP<F9>
DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

IF Everwk = Yes THEN 
OccT
JOBTITLE  CURRENT OR LAST JOB
What [is / was / Was] your (main) job ([in the week ending Sunday the] [DMDLSUN / DTJBL / ])? HELP<F9>
IF Everwk = Yes THEN
OccD
CURRENT OR LAST JOB
What skills or qualifications are needed for that job?
INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

IF Everwk = Yes THEN
Stat
(Are) you working as an employee or (are/were) you self-employed HELP<F9>?
1 Employee
2 Self-employed

IF Everwk = Yes AND Stat = Employee THEN
Manage
(Do) you have any managerial duties, or (are/were) you supervising any other employees?
INTERVIEWER: ASK OR RECORD. HELP<F9>
1 Manager
2 Foreman/supervisor
3 Not manager/supervisor

IF Everwk = Yes AND Stat = Employee THEN
EmpNo
How many employees (are/were) there at the place where you (work/worked)? HELP<F9>
1 1-24
2 25 or more

IF Everwk = Yes AND Stat = Self-employed THEN
Solo
(Are /were) you working on your own or (do/did) you have employees?
1 on own/with partner(s) but no employees
2 with employees

IF Everwk = Yes AND Stat = Self-employed AND Solo = with employees THEN
SENo
How many people (do/did) you employ at the place where you (work/worked)? HELP<F9>
1 1-24
2 25 or more

IF Everwk = Yes THEN
FtPtWk
In your (main) job (are/were) you working: HELP<F9>
1 full time
2 or part time?

IF Everwk = Yes AND FtPtWk = part time THEN
PTWkHour
How many hours (do/did) you work normally per week?
Range: 0…50

IF Stat = Employee THEN
EmpStY
In which year did you start working continuously for your current employer? HELP<F9>
Range: 1900…2007

IF Stat = Self-employed THEN
SEmpSY
In which year did you start working continuously as a self-employed person? HELP<F9>
Range: 1900…2007

IF Stat = Self-employed THEN
JobstM
and which month in (year) was that?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

IF YlnAct <> Retired from paid work THEN
NotWk
Is the reason that you are not working at present...
RUNNING PROMPT - CODE FIRST THAT APPLIES
1 the way you have been feeling makes it impossible for you to do any kind of paid work
2 a physical health problem makes it impossible for you to do any kind of paid work
3 you have not found a suitable job
4 or, because you do not want or need a paid job at the moment?
5 other

IF YlnAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment THEN
WkShel
May I just check, would you be able to do some kind of sheltered or part-time work if it were available, or is this impossible?
1 Could do sheltered work
2 Could do part-time work
3 Impossible to do work

IF YlnAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) THEN
LookNow
(May I just check) Are you looking for a job at the moment?
1 Yes
2 No

IF YlnAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No THEN
LookAtAl
Have you looked for a job at all (since you last worked?)
1 Yes
2  No
IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAl = No THEN
LookNot
Why have you not looked for a job?
CODE ALL THAT APPLY
  1  No suitable jobs: general employment situation
  2  No suitable jobs: due to health problems
  3  Other

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAl = Yes THEN
LookStop
Why have you stopped looking for jobs?
CODE ALL THAT APPLY
  1  No suitable jobs: general employment situation
  2  No suitable jobs: due to health problems
  3  Other

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN
DiffJob
Do you think that the way you have been feeling over the past month makes it more difficult for you than for other people to find a job?
  1  Yes
  2  No

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN
HrsWork
Thinking about the hours you would like to work, would you prefer to work full-time or part-time?
  1  Full-time
  2  Part-time
  3  Qualified answer

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) AND HrsWork <> Full-time THEN
HrsWeek
About how many hours a week would you want to work?
  Range: 1…60

HHIntro
INTERVIEWER: THE NEXT QUESTIONS ARE ABOUT THE EMPLOYMENT STATUS OF THE HOUSEHOLD REFERENCE PERSON.
ASK WHOEVER IS AVAILABLE WHO WOULD BE BEST ABLE TO ANSWER THE QUESTIONS (Name), now a few questions about your employment status.
  1  Continue
Wrking2
Did you do any paid work in the 7 days ending Sunday the (date), either as an employee or as self-employed? (HELP<F9>)
   1  Yes
   2  No

IF Wrking2 = No THEN
SchemeE2
Were you on a government scheme for employment training?
   1  Yes
   2  No

IF Wrking2 = No AND SchemeE2 = No THEN
JbAway2
Did you have a job or business that you were away from?  HELP<F9>
   1  Yes
   2  No
   3  Waiting to take up a new job/business already obtained

IF Wrking2 = No AND SchemeE2 = No AND JbAway2 = Yes THEN
JbReas2
What was the main reason you were away from work (last week)? (HELP<F9>)
   1  On leave/holiday
   2  A mental, nervous or emotional problem
   3  A physical health problem
   4  Attending a training course away from the workplace
   5  Laid off/short time
   6  Personal/family reason
   7  Other reasons

IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN
OwnBus2
Did you do any unpaid work in that week for any business that you own? (HELP<F9>)
   1  Yes
   2  No

IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) AND OwnBus2 = No THEN
RelBus2
...or that a relative owns?
   1  Yes
   2  No

IF Wrking2 = No AND SchemeE2 = No AND RelBus2 = No AND JbAway2 = No THEN
Looked2
Thinking of the 4 weeks ending Sunday the (date), were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)
   1  Yes
   2  No
   3  Waiting to take up a new job or business already obtained
IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = Yes) OR (Looked2 = Waiting to take up a new job or business already obtained) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN StartJ2
If a job or a place on a government scheme had been available in the week ending Sunday the (date), would you have been able to start within 2 weeks?
   1  Yes
   2  No

IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = No) OR (StartJ2 = No)) THEN YlnAct2
What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)
   1  Student
   2  Looking after the family/home
   3  Temporarily sick or injured
   4  Long-term sick or disabled
   5  Retired from paid work
   6  None of these

Everwk2
Have you ever had a paid job, apart from casual or holiday work?
   1  Yes
   2  No

IF Everwk2 = Yes THEN DtJbL2
When did you leave your last PAID job?
FOR DAY NOT GIVEN....ENTER 15 FOR DAY
FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH
HELP<F9>

IF Everwk2 = Yes THEN IndD
[NAME]
CURRENT OR LAST JOB
What did the firm/organisation worked for mainly make or do (at the place where you worked)?
HELP<F9>

IF Everwk2 = Yes THEN OccD
[NAME]
CURRENT OR LAST JOB
What did you mainly do in your job?

IF Everwk2 = Yes THEN SpecQuals
[NAME]
CURRENT OR LAST JOB
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB
IF Everwk2 = Yes THEN
Stat2
[NAME]
CURRENT OR LAST JOB
Were you working as an employee or were you self-employed HELP<F9>?
1 Employee
2 Self-employed

IF Everwk2 = Yes THEN
Manage2
[NAME]
CURRENT OR LAST JOB
Did you have any managerial duties, or were you supervising any other employees?
ASK OR RECORD HELP<F9>
1 Manager
2 Foreman/supervisor
3 Not manager/supervisor

IF Everwk2 = Yes THEN
EmpNo2
[NAME]
CURRENT OR LAST JOB
How many employees were there at the place where you worked? HELP<F9>
1 1 to 24
2 25 or more

IF EmpNo2 = Yes THEN
Benefits
SHOW CARD BX
Looking at the card, are you at present receiving any of these state benefits in your own right, that is, where you are the named recipient?
CODE ALL THAT APPLY
1 Child Benefit
2 One Parent Benefit
3 Guardian's Allowance
4 Invalid Care Allowance
5 Retirement pension (National Insurance) or old person's pension
6 Widow's pension or allowance (National Insurance)
7 War disablement pension
8 Severe disablement allowance (and related allowances)
9 Disability working allowance
10 None of these

CareBen
SHOW CARD BY
And looking at this card, are you at present receiving any of the state benefits shown on this card - either in your own name, or on behalf of someone else in the household?
CODE ALL THAT APPLY
1 Care component of disability living allowance
2 Mobility component of disability living allowance
3 Attendance Allowance
4 Disability Living Allowance - unsure if care and/or mobility components
5 None of these
IncBen
SHOW CARD BZ
Now looking at this card, are you at present receiving any of these benefits in your own right, that is where you are the named recipient?
CODE ALL THAT APPLY
1  Jobseekers Allowance
2  Income support
3  Working Tax Credit/ Child Tax Credit (not lump sum)
4  Incapacity Benefit
5  Statutory sick pay
6  Industrial injury disablement benefit
7  None of these

IF Sex = Female AND DVage < 50 THEN
Matern
SHOW CARD CA
Are you receiving either of the things shown on this card, in your own right?
CODE ALL THAT APPLY
1  Maternity Allowance
2  Statutory Maternity Pay from your employer or former employer
3  None of these

Other
SHOW CARD CB
In the last 6 months have you received any of the things shown on this card, in your own right?
CODE ALL THAT APPLY
1  Working Tax Credit/ Child Tax Credit (lump sum)
2  A grant from the Social Fund for funeral expenses
3  Grant from the Social Fund for maternity expenses
4  A Community Care grant from the Social Fund
5  Back to work bonus
6  Widows payment (Lump Sum)
7  Any National Insurance or State benefit not mentioned earlier
8  None of these

HBen
Some people qualify for Housing Benefit, that is, a rent rebate or allowance.
Do you or does anyone else in your household receive Housing Benefit, either directly or by having it paid to you or on your behalf? (HLP<F9>)
1  Yes
2  No

SrcInc
SHOW CARD CC
(In addition to any benefits you mentioned) Do you receive income from any of the sources mentioned on this card?
CODE ALL THAT APPLY
1  Earnings from employment or self-employment
2  Pension from former employer
3  Interest from savings, shares etc.
4  Other kinds of regular allowance from outside the household
5  Other sources e.g. rent
6  None of these
**Gross4**
SHOW CARD CD
Could you please look at this card and tell me which group represents your own personal gross income from all sources mentioned?
By gross income, I mean income from all sources before deductions for income tax and National Insurance
   Range: 1…32

IF Gross4 = 32 THEN
G4High
SHOW CARD CE - High Earnings section
Could you please look at this second card and tell me which group represents your own personal gross income from all sources mentioned?
   Range: 1…60

IF NumAdult > 1 AND Gross4 < 32 THEN
Gross4a
SHOW CARD CD
Could you look at the card again and tell me which group represents your household's gross income from all sources?
(By gross income, I mean income from all sources before deductions for income tax and National Insurance)
INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE.
   Range: 1…32

IF Gross4a = 32 OR Gross4 = 32 THEN
G4aHigh
SHOW CARD CE - High Earnings section
Could you please look at this second card again and tell me which group represents your household's gross income from all sources mentioned?
(By gross income, I mean income from all sources before deductions for income tax and National Insurance)
INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE.
   Range: 1…60
33. Details of the property

IF Proxy = selected respondent THEN
HsngPr
I would now like to ask you some questions about your accommodation
INTERVIEWER: RESPONDENT SHOULD ANSWER ABOUT THEMSELVES. WHERE THE
RESPONDENT IS RESPONSIBLE FOR THE HOUSEHOLD ANSWERS ALSO REFER TO THE
OVERALL HH FINANCES.
  1  Continue

IF Proxy = selected respondent THEN
Ten1
In which of these ways do you/this household occupy this accommodation?
SHOW CARD CF (HELP<F9>)
INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD
MEMBERS IF RESPONDENT IS UNSURE
  1  Own outright
  2  Buying it with the help of a mortgage or loan
  3  Pay part rent and part mortgage (shared ownership)
  4  Rent it
  5  Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
  6  Squatting

IF Proxy = selected respondent THEN
Tied
Does the accommodation go with the job of anyone in the household?
  1  Yes
  2  No

IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it)
AND (Ten1 = Live here rent-free)) THEN
LLord
Who is your landlord? (HELP<F9>)
CODE FIRST THAT APPLIES
  1  The local authority/council/New Town Development/ Scottish Homes
  2  A housing association or co-operative or charitable trust
  3  Employer (organisation) of a household member
  4  Another organisation
  5  Relative/friend (before you lived here) of a household member
  6  Employer (individual) of a household member
  7  Another individual private landlord

IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it)
AND (Ten1 = Live here rent-free)) THEN
Furn
Is the accommodation provided: (HELP<F9>)
  1  furnished
  2  partly furnished (eg carpets and curtains only)
  3  or unfurnished?

IF Proxy = selected respondent THEN
SepBed
How many separate bedrooms do you have here/in your home?
INTERVIEWER: INCLUDE ONLY ROOMS TO WHICH RESPONDENT HAS ACCESS.
BEDROOMS INCLUDE BOXROOMS AND BEDROOMS NOT CURRENTLY USED AS BEDROOMS
   Range: 0…15

IF Proxy = selected respondent THEN
Built
SHOWCARD CG
When was this property first built? Please give your best estimate.
ANSWER ABOUT THE PART OF THE PROPERTY THAT IS USED BY THE DWELLING UNIT.
GIVE THE DATE WHEN IT WAS FIRST BUILT: IF NOT SURE, GET BEST ESTIMATE.
1  Before 1900
2  1900 – 1949
3  1950 – 1976
4  1977 – 1989
5  1990 – 2002
6  2003 or later

IF Proxy = selected respondent THEN
Glaze
SHOW CARD CH
Are there any double- or triple-glazed windows in your home? This means factory-made sealed units.
1  Yes, all windows
2  Yes, most windows
3  Yes, about half of the windows
4  Yes, a few of the windows
5  No

IF Proxy = selected respondent THEN
Mould
HAVE YOU HAD ANY MOULD IN YOUR HOME OVER THE LAST 12 MONTHS?
INSIDE THE PROPERTY ONLY.
1  Yes
2  No

IF Proxy = selected respondent AND Mould = Yes THEN
Mould
SHOWCARD CJ In which of these rooms have you had mould?
1  Living room
2  Kitchen
3  Bathrooms, toilets or shower rooms
4  Adult's bedrooms
5  Children's bedrooms
6  All rooms

IF Proxy = selected respondent THEN
TypHeat
SHOWCARD CK
What types of heating do you have in this house?
INTERVIEWER: PROBE: WHAT OTHERS?
CODE ALL THAT APPLY
1  Central heating
2  Night storage heater/s
3  Fixed room heater/fire (Gas or electric)
4  Open fire/s or stove/s
5  Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
6  Other
7  No heating

IF Proxy = selected respondent AND TypHeat = Central heating THEN
   Central
   SHOWCARD CL
   What types of central heating do you use here/in your home?
   CODE ALL THAT APPLY
   1  Gas boiler with radiators
   2  Oil boiler with radiators
   3  Solid fuel boiler with radiators
   4  Night (electric) storage heaters
   5  Gas fired warm air heating
   6  Oil fired warm air heating
   7  Under-floor heating

IF Proxy = selected respondent AND TypHeat = Portable heaters THEN
   Portab
   SHOWCARD CM
   What types of portable heaters do you use here/in your home?
   CODE ALL THAT APPLY.
   1  Portable electric heaters
   2  Portable oil-filled heaters
   3  Portable bottled gas heaters
   4  Portable paraffin heaters

IF Proxy = selected respondent THEN
   UseHeat
   SHOWCARD CN
   What is the main type of heating you use in your living room in winter?
   INTERVIEWER ADD IF NECESSARY: THE ROOM WHICH IS USED REGULARLY AS THE
   LIVING ROOM BY THE PEOPLE WHO LIVE HERE, WHERE YOU WATCH TV ETC.
   CODE ALL THAT APPLY
   1  Central heating
   2  Night storage heater/s
   3  Fixed room heater/fire (Gas or electric)
   4  Open fire/s or stove/s
   5  Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
   6  Other
   7  No heating

IF Proxy = selected respondent THEN
   HmWarm
   In winter are you able to keep your home warm enough?
   1  Yes
   2  No

IF Proxy = selected respondent AND HmWarm = No THEN
   PartWarm
   Which parts of your home are not warm enough in winter?
   CODE ALL THAT APPLY
   1  Living room
   2  Kitchen
   3  Bathrooms, toilets or shower rooms
4 Adult's bedrooms
5 Children's bedrooms
6 Other Room
7 All rooms

IF Proxy = selected respondent AND HmWarm = No THEN
FriendW
In the last year have you ever felt reluctant to invite friends or family to your home because of difficulties keeping it warm?
1 Yes
2 No

IF Proxy = selected respondent THEN
UsedLess
In the last year, have you ever used less gas, electricity or other fuel than you needed to because you were worried about cost?
(You may choose 3 out of the possible answers).
CODE ALL THAT APPLY
1 Gas
2 Electricity
3 Other Fuel
4 None of these

IF Proxy = selected respondent THEN
Discon
In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?
(You may choose 3 out of the possible answers).
CODE ALL THAT APPLY
1 Gas
2 Electricity
3 SPONTANEOUS - Other Fuel
4 None of these

IF Proxy = selected respondent THEN
InDebt
SHOWCARD CP
Have there been times during the past year when you were seriously behind in paying within the time allowed for any of these items?
CODE ALL THAT APPLY
1 Rent
2 Gas
3 Electricity
4 Water
5 Goods on hire purchase
6 Mortgage repayments
7 Council Tax
8 Credit card payments
9 Mail order catalogue payments
10 Telephone/mobile phone
11 Other loans
12 TV Licence
13 Road Tax
14 Social Fund Loan
15 Child Support or Maintenance
16 None of these
IF Proxy = selected respondent THEN
Borrow
SHOWCARD CQ
And have there been times during the past year when you have had to borrow money from pawnbrokers or money lenders, excluding banks or building societies, or from friends and family in order to pay for your day-to-day needs?
CODE ALL THAT APPLY
  1  Pawnbroker
  2  Money lender
  3  Friend(s)
  4  Family
  5  None of these

EndInt
THIS IS THE END OF THE MAIN PART OF RESPONDENTS INTERVIEW
  1  Continue

INTERVIEWER THEN SEEKS TO ESTABLISH:

- CONSENT TO FLAG RESPONDENT ON THE NHS CENTRAL REGISTER
- CONSENT TO BE CONTACTED FOR A PHASE TWO INTERVIEW
- CONSENT TO BE CONTACTED FOR FURTHER NATCEN RESEARCH
- HELPLINES LEAFLET AND CARD ARE OFFERED TO RESPONDENT
- PROVIDE INCENTIVE VOUCHER AND GET RECEIPT SIGNED
Phase two questionnaire structure

SCAN - Schedule for Clinical Assessment in Neuropsychiatry version 2.1.

ADOS - Autism Diagnostic Observation Schedule.

SCID-II - Structured Clinical Interview for DSM-IV.
Adult Psychiatric Morbidity Survey

2007

Showcards and Coding Frames

A survey carried out on behalf of the Information Centre
National Centre for Social Research
University of Leicester
CARD A

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely
CARD B

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

1. Strongly disagree

2. Moderately disagree

3. Slightly disagree

4. Slightly agree

5. Moderately agree

6. Strongly agree
CARD D

1. No, no difficulty at all

2. Yes, some difficulty

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

1. Strongly agree

2. Slightly agree

3. Slightly disagree

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

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

1. Prozac (fluoxetine)
2. Lustral (sertraline)
3. Seroxat (paroxetine)
4. Efexor (venlafaxine)
5. Nardil (phenelzine)
6. Manerix (moclobemide)
7. Tryptizol (amitriptyline)
8. Tofranil (impipramine)
9. Anafranil (clomipramine)
10. Prothiaden (dothiepin)
11. Sinequann (doxepin)
12. Cipralmil (citalopram)
13. Zispin (mirtazapine)
14. None of these
CARD K

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

1. Depixol (flupenthixol decanoate)

2. Modecate (fluphenazine decanoate)

3. Haldol (holoperidol decanoate)

4. Clopixol (zuclopenthixol decanoate)

5. Risperdal consta (risperidone)

6. None of these
CARD M

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

1. Community mental health centre
2. Day activity centre
3. Sheltered workshop
CARD P

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

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

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

1. Less than 2 weeks

2. 2 weeks but less than 6 months

3. 6 months but less than 1 year

4. 1 year but less than 2 years

5. 2 years or more
CARD T

1. Noise

2. Shift work/ too busy to sleep

3. Illness/ discomfort

4. Worry/ thinking

5. Needing to go to the toilet

6. Having to do something (e.g. look after baby)

7. Tired

8. Medication

9. Other
CARD U

1. Less than 2 weeks

2. 2 weeks but less than 6 months

3. 6 months but less than 1 year

4. 1 year but less than 2 years

5. 2 years or more
CARD V

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

1. Less than 2 weeks

2. 2 weeks but less than 6 months

3. 6 months but less than 1 year

4. 1 year but less than 2 years

5. 2 years or more
CARD X

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

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

1. Less than 2 weeks

2. 2 weeks but less than 6 months

3. 6 months but less than 1 year

4. 1 year but less than 2 years

5. 2 years or more
CARD BA

1. Crowds or public places

2. Enclosed spaces

3. Social situations

4. Sight of blood or injury

5. Specific single cause

6. Other (specify)
CARD BB

1. Heart racing or pounding

2. Hands sweating or shaking

3. Feeling dizzy

4. Difficulty getting your breath

5. Butterflies in stomach

6. Dry mouth

7. Nausea or feeling as though you wanted to vomit
CARD BC

1. Less than 2 weeks

2. 2 weeks but less than 6 months

3. 6 months but less than 1 year

4. 1 year but less than 2 years

5. 2 years or more
CARD BD

1. Never

2. Rarely

3. Sometimes

4. Often

5. Very often
CARD BE

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree
CARD BF

1. Often

2. Sometimes

3. Seldom

4. Never / almost never
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CARD BH

1. Serious illness, injury or assault to yourself

2. Serious illness, injury or assault to a close relative

3. Death of an immediate family member of yours

4. Death of a close family friend or other relative, like an aunt, cousin or grandparent

5. Separation due to marital difficulties, divorce or steady relationship broken down

6. Serious problem with a close friend, neighbour or relative

7. None of these
CARD BJ

1. Within last 6 months

2. More than 6 months ago, but since the age of 16

3. More than 6 months ago, and before the age of 16
CARD BK

1. Being made redundant or sacked from your job

2. Looking for work without success for more than 1 month

3. Major financial crisis, like losing the equivalent of 3 months income

4. Problem with police involving court appearance

5. Something you valued being lost or stolen

6. None of these
CARD BL

1. Within last 6 months

2. More than 6 months ago, but since the age of 16

3. More than 6 months ago, and before the age of 16
CARD BM

1. Bullying

2. Violence at work

3. Violence in the home

4. Sexual abuse

5. Being expelled from school

6. Running away from your home

7. Being homeless

8. None of these
CARD BN

1. Within last 6 months

2. More than 6 months ago, but since the age of 16

3. More than 6 months ago, and before the age of 16
CARD BP

1. Not true

2. Partly true

3. Certainly true
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<th>Strongly held</th>
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<td>9</td>
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<td>10</td>
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</tbody>
</table>
CARD BR

Not necessary

Essential

0 1 2 3 4 5 6 7 8 9 10
CARD BS

1. Once a week or more

2. At least once a month, but less than once a week

3. At least once a year, but less than once a month

4. Less than once a year

5. Never
CARD BT

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
1. Sports or sport supporters club

2. Hobby or interest group

3. Political party

4. Neighbourhood watch scheme

5. Parent Teacher Association

6. Tenants’ group

7. Residents’ group

8. Neighbourhood council

9. Religious group

10. Other local group
11. None of these
CARD BV

1. White – British
2. White – Irish
3. Any other white background
4. Mixed – White and Black Caribbean
5. Mixed – White and Black African
6. Mixed – White and Asian
7. Any other mixed background
8. Asian or Asian British – Indian
9. Asian or Asian British – Pakistani
10. Asian or Asian British – Bangladeshi
11. Any other Asian/Asian British background
12. Black or Black British – Caribbean
13. Black or Black British – African
14. Any other Black/Black British background

15. Chinese

16. Other
1. Degree (or degree level qualification) or NVQ Level 5

2. Higher educational qualification below degree level or NVQ Level 4

3. A levels or highers or ONC/OND/BEC/TEC or NVQ Level 3 or BTEC National or GNVC (Advance Level)

4. O level/GCSE grade A-C or CSE grade 1 or Standard Grade level 1-3 or NVQ Level 2 or BTEC First or GNVQ (Intermediate level)

5. CSE grades 2-5 or GCSE grade D-G or Standard Grade level 4-6 or NVQ Level 1 or GNVQ (Foundation Level)

6. CSE Ungraded

7. Other qualifications (specify)
8. No formal qualifications
1. Child Benefit

2. One Parent Benefit

3. Guardian’s Allowance

4. Invalid Care Allowance

5. Retirement pension (National Insurance) or old person’s pension

6. Widow’s pension or allowance (National Insurance)

7. War disablement pension

8. Severe disablement allowance (and related allowances)

9. Disability working allowance
10. None of these
CARD BY

1. Care component of Disability Living Allowance

2. Mobility component of Disability Living Allowance

3. Attendance Allowance

4. Disability Living Allowance – unsure if Care and/or Mobility components

5. None of these
CARD BZ

1. Jobseekers Allowance

2. Income support

3. Working tax credit/ Child tax credit (not received in a lump sum)

4. Incapacity Benefit

5. Statutory sick pay

6. Industrial injury disablement benefit

7. None of these
1. Maternity Allowance

2. Statutory Maternity Pay from your employer or former employer

3. Neither of these
1. Working tax credit/ Child tax credit (paid in a lump sum)

2. A grant from the Social Fund for funeral expenses

3. A grant from the Social Fund for maternity expenses

4. A Community Care grant from the Social Fund

5. Back to work bonus

6. Widows payment (lump sum)

7. Any National Insurance or State benefit not mentioned earlier

8. None of these
CARD CC

1. Earnings from employment or self-employment
2. Pension from former employer
3. Interest from savings, shared etc.
4. Other kinds of regular allowance from outside the household
5. Other sources e.g. rent
6. None of these
# CARD CD

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<tr>
<th>WEEKLY</th>
<th>MONTHLY</th>
<th>ANNUAL</th>
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<td>1. Less than £10 ..............</td>
<td>Less than £43 ..................</td>
<td>Less than £520</td>
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<td>2. £10 less than £19 .............</td>
<td>£43 less than £85 ..................</td>
<td>£520 less than £1,039</td>
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<td>3. £20 less than £29 .............</td>
<td>£86 less than £129 ..................</td>
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CARD CF

1. Own outright

2. Buying it with the help of a mortgage or loan

3. Pay part rent and part mortgage (shared ownership)

4. Rent it

5. Live here rent-free (including rent-free in relative’s/friend’s property; excluding squatting)

6. Squatting
CARD CG

1. Before 1900
2. 1900 – 1949
3. 1950 – 1976
4. 1977 – 1989
5. 1990 – 2002
6. 2003 – later
CARD CH

1. Yes, all windows

2. Yes, most windows

3. Yes, about half of the windows

4. Yes, a few of the windows

5. No
CARD CJ

1. Living room

2. Kitchen

3. Bathrooms, toilets or shower rooms

4. Adult’s bedrooms

5. Children’s bedrooms

6. All rooms
CARD CK

1. Central heating

2. Night storage heater/s

3. Fixed room heater/fire (Gas or electric)

4. Open fire/s or stove/s

5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)

6. Other

7. No heating
CARD CL

1. Gas boiler with radiators
2. Oil boiler with radiators
3. Solid fuel boiler with radiators
4. Night (electric) storage heaters
5. Gas fired warm air heating
6. Oil fired warm air heating
7. Under-floor heating
1. Portable electric heaters
2. Portable oil-filled heaters
3. Portable bottled gas heaters
4. Portable paraffin heaters
CARD CN

1. Central heating

2. Night storage heater/s

3. Fixed room heater/fire (Gas or electric)

4. Open fire/s or stove/s

5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)

6. Other

7. No heating
1. Rent
2. Gas
3. Electricity
4. Water
5. Goods on hire purchase
6. Mortgage repayments
7. Council tax
8. Credit card payments
9. Mail order catalogue payments
10. Telephone/mobile phone
11. Other loans
12. TV Licence
13. Road tax
14. Social Fund loan
15. Child support or Maintenance
16. None of these
CARD CQ

1. Pawnbroker
2. Money lender
3. Friend(s)
4. Family
5. None of these
A survey carried out on behalf of the Information Centre
National Centre for Social Research
University of Leicester

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### Throat - difficulty swallowing
- Trouble - abdominal
- Trouble - stomach
- Trouble - throat - difficulty swallowing
- Weakness in intestines

### Appendix (grumbling)
- Bowel - incontinent
- Bowel - inflamed
- Bowel - irritable
- Bowel - polyp
- Colitis - ulcerative
- Colon trouble
- Colostomy - (nes)
- Constipation
- Crohn's disease
- Diarrhoea
- Disease - Crohn's
- Disease - Hirschsprung's
- Diverticulitis
- Encopresis
- Enteritis
- Faecal incontinence
- Hirschsprung's disease
- Incontinence - bowels
- Incontinence - faecal
- Inflammation - bowel
- Irritable bowel
- Polyp - bowel
- Spastic - colon
- Trouble - colon
- Cleft palate
- Gingivitis
- Hare lip
- Impacted wisdom tooth
- Loss of - sense of taste
- Mouth ulcer
- Taste - no sense of
- Teeth
- Tongue ulcer
- Ulcer - mouth
- Ulcer - tongue

### Kidney - horseshoe
- Kidney - stone
- Kidney - trouble
- Laurence - Moon(-Biedl) syndrome
- Loss of - kidney
- Nephritis
- Pyelonephritis
- Renal failure
- Renal TB
- Stone - kidney
- Syndrome - Good pasture's
- Syndrome - Laurence-Moon(-Biedl)
- TB - renal
- Trouble - kidney
- Tube - kidney (damage)
- Uraemia

### Kidney - cystic
- Absence - kidney
- Chronic renal failure
- Cystic kidney
- Damage - kidney
- Double kidney
- Failure - renal
- Good pasture's syndrome
- Horseshoe kidney
- Kidney - cystic

### Kidney - stone
- Kidney - trouble
- Laurence - Moon(-Biedl) syndrome
- Loss of - kidney
- Nephritis
- Pyelonephritis
- Renal failure
- Renal TB
- Stone - kidney
- Syndrome - Good pasture's
- Syndrome - Laurence-Moon(-Biedl)
- TB - renal
- Trouble - kidney
- Tube - kidney (damage)
- Uraemia

### Kidney - trouble
- Absence - kidney
- Chronic renal failure
- Cystic kidney
- Damage - kidney
- Double kidney
- Failure - renal
- Good pasture's syndrome
- Horseshoe kidney
- Kidney - cystic

### Urine infection
- Bed Wetting
- Bladder complaint
- Bladder problems
- Bladder restriction
- Eneuresis
- Incontinence - bladder
- Incontinence - urine
- Incontinence - (nes)
- Problem - bladder
- Restriction - bladder
- Trouble - water (nes)
- Water - trouble (nes)
- Weak bladder

### Abcess - breast
- Cracked nipple
- Damage - testicles
- Disease - Pelvic inflam (Female)
- Dysmenorrhea
- Endometriosis
- Gynaecological problems
- Hysterectomy - (nes)
- Impotence
- Infertility
- Mastitis
- Menopause
- Nipple - cracked
- Pelvic inflam. disease (female)
- Period problems
- Premenstrual tension
- Problem - gynaecological
- Problem - period
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