# APMS 2014 PHASE ONE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSEHOLD GRID</td>
<td>2</td>
</tr>
<tr>
<td>1. GENERAL HEALTH AND ACTIVITIES OF DAILY LIVING</td>
<td>2</td>
</tr>
<tr>
<td>2. CARING RESPONSIBILITIES</td>
<td>4</td>
</tr>
<tr>
<td>3. MENTAL WELLBEING</td>
<td>5</td>
</tr>
<tr>
<td>4. PHYSICAL HEALTH CONDITIONS</td>
<td>8</td>
</tr>
<tr>
<td>5. SENSORY IMPAIRMENTS</td>
<td>11</td>
</tr>
<tr>
<td>6. LEARNING IMPAIRMENTS</td>
<td>13</td>
</tr>
<tr>
<td>7. MENTAL ILLNESS DIAGNOSES AND TREATMENT</td>
<td>14</td>
</tr>
<tr>
<td>8. COMMON MENTAL DISORDERS</td>
<td>22</td>
</tr>
<tr>
<td>9. PSYCHOSIS SCREENING QUESTIONNAIRE (PSQ)</td>
<td>47</td>
</tr>
<tr>
<td>10. ADHD</td>
<td>50</td>
</tr>
<tr>
<td>11. WORK RELATED STRESS</td>
<td>52</td>
</tr>
<tr>
<td>12. TOBACCO</td>
<td>57</td>
</tr>
<tr>
<td>13. ALCOHOL</td>
<td>60</td>
</tr>
<tr>
<td>14. DRUGS</td>
<td>66</td>
</tr>
<tr>
<td>15. PERSONALITY DISORDER – BORDERLINE AND ANTISOCIAL</td>
<td>71</td>
</tr>
<tr>
<td>16. PERSONALITY DISORDER – GENERAL</td>
<td>78</td>
</tr>
<tr>
<td>17. SOCIAL FUNCTIONING</td>
<td>80</td>
</tr>
<tr>
<td>18. BIPOLAR DISORDER</td>
<td>82</td>
</tr>
<tr>
<td>19. AUTISM</td>
<td>84</td>
</tr>
<tr>
<td>20. POST-TRAUMATIC STRESS DISORDER</td>
<td>87</td>
</tr>
<tr>
<td>21. INTERPERSONAL VIOLENCE AND ABUSE</td>
<td>91</td>
</tr>
<tr>
<td>22. CHILDHOOD ABUSE AND NEGLECT</td>
<td>99</td>
</tr>
<tr>
<td>23. SUICIDAL THOUGHTS, ATTEMPTS AND SELF HARM</td>
<td>101</td>
</tr>
<tr>
<td>24. DISCRIMINATION</td>
<td>103</td>
</tr>
<tr>
<td>25. SEXUAL ORIENTATION AND BEHAVIOUR</td>
<td>104</td>
</tr>
<tr>
<td>26. MENOPAUSE</td>
<td>105</td>
</tr>
<tr>
<td>26. END OF SELF-COMPLETION</td>
<td>107</td>
</tr>
<tr>
<td>27. COGNITIVE AND INTELLECTUAL FUNCTIONING</td>
<td>108</td>
</tr>
<tr>
<td>28. VERBAL FLUENCY (ANIMAL NAMING TEST)</td>
<td>117</td>
</tr>
<tr>
<td>29. STRESSFUL LIFE EVENTS</td>
<td>118</td>
</tr>
<tr>
<td>30. PARENTING</td>
<td>120</td>
</tr>
<tr>
<td>31. SOCIAL SUPPORT</td>
<td>121</td>
</tr>
<tr>
<td>32. RELIGION</td>
<td>123</td>
</tr>
<tr>
<td>33. SOCIAL CAPITAL AND PARTICIPATION</td>
<td>124</td>
</tr>
<tr>
<td>34. ETHNICITY AND MIGRATION</td>
<td>127</td>
</tr>
<tr>
<td>34. EDUCATION AND EMPLOYMENT</td>
<td>129</td>
</tr>
<tr>
<td>35. FINANCIAL AND HOUSING CIRCUMSTANCES</td>
<td>135</td>
</tr>
</tbody>
</table>
HOUSEHOLD GRID

ASK ALL
Household grid
- Name, sex, age, marital status, and relationship for each household member (up to 14) is collected.
- Identification of Household Reference Person

ASK ALL
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

1. GENERAL HEALTH AND ACTIVITIES OF DAILY LIVING

ASK ALL
GenHlth
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?

ASK ALL
AcDif1
SHOWCARD B1
Looking at showcard B1, do you 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

ASK ALL
AcDif2
SHOWCARD B1
And do you 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

ASK ALL
AcDif3
SHOWCARD B1
And do you 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
ASK ALL
AcDif4
SHOWCARD B1
And do you 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

ASK ALL
AcDif5
SHOWCARD B1
And do you 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

ASK ALL
AcDif6
SHOWCARD B1
And do you 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

ASK ALL
AcDif7
SHOWCARD B1
And do you 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

IF ANY (AcDif1-AcDif7 = Yes, a lot of difficulty)
AcHelp
Do you need anyone to help you [TEXTFILL: insert difficulties mentioned]?
1 Yes
2 No
2. CARING RESPONSIBILITIES

ASK ALL

Care1
Do you look after, 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  GOTO WEM1

IF Care1 = Yes

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 Care1 = Yes

HelpNo
How many people do you provide this kind of help and support to?
0..97

IF HelpNo >= 2

Intro
Now I'd like you to think about the person you provide the most help and support to.
INTERVIEWER: THIS IS THE PERSON THEY SPEND MOST TIME WITH.

IF Care1 = Yes

PrRel
SHOWCARD C1
What is their relationship to you?
They are your…
1  Husband/Wife/Partner
2  Mother (including mother-in-law)
3  Father (including father-in-law)
4  Son (including step-son, adopted son or son-in-law)
5  Daughter (including step-daughter, adopted daughter or daughter-in-law)
6  Grandparent
7  Grandchild (including Great Grandchildren)
8  Brother / Sister (including step / adopted / in-laws)
9  Other family member
10  Friend
11  Neighbour
12  Somebody I help as a professional carer
13  Somebody I help as a voluntary helper
14  Other (PLEASE SPECIFY)

IF (Care1 = Yes) AND (PrRel = Responses 1-10) AND (HelpNo >=1)

PrHHold
And do they live in the same household as you or in a different household?
1  Same household
2  Different household
3. MENTAL WELLBEING

ASK ALL
WEM1
SHOWCARD C2
I'll now read some statements about feelings and thoughts. Please choose the option that best describes your experience of each over the last 2 weeks.
I've been feeling optimistic about the future.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM2
SHOWCARD C2
(Over the last 2 weeks) I've been feeling useful.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM3
SHOWCARD C2
(Over the last 2 weeks) I've been feeling relaxed.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM4
SHOWCARD C2
Over the last 2 weeks) I've been feeling interested in other people.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM5
SHOWCARD C2
(Over the last 2 weeks) I've had energy to spare.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time
ASK ALL
WEM6
SHOWCARD C2
(Over the last 2 weeks) I've been dealing with problems well.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM7
SHOWCARD C2
(Over the last 2 weeks) I've been thinking clearly.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM8
SHOWCARD C2
(Over the last 2 weeks) I've been feeling good about myself.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM9
SHOWCARD C2
(Over the last 2 weeks) I've been feeling close to other people.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM10
SHOWCARD C2
(Over the last 2 weeks) I've been feeling confident.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM11
SHOWCARD C2
(Over the last 2 weeks) I've been able to make up my own mind about things.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time
WEM12
SHOWCARD C2
Over the last 2 weeks I've been feeling loved.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM13
SHOWCARD C2
(Over the last 2 weeks) I've been interested in new things.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time

ASK ALL
WEM14
SHOWCARD C2
(Over the last 2 weeks) I've been feeling cheerful.
1 None of the time
2 Rarely
3 Some of the time
4 Often
5 All of the time
4. PHYSICAL HEALTH CONDITIONS

ASK ALL

Health
SHOWCARD D1
Have you had any of these health conditions since the age of 16?
INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.
PROBE - 'What others?'
Code all that apply.
1 Cancer  GOTO HDoct
2 Diabetes  GOTO HDoct
3 Epilepsy/fits  GOTO HDoct
4 Migraine or frequent headaches  GOTO HDoct
5 Dementia or Alzheimer's disease  GOTO HDoct
7 Cataracts/eyesight problems (even if corrected with glasses or contacts)  GOTO HDoct
8 Ear/hearing problems (even if corrected with a hearing aid)  GOTO HDoct
9 Stroke  GOTO HDoct
10 Heart attack/angina  GOTO HDoct
11 High blood pressure  GOTO HDoct
12 Bronchitis/emphysema  GOTO HDoct
13 Asthma  GOTO HDoct
14 Allergies  GOTO HDoct
15 Stomach ulcer or other digestive problems  GOTO HDoct
16 Liver problems  GOTO HDoct
17 Bowel/colorectal problems  GOTO HDoct
18 Bladder problems/incontinence  GOTO HDoct
19 Arthritis  GOTO HDoct
20 Bone, back, joint or muscle problems  GOTO HDoct
21 Infectious disease  GOTO HDoct
22 Skin problems  GOTO HDoct
23 Other, please specify  GOTO HealthX
96 None of these  GOTO SeeClo

IF Health = Other
HealthX
INTERVIEWER: Enter name of other health condition.

IF Health = Responses 1-22
HDoct
You told me that you have <text fill: health condition mentioned at Health>. Did a doctor or other health professional diagnose this condition?
1 Yes
2 No

IF Health = Responses 1-22
HYear
Have you had <health condition mentioned at Health> in the last 12 months, that is since <date 12 months ago>. 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 OVERCOME AN IMPAIRMENT, SUCH AS A WALKING STICK, ZIMMER FRAME, GLASSES OR HEARING AID.
1 Yes
2 No

IF HYear = Yes
HFirst
When did you first have < health condition mentioned at Health > ?
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 = Responses 1-22
HTreat
In the last 12 months, have you had any treatment or taken any prescribed medication for the < health condition mentioned at Health > ?
INTERVIEWER: 'TREATMENT' INCLUDES PHYSIO AND OTHER THERAPIES. EXCLUDE MEDICATIONS BOUGHT OVER THE COUNTER.
1 Yes
2 No

IF HYear = Yes
HRedAct
Does having < health condition mentioned at Health > ? reduce your ability to carry out day-to-day activities READ OUT...
1 ...a lot
2 ...a little, or
3 ...not at all?

IF TREATED FOR DIABETES IN THE LAST 12 MONTHS
Type12
Have you been told whether you have Type 1 or Type 2 diabetes?
1 Yes, Type 1
2 Yes Type 2
3 No
4 Not sure

IF TREATED FOR DIABETES IN THE LAST 12 MONTHS
Insulin
Do you currently inject insulin for diabetes?
1 Yes
2 No

IF Health = Epilepsy/fits
Fit
May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?
1 Yes
2 No

IF Health = High blood pressure
HTreat12
SHOWCARD D2
What treatment or advice are you currently receiving because of your high blood pressure?
INTERVIEWER: CODE ALL APPLY
1 Blood pressure monitored by GP / other doctor / nurse
2 Advice or treatment to lose weight
3 Blood tests
4 Change diet
5 Stop smoking
6 Reduce stress
7 None

IF TREATED FOR Asthma IN THE LAST 12 MONTHS
SymAss
SHOWCARD D3
May I just check, have you had any symptoms of asthma in the last 12 months, or are they controlled by medication?
1 Yes, have had symptoms of asthma in the last 12 months
2 No, symptoms in the last 12 months, asthma controlled by medication
3 No, symptoms in the last 12 months, no medication taken for asthma

IF SymAss = Yes
**WhtSym**
Do you have symptoms of asthma every day or most days, or do you have attacks every now and then, or both?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Symptoms everyday / most days</td>
</tr>
<tr>
<td>2</td>
<td>Attacks every now and then</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
</tbody>
</table>
5. SENSORY IMPAIRMENTS

ASK ALL
SeeClo
SHOWCARD D4
With your glasses or contact lenses, if you wear any do you have any difficulty seeing ordinary newsprint at arm’s length?
1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

ASK ALL
SeeDis
SHOWCARD D4
(With your glasses or contact lenses if you wear any) do you have any difficulty clearly seeing the face of someone across a room, that is from 4 metres or 12 feet away?"
1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

IF (SeeDis > 1) OR (SeeClo > 1)
SeeLim
SHOWCARD D5
How often does this limit the amount or kind of activities that you can do?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

IF (SeeDis > 2) OR (SeeClo > 2)
CertBlind
Are you certified as partially sighted (sight impaired) or blind (severely sight impaired)?
1. Yes, partially sighted
2. Yes, blind
3. No

ASK ALL
IHear
Do you have any difficulty hearing, or use a hearing aid?
INTERVIEWER: Include those who cannot hear at all.
1. Yes
2. No

IF IHear = Yes
HearA
ASK OR RECORD
Can I just check, do you use a hearing aid or any other aid to hearing?
1. Yes
2. No
IF I Hear = Yes

HearB

SHOWCARD D4

(With your hearing aid) how would you describe your difficulty hearing?
1 No difficulty
2 Mild difficulty
3 Moderate difficulty
4 Severe difficulty
5 Cannot do

IF HearB > 1

HearLim

SHOWCARD D5

How often does this limit the amount or kind of activities that you can do?
1 Always
2 Often
3 Sometimes
4 Rarely
5 Never
6. LEARNING IMPAIRMENTS

ASK ALL
Learn1
Do you have a difficulty learning or an intellectual disability?
1 Yes
2 No

IF Learn1 = Yes
LnNam
Does your condition have a name?
1 Yes
2 No
3 Don't know

IF ((LnNam = Yes) OR (LnNam = DONTKNOW)) OR (LnNam = REFUSAL)
Learn3R
What is the name of your condition?
INTERVIEWER: IF MORE THAN ONE CONDITION - CODE THE MAIN CONDITION.
MAIN CONDITION IS THE ONE THAT THE RESPONDENT FEELS HAS THE GREATEST IMPACT ON
THEIR EVERYDAY LIFE.
: STRING [50]

IF Learn1 = Yes THEN
Learn2
How would you describe the level of severity of this difficulty?
Would you say it was...
1 ...mild
2 moderate
3 or severe?

IF learn1 = Yes
LnLim
How often does this limit the amount or kind of activities that you can do?
Would you say it was...
1 Always
2 Often
3 Sometimes
4 Rarely
5 Never
7. MENTAL ILLNESS DIAGNOSES AND TREATMENT

ASK ALL
PYCHDIAG1
SHOWCARD D6
Now please look carefully at this card. Do you think that you have ever experienced any of these?
1  A phobia
2  Panic attacks
3  Post-traumatic stress disorder
4  Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
5  Bipolar disorder (or 'manic depression')
6  Depression
7  Post-natal depression
8  Dementia (including Alzheimers)
9  An eating disorder
10  Nervous breakdown
11  A personality disorder
12  Psychosis or schizophrenia
13  Obsessive compulsive disorder (OCD)
14  Seasonal affective disorder
15  Alcohol or drug dependence
16  Any other anxiety disorder
17  Any other mental, emotional or neurological problem or condition
18  [Spontaneous] None of these

IF PYCHDIAG1 = 1 to 15¹
PYCHDIAG2
Did a doctor, psychiatrist or other professional tell you that you had ^TFPYCHDIAG?
1  Yes
2  No

IF  PYCHDIAG2 = Yes
PYCHDIAG3
How old were you when you first had ^TFPYCHDIAG?
: 1..120

IF  PYCHDIAG2 = Yes
PYCHDIAG4
In the last 12 months, have you had ^TFPYCHDIAG?
1  Yes
2  No

IF  PYCHDIAG2 = Yes
PYCHDIAG5
In the last 12 months, have you had any therapy, medication or other treatment for <textfill each condition named>?
INTERVIEWER IF NEEDED SAY: Sometimes people continue to have treatment when they no longer have the condition.
1  Yes
2  No

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

¹ Follow-up questions about diagnosis and treatment were asked for the listed disorders (categories 1 to 15) only.
IF Medic = Yes
MedicWh1R
SHOW CARD E1
Please look at this card. Are you currently taking any of these medications?
PROBE - 'Which ones? Please tell me the numbers or names on the card'
Code all that apply.
"Psychotropic medication"
1 Amisulpride (Solian)
2 Aripiprazole (Abilify)
3 Carbamazepine (Tegretol)
4 Chlorpromazine (Largactil)
5 Clozapine (Clozaril, Zaponex)
6 Haloperidol (Haldol, Serenace)
7 Lamotrigine (Lamictal)
8 Levetiracetam (Keppra)
9 Levomepromazine (Nozinan)
10 Lithium (Pridel, Camcfolit)
11 Olanzapine (Zyprexa)
12 Paliperidone (Invega)
13 Promazine
14 Quetiapine (Seroquel)
15 Risperidone (Risperdal)
16 Sulpiride (Dolmatil, Sulpor)
17 Trifluoperazine (Stelazine)
18 Valproate (Depakote, Epilim)
19 Zuclopenthixol (Clopixol)
20 None of these

IF (Medic = Yes) AND (MedicWh1 <> None of these)
Mpack1
May I see the container or packet for [drug name mentioned at MedicWh1R]
1 Packet seen - drug coded correctly
2 Packet seen - drug not coded correctly
3 Packet not seen

IF (Medic = Yes) AND ((Mpack = Packet seen – coded correctly) OR (Mpack = Packet Not Seen))
Mwhy1
(May I just check) What condition do you take < drug name mentioned at MedicWh1R > for?

IF Medic = Yes
MedicWh2R
SHOW CARD E2
And please look at this card. Are you currently taking any of these medications?
PROBE - 'Which ones? Please tell me the numbers or names on the card'
Code all that apply.
"Antidepressants"
1 Agomelative (Valdoxan)
2 Amitriptyline
3 Citalopram (Cipramil)
4 Clomipramine (Anafranil)
5 Duloxetine (Cymbalta)
6 Dosulepin (Prothiaden)
7 Escitalopram (Cipralex)
8 Fluoxetine (Prozac)
9 Fluoxetine (Fluanxol, Depixol)
10 Fluvoxamine (Faverin)
11 Imipramine
12 Lofepramine
13 Mianserin
14 Mirtazapine (Zispin)
Moclobemide (Manerix)
Nortriptyline (Allegron)
Paroxetine (Seroxat)
Phenelzine (Nardil)
Reboxetine (Edronax)
Sertraline (Lustral)
Tranylcypromine
Trazodone (Molipaxin)
Trimipramine (Surmontil)
Tryptophan (Optimax)
Venlafaxine (Efexor)
None of these

IF (Medic = Yes) AND (MedicWh2 <> None of these)
Mpack2
May I see the container or packet for the < drug name mentioned at MedicWh2R >
1 Packet seen - drug coded correctly
2 Packet seen - drug not coded correctly GOTO MedicWh3
3 Packet not seen

IF (Medic = Yes) AND ((Mpack2 = Packet seen - drug coded correctly) OR (Mpack2 = Packet Not Seen))
Mwhy2
(May I just check) What condition do you take < health condition mentioned at MedicWh2R > for?

IF Medic = Yes
MedicWh3R
SHOW CARD E3
And are you currently taking any of the medications on this card?
PROBE - 'Which ones? Please tell me the numbers or names on the card'
Code all that apply.
"Hypnotics, anxiolytics and ADHD"
1 Acamprosate
2 Atomoxetine (Strattera)
3 Buprenorphine
4 Buspirone (Buspar)
5 Chlordiazepoxide (Librium)
6 Diazepam (Valium)
7 Donepezil (Aricept)
8 Gabapentin (Neurontin)
9 Galantamine
10 Lorazepam (Ativan)
11 Melatonin (Circadin)
12 Memantine
13 Methdone
14 Methylphenidate (Ritalin, Concerta, Equasym)
15 Naltrexone
16 Nitrazepam (Mogadon)
17 Oxazepam
18 Pregabalin (Lyrica)
19 Rivastigmine
20 Temazepam
21 Zaleplon (Sonata)
22 Zolpidem (Stilnoct)
23 Zopiclone (Zimovane)
24 None of these

IF (Medic = Yes) AND (MedicWh3R <> None of these)
Mpack3
May I see the container or packet for the < drug name mentioned at MedicWh3R >
1 Packet seen - drug coded correctly
2 Packet seen - drug not coded correctly GOTO Inject
3 Packet not seen
IF (Medic = Yes) AND ((Mpack3 = Packet seen - drug coded correctly) OR IF (Mpack3 = Packet Not Seen))

Mwhy3
(May I just check) What condition do you take < health condition mentioned at MedicWh3R > for?

ASK ALL
Inject
(May I just check) Are you currently having a regular course of injections which has been prescribed for you?
1 Yes
2 No GOTO CnslHav

IF Inject = Yes
INJECTWH
SHOW CARD E4
Are you currently having any of these medicines as a course of injections?
PROBE - 'Which ones? Please tell me the numbers or names on the card'
Code all that apply.
"Injections"
1 Depixol (flupenthixol decanoate) GOTO Minjwhy3
2 Modecate (fluphenazine decanoate) GOTO Minjwhy3
3 Haldol (holoperidol decanoate) GOTO Minjwhy3
4 Clopixol (zuclopenthixol decanoate) GOTO Minjwhy3
5 Risperdal Consta (risperidone) GOTO Minjwhy3
6 None of these GOTO DocYear

IF (Inject = Yes) AND (INJECTWH <> None of these)
Minjwhy3
What condition do you take < drug name mentioned at Injectwh > for?
GOTO DocYear

ASK ALL
CnslHav
SHOWCARD F1
Are you currently having any counselling or therapy listed on this card for a mental, nervous or emotional problem?
INTERVIEWER: COUNSELLING COULD BE RECEIVED IN A RANGE OF PLACES E.G. AT HOME, AT A DOCTOR’S SURGERY, A HEALTH CENTRE, HOSPITAL OR CLINIC
1 Yes
2 No

IF CnslHav = Yes
CnsIR
SHOWCARD F1
Which type/s of counselling or therapy are you having?
CODE ALL THAT APPLY
1 Psychotherapy or psychoanalysis
2 Cognitive behavioural therapy GOTO CnsITak
3 Art, music or drama therapy GOTO CnsITak
4 Social skills training GOTO CnsITak
5 Couple or family therapy GOTO CnsITak
6 Sex therapy GOTO InStay
7 Mindfulness therapy GOTO CnsITak
8 Alcohol or drug counselling
9. Counselling (including bereavement)
10. Another type of therapy

IF CnslHav= Yes
CnsITak
How often do you have this ^LCounsel
INTERVIEWER PLEASE CODE

APMS 2014 PHASE ONE QUESTIONNAIRE 17
1 more than once a week GOTO InStay
2 weekly or more often than fortnightly GOTO InStay
3 fortnightly or more often than monthly GOTO InStay
4 monthly or more often than 3-monthly GOTO InStay
5 3-monthly or more often than 6-monthly GOTO InStay
6 6-monthly or more often than 1 yearly GOTO InStay
7 once a year or less GOTO InStay

ASK ALL
DocYear
In the past 12 months, have you 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 THE NHS 111 SERVICE
1 Yes
2 No

ASK ALL
DocPsyc
In the past 12 months, have you 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 THE NHS 111 SERVICE
1 Yes
2 No GOTO DocTalk

IF DocPsyc = Yes
PMatNum
When you 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
0 – 6
Beginning of loop: questions VOO664 to VOO674 REPEATED 1 TO PmatNum

IF DocPsyc = Yes
PMat
WHAT IS THE MATTER WITH RESPONDENT?
ENTER ONE OF CONDITIONS/SYMPTOMS RESPONDENT MENTIONED
(THIS IS CONDITION NUMBER [LGENHLTH] OF [QDoctor .PMAI NUM])

IF DocPsyc = Yes
PICD
INTERVIEWER SEARCH FOR CONDITIONS/SYMPTOMS GIVEN AT PMAT:
1) PRESS SPACE BAR TO SEE CONDITIONS/SYMPTOMS(WILL APPEAR IN A POP-UP WINDOW).
2) IF CONDITION/SYMPOTOM LISTED, SELECT BY PRESSING ‘ENTER’.
3) IF CONDITION/SYMPTOM @bNOT@b LISTED, TYPE ‘98’ IN THE SEARCH BOX AND SELECT BY
PRESSING ‘ENTER’.

IF DocPsyc = Yes
PICDDsc
DESCRIPTION OF CODE SELECTED AT PICD

IF ((DocYear = Yes) OR IF (DocPsyc = Yes)) THEN
DocTalk
In the two weeks ending yesterday, apart from any visit to a hospital, did you 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 THE NHS 111 SERVICE
1 Yes
IF (DocYear = Yes) OR (DocPsyc = Yes) AND (DocTalk = Yes)

DocWeeks
And in the two weeks ending yesterday, did you 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 THE NHS 111 SERVICE
1 Yes
2 No ASK ALL

InStay
In 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 GOTO OutStay

IF InStay = Yes

InStayQtr
And in the past 3 months 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 GOTO OutStay

IF (InStay = Yes) AND (InStayQtr = Yes)

InWhy
Were you in hospital because of
RUNNING PROMPT
1 a physical health problem GOTO OutStay
2 or a mental nervous or emotional problem? GOTO OutStay
3 SPONTANEOUS: both of these GOTO OutStay

ASK ALL

OutStay
(Apart from seeing your own doctor/when you stayed in hospital) In the past 12 months have you 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 GOTO DayY

IF OutStay = Yes

OutStyQt
And in the past 3 months have you 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 GOTO DayY

IF (OutStay = Yes) AND OutStyQt = Yes

OutWhy
Was your outpatient or day patient visit because of
RUNNING PROMPT
1 a physical health problem GOTO DayY
2 or a mental, nervous or emotional problem? GOTO DayY
3 SPONTANEOUS – both GOTO DayY

ASK ALL
DayY
In the past 12 months, have you used any of these day activity services?
COMMUNITY MENTAL HEALTH CENTRE
DAY ACTIVITY CENTRE
SHELTERED WORKSHOP
1 Yes
2 No GOTO CC2aY
3 SPONTANEOUS ONLY: Would have liked to but not available GOTO CC2aY

ASK ALL
CC2aY
SHOWCARD G2
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 used any of these services in the past 12 months? For example, you
may have been visited at home by some of these people.
1 Yes
2 No GOTO MentHos

IF CC2aY = Yes
CC2Y
SHOWCARD G2
Which services have you 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
Maximum number of mentions: 9

ASK ALL
CC3Y1
In the past 12 months, have you asked for any type of counselling or mental health related medication, but not
received it?
1 Yes
2 No GO TO MentHos

If CC3Y1 = Yes
CC3Y2
SHOWCARD G3
What type of treatment did you ask for but did not receive?
CODE ALL THAT APPLY
1 Psychotherapy or psychoanalysis
2 Cognitive behavioural therapy
3 Art, music or drama therapy
4 Social skills training
5 Couple or family therapy
6 Sex therapy
7 Mindfulness therapy
8 Alcohol or drug counselling
9 Counselling (including bereavement)
10 Another type of therapy
If CC3Y1 = Yes
CC3Y3
Are you on a waiting list for <TEXTFILL type of treatment mentioned at CC3Y2)?
1 Yes
2 No

ASK ALL
MentHos
(May I just check,) Have you ever been admitted to a hospital or ward which specialises in caring for people
with mental health problems?
1 Yes
2 No
8. COMMON MENTAL DISORDERS

ASK ALL
Q18
CISR - WEIGHT/EATING SECTION
Have you noticed a marked loss in your appetite in the past month?
1  Yes
2  No

Q19
CISR - WEIGHT/EATING SECTION
Have you lost any weight in the past month?
1  Yes
2  No/Don't Know GOTO Q21

IF Q19 = Yes
Q19a
CISR - WEIGHT/EATING SECTION
Were you trying to lose weight or on a diet?
1  Yes GOTO CISRIntr
2  No

IF (Q19 = Yes) AND (Q19a = No)
Q19b
CISR - WEIGHT/EATING SECTION
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 GOTO CISRIntr
2  lost less than half a stone GOTO CISRIntr

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

IF Q19 = No/Don't know
Q22
CISR - WEIGHT/EATING SECTION
Have you gained weight in the past month?
IF (QTHComp.QHComp[LDM2].DVage < 49) AND (QTHComp.QHComp[LDM2].Sex = Female) THEN
PregTF := 'do not include weight gain due to pregnancy' THEN
1  Yes GOTO CISRIntr
2  No/Don't Know GOTO 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.

**ASK ALL**

**CISR - SOMATIC SYMPTOMS**

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

1. Yes GOTO A3
2. No

**IF A1 = No**

**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)**

**A3**

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

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

1. Yes
2. No

**IF A3 = Yes**

**A4**

In the past seven days, including last *DMSTRDLWK,, 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 <> None)**

**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 <> None)
A6
CISR - SOMATIC SYMPTOMS
In the past week, has the ache or pain/discomfort been...
RUNNING PROMPT
1  ...very unpleasant
2  ...a little unpleasant
3  ...or not unpleasant?

IF (A3 = Yes) AND (A4 <> None)
A7
CISR - SOMATIC SYMPTOMS
Has the ache or pain/discomfort bothered you when you were doing something interesting in the past week?
1  Yes
2  No/has not done anything interesting

IF (A3 = Yes) AND (A4 <> None)
A8
CISR - SOMATIC SYMPTOMS
SHOW CARD H1
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

ASK ALL
B1
CISR - FATIGUE
Have you noticed that you've been getting tired in the past month?
1  Yes GO TO B3
2  No

IF B1 = No
B2
CISR - FATIGUE
During the past month, have you felt you've been lacking in energy?
1  Yes
2  No

IF (B1 = Yes) OR (B2 = Yes)
B3
CISR - FATIGUE
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Do you know why you have been feeling tired/lacking in energy?
1  Yes
2  No GO TO B4
IF ((B1 = Yes) OR (B2 = Yes)) AND B3 = Yes

B3a

CISR - FATIGUE

SHOW CARD H2

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 ((B3 = no) or ((B3 = yes) and (B3a <> Physical exercise)))

B4

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past seven days, including last *DMSTRDLWK 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 <> Physical exercise) AND (B4 <> None)

B5

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?
EXCLUDE TIME SPENT SLEEPING
1 Yes
2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No) AND (B3a <> Physical exercise) AND (B4 <> None)

B6

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt so tired/lacking in energy that you've had to push yourself to get things done during the past week?
1 Yes, on at least one occasion
2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No) AND (B3a <> Physical exercise) AND (B4 <> None)

B7

CISR - FATIGUE

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 GOTO B9
2 No
3 Spontaneous: Does not enjoy anything

IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No) AND (B3a <> Physical exercise) AND (B4 <> None) AND (B7 <> Yes)

B8

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?
1 Yes
2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No) AND (B3a <> Physical exercise) AND (B4 <> None)

B9

CISR - FATIGUE

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?

GOTO B9
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

ASK ALL
C1
CISR - CONCENTRATION/FORGETFULNESS
In the past month, have you had any problems in concentrating on what you are doing?
1 Yes, problems concentrating
2 No

ASK ALL
C2
CISR - CONCENTRATION/FORGETFULNESS
Have you noticed any problems with forgetting things in the past month?
1 Yes
2 No

IF (C1 = Yes) OR (C2 = Yes)
C4
CISR - CONCENTRATION/FORGETFULNESS
Since last *DMSTRDLWK, 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 AND C4<>None)
CISR - CONCENTRATION/FORGETFULNESS
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) AND (C4<>None)
C6
CISR - CONCENTRATION/FORGETFULNESS
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 (C2 = Yes) AND (C4 <> None)
C7
CISR - CONCENTRATION/FORGETFULNESS
(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 <> None)
C8
CIS-R - CONCENTRATION/FORGETFULNESS
SHOW CARD H3
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
ASK ALL
D1
CISR - SLEEP
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 GOTO D3
2  No

IF D1 = No
D2
CISR - SLEEP
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))
D3
CISR - SLEEP
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 GOTO DVD11

IF ((D1 = Yes) OR (D2 = Yes) AND D3=1 to 3 nights OR 4 nights or more) AND C4 <> None THEN
D4
CISR - SLEEP
Do you know why you are having problems with your sleep?
1  Yes
2  No GOTO D5

IF ((D1 = Yes) OR IF (D2 = Yes) AND D3=1 to 3 nights OR 4 nights or more ) AND C4 <> None AND D4 = Yes
D4a
CISR - SLEEP
SHOW CARD H4
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 AND D3=1 OR 2 AND C4 <> None THEN
D5
CISR - SLEEP
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 GOTO DVD11
2  At least 1/4 hr but less than 1 hr GOTO D7
3  At least 1 hr but less than 3 hrs GOTO D7
4  3 hrs or more
IF (D1 = Yes) AND (D5 = 3 hrs or more)
D6
CISR - SLEEP
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) AND (D5 > Less than 1/4hr)
D7
CISR - SLEEP
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))
D8
CISR - SLEEP
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 GOTO D10
3 At least 1 hr but less than 3 hrs GOTO D10
4 3 hrs or more

IF D2 = Yes AND IF ((D3 = 4 nights or more) OR IF (D3 = 1 to 3 nights)) AND IF D8 = 3 hrs or more THEN
D9
CISR - SLEEP
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

D5=2,3,4 or D8=2,3,4
D10
CIS-R - SLEEP
SHOW CARD H5
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

ASK ALL
E1
CISR - IRRITABILITY
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 GOTO E3
2 No

IF E1 = No
E2
CISR - IRRITABILITY
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
IF ((E1 = Yes) OR (E2 = Yes))
E3
CISR - IRRITABILITY
Since last *DMSTRDLWK on how many days have you felt irritable or short tempered/angry?
1 4 days or more
2 1 to 3 days
3 None Goto F1

IF ((E1 = Yes) OR (E2 = Yes)) AND (E3 <> None)
E4
CISR - IRRITABILITY
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 <> None)
E5
CISR - IRRITABILITY
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 <> None)
E6
CISR - IRRITABILITY
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 <> None)
E7
CISR - IRRITABILITY
In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?
1 Yes GOTO E10
2 No

IF E7 = Yes
E7a
CISR - IRRITABILITY
Did this happen once or more than once (in the past week)?
1 Once GOTO E9
2 More than once

IF E7a = Once
E8
CISR - IRRITABILITY
Do you think this was justified?
1 Yes, justified GOTO E10
2 No, not justified GOTO E10

IF E7a = More than once
E9
CISR - IRRITABILITY
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 <> None)
E10
CIS-R - IRRITABILITY
SHOW CARD H5
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

ASK ALL
F1
CISR - WORRY ABOUT PHYSICAL HEALTH
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 IF Health <> None THEN
F2Route
CISR - WORRY ABOUT PHYSICAL HEALTH
INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT HEALTH?
YOU ENTERED THE FOLLOWING ILLNESS/ES: / ( / LCONDITION / / ) / cancer / diabetes / epilepsy/fits / migraine or frequent headaches / dementia or Alzheimer’s / disease / cataracts or eyesight problems / ear or hearing problems / stroke / heart attack/angina / high blood pressure / bronchitis/emphysema / asthma / allergies / stomach ulcer or other digestive problems / liver problems / bowel/colon problems / bladder problems/incontinence / arthritis / bone, back, joint or muscle problems / infectious disease / skin problems /
other - but not specified / HEALTHX)
1 Yes, has mentioned a physical health problem GOTO F3
2 No physical health problem

IF F1 = No/concerned
AND Health <> None
AND IF F2Route = No physical health problem THEN
F2
CISR - WORRY ABOUT PHYSICAL HEALTH
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))
F3
CISR - WORRY ABOUT PHYSICAL HEALTH
Thinking about the past seven days, including last^DMSTRDLWK , on how many days have you found yourself^LBFWorPh1
1 4 days or more
2 1 to 3 days
3 None

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 <> None)
F4
CISR - WORRY ABOUT PHYSICAL HEALTH
In your opinion, have you been worrying too much in view of your actual health?
1 Yes
2 No

APMS 2014 PHASE ONE QUESTIONNAIRE 30
IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 <> None)
F5
CISR - WORRY ABOUT PHYSICAL HEALTH
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 <> None)
F6
CISR - WORRY ABOUT PHYSICAL HEALTH
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 <> None)
F7
CISR-R - WORRY ABOUT PHYSICAL HEALTH
SHOW CARD H5
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

ASK ALL
G1
CISR - DEPRESSION
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

ASK ALL
G2
CISR - DEPRESSION
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
G4
CISR - DEPRESSION
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
G5
CISR - DEPRESSION
INTERVIEWER: PLEASE USE INFORMANT'S 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))
G6
CISR - DEPRESSION
Since last DMSTRDLWK on how many days have you felt LBGDeprn1
1 4 days or more
2 1 to 3 days
3 None

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest))
G7
CISR - DEPRESSION
Have you felt LBGDeprn1 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))
G9
CISR - DEPRESSION
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 or interest))
G10
CISR - DEPRESSION
SHOW CARD H6
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

IF QGDeprn.DVG11 > 0 (BLAISE COMPUTED DEPRESSION SCORE)
H1
CISR - DEPRESSIVE IDEAS
I would now like to ask you about when you have been feeling LBHDPrid1. In the past week, was this worse in the morning or in the evening, or did this make no difference?
1 in the morning
2 in the evening
3 no difference/other

H2
CISR - DEPRESSIVE IDEAS
INTERVIEWER PLEASE READ OUT:
Many people find that feeling LBHDPrid1 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
CISR - DEPRESSIVE IDEAS
When you have felt ^LBHDPrd1 in the past seven days
..... have you been so restless that you couldn't sit still?
1 Yes  
2 No

H3B
CISR - DEPRESSIVE IDEAS
..... have you been doing things more slowly, for example, walking more slowly?
1 Yes  
2 No

H3C
CISR - DEPRESSIVE IDEAS
..... have you been less talkative than normal?
1 Yes  
2 No

H4
CISR - DEPRESSIVE IDEAS
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
CISR - DEPRESSIVE IDEAS
During the past week, have you been feeling you are not as good as other people?
1 Yes  
2 No

H6
CISR - DEPRESSIVE IDEAS
Have you felt hopeless at all during the past seven days, for instance about your future?
1 Yes  
2 No

H10
CISR - Depressive Ideas
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 Press 1 and <Enter> to continue. GOTO I1

IF ((I1 = Yes) OR (I2 = Yes))
I6INTRO
CISR - WORRY
For the next few questions, I want you to think about worries you have had other than those about your
physical health.
1 Press 1 and <Enter> to continue.
CISR - WORRY
(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 GOTO I6INTRO
2 No/concerned

IF I1 = No/concerned
I2
CISR – WORRY
Have you had any worries at all in the past month?

1 Yes
2 No

IF ((I1 = Yes) OR (I2 = Yes))
Reason
CISR - WORRY
SHOW CARD H8
Can you look at this card and tell me what sorts of things have been making you worry?

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

Maximum number of mentions: 11

IF ((I1 = Yes) OR IF (I2 = Yes)) AND Reason <> Empty or 99 AND number of reasons >1 THEN
MnReason
CISR - WORRY
SHOW CARD H8
What was the main thing you have been worrying about?

1 Members of the family GOTO J1
2 Relationship with spouse/partner GOTO J1
3 Relationships with friends GOTO J1
4 Housing GOTO J1
5 Money/bills GOTO J1
6 Own physical health (inc. pregnancy) GOTO J1
7 Own mental health GOTO J1
8 Work or lack of work GOTO J1
9 Legal difficulties GOTO J1
10 Political issues/the news GOTO J1
11 Exams GOTO J1
12 Other GOTO J1
99 Don’t know/no main thing GOTO J1

IF ((I1 = Yes) OR IF (I2 = Yes)) THEN
I6
CISR - WORRY
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 GOTO DVI11

IF ((I1 = Yes) OR (I2 = Yes)) AND (I6 <> None)
I7
CISR - WORRY
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 IF I6 <> None THEN
I8
CISR - WORRY
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 <> None)
I9
CISR - WORRY
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 <> None)
I10
CIS-R - WORRY
SHOW CARD H9
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

ASK ALL
J1
CISR - ANXIETY
Have you been feeling anxious or nervous in the past month?
1 Yes, anxious or nervous GOTO J3
2 No

IF J1 = No
J2
CISR - ANXIETY
In the past month, did you ever find your muscles felt tense or that you couldn't relax?
1 Yes
2 No

ASK ALL
J3
CISR - ANXIETY
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 ((J1 = Yes) OR IF (J2 = Yes))
AND IF J3 = Yes THEN
DVJ4
COMPUTED VARIABLE:
1 Anxiety and phobia
2 Only general anxiety
3 Others

IF DVJ4 = Anxiety and phobia
J5
CISR - ANXIETY
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
J6
CISR - ANXIETY
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
J7
CISR - ANXIETY
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)))
J8
CISR - ANXIETY
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)))
J9
CISR - ANXIETY
SHOW CARD H10
In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown 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 GOTO J10
IF J9 = Yes
J9A
CISR - ANXIETY
SHOW CARD H10
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)))
J10
CISR - ANXIETY
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)))
J11
CISR - ANXIETY
How long have you had these feelings of general anxiety/nervousness/tension as you described?
SHOW CARD H11
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 J3 = Yes
DVK1
COMPUTED VARIABLE:
1 phobic anxiety in past month (1 at J3)
2 Others

IF DVK1 = Others
K2
CISR - PHOBIAS
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

AND IF DVK1 = Phobic anxiety in past month or IF K2 = Yes THEN
K3
CISR - PHOBIAS
SHOW CARD H12
Can you look at this card and tell me which of the situations or things listed 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
IF DVK1 = Phobic anxiety in past month
K4
CISR - PHOBIAS
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 GOTO K6

IF DVK1 = Phobic anxiety in past month  
AND (K4 <> None)
K5
CISR - PHOBIAS
SHOW CARD H13
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 GOTO K6

IF DVK1 = Phobic anxiety in past month  
AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times))  
AND K5 = Yes
K5A
CISR - PHOBIAS
SHOW CARD H13
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
K6
CISR - PHOBIAS
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 (K2 = Yes) OR (K6 = Yes)
K7
CISR - PHOBIAS
How many times have you avoided such situations or things in the past seven days?
1 4 times or more
2 1 to 3 times
3 None

IF (K4 <> None) OR (K7 <> None)
K8
CISR - PHOBIAS
SHOW CARD H14
How long have you been having these feelings about these situations/things as you have just described?
1 less than 2 weeks
2 weeks but less than 6 months
6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more

IF DVJ4 <> Others
L1
CISR - PANIC
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
L2
CISR - PANIC
How often has this happened in the past week?
1 Once
2 More than once
3 Not at all

IF (L1 = Yes) AND (L2 <> Not at all)
L3
CISR - PANIC
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 = Yes) AND (L2 <> Not at all)
L4
CISR - PANIC
Did this panic/the worst of these panics last for longer than 10 minutes?
1 Yes
2 No

IF (L1 = Yes) AND (L2 <> Not at all)
L5
CISR - PANIC
Are you relatively free of anxiety between these panics?
1 Yes
2 No

IF ((L1=yes) and ((L2=once) or (L2=more than once)) and (dvk1=1))
CISR – PANIC
L6
Is this panic always brought on by ^QKPhobs ?
1 Yes
2 No

IF (L1 = Yes) AND (L2 <> Not at all)
L7
CISR - PANIC
SHOW CARD H14
How long have you been having these feelings of panic as you have described?
ASK ALL

M1
CISR - COMPULSIONS
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

M2
CISR - COMPULSIONS
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 <> None)

M3
CISR - COMPULSIONS
Since last ^DMSTRDLWK what sorts of things have you done over and over again?

IF (M1 = Yes) AND ( M2 <> None)

M4
CISR - COMPULSIONS
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 <> None)

M5
CISR - COMPULSIONS
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 <> None)

M6
CISR - COMPULSIONS
INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3
1 Yes
2 No GOTO M7
IF M1 = Yes AND IF M2 <> None AND IF M6 = Yes THEN
M6A
CISR - COMPULSIONS
Thinking about the past week, which of the things you mentioned did you repeat the most times?
GOTO M7

IF (M1 = Yes) AND (M2 <> None)
M7
Since last ^DMSTRDLWK, how many times did you repeat ^TextFill when you had already done it?
1 3 or more repeats
2 2 repeats
3 1 repeat

IF (M1 = Yes) AND (M2 <> None)
M8
SHOW CARD H14
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

ASK ALL
N1
CISR - OBSESSIONS
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
N2
CISR - OBSESSIONS
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 GOTO DVN9

IF (N1 = Yes) AND (N2 = Same thought)
N3
CISR - OBSESSIONS
What are these unpleasant thoughts or ideas that keep coming into your mind?
RECORD VERBATIM
DO NOT PROBE OR PRESS FOR AN ANSWER
IF N1 = Yes
AND IF N2 = Same thought THEN
N4
CISR - OBSESSIONS
Since last *DMSTRDLWK 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 <> None)
N5
CISR - OBSESSIONS
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 <> None)
N6
CISR - OBSESSIONS
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 <> None)
N7
CISR - OBSESSIONS
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 <> None)
N8
CISR - OBSESSIONS
SHOW CARDH14
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

IF ANY CIS-R SYMPTOM SCORE =2 OR MORE
O1
CISR - OVERALL EFFECTS
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 GOTO O1B

IF O1 = Yes
O1A
CISR - OVERALL EFFECTS
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
O1B
CISR - OVERALL EFFECTS
Has the way you have been feeling made things more difficult even though you have got everything done?
1  Yes
2  No

ASK ALL
Intro
SHOWCARD J1
I am now going to ask you some questions about how you felt last week. Please rate the following statements using showcard J1.

ASK ALL
MSPIN1
SHOWCARD J1
(Based on how you felt in the past week) Fear of embarrassment causes me to avoid doing things or speaking to people.
1  Not at all
2  A little bit
3  Somewhat
4  Very much
5  Extremely

ASK ALL
MSPIN2
SHOWCARD J1
(Based on how you felt in the past week) I avoided activities in which I am the centre of attention.
1  Not at all
2  A little bit
3  Somewhat
4  Very much
5  Extremely

ASK ALL
MSPIN3
SHOWCARD J1
(Based on how you felt in the past week) Being embarrassed or looking stupid are among my worst fears
1  Not at all
2  A little bit
3  Somewhat
4  Very much
5  Extremely

G10=1,2,3, OR 4
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 G6 = EMPTY Then
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 GOTO AgeDep
2  No

IF ((AnyDep = Yes) OR (PrevDep = Yes))
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.
4 – 99  GOTO YrsDep

IF ((AnyDep = Yes) OR (PrevDep = Yes)) AND (AgeDep = RESPONSE)
YrsDep
Have you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things in the last ^years?
INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE INCLUDE ANY CURRENT SPELL.
1  Yes
2  No

IF ((YrsDep = Yes) OR (PrevDep = Yes))
TimesD
How many times over the past ^yearshave you had a spell of feeling sad, miserable or depressed, and or you were unable to say?
INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE INCLUDE ANY CURRENT SPELL OF DEPRESSION
1  1 GOTO DSHIntro
2  2 GOTO DSHIntro
3  3-4 GOTO DSHIntro
4  5-6 GOTO DSHIntro
5  7 or more GOTO DSHIntro
6  unable to say GOTO DSHIntro

ASK ALL
DSHIntro
CISR/DELIBERATE SELF-HARM
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.

ASK ALL
DSH1
CISR/DELIBERATE SELF-HARM
Have you ever felt that life was not worth living?
1  Yes
2  No GOTO DSH2

IF DSH1 = Yes
DSH1a
CISR/DELIBERATE SELF-HARM
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?

ASK ALL
DSH2
CISR/DELIBERATE SELF-HARM
Have you ever wished that you were dead?
1  Yes
2  No GOTO DSH3

IF DSH2 = Yes
DSH2a
CISR/DELIBERATE SELF-HARM
Was this...
READ OUT AND CODE FIRST THAT APPLIES
ASK ALL
DSH3
CISR/DELIBERATE SELF-HARM
Have you ever thought of taking your life, even if you would not really do it?
1 Yes
2 No GOTO DSH4

IF DSH3 = Yes
DSH3a
CISR/DELIBERATE SELF-HARM
Was this...
READ OUT AND CODE FIRST THAT APPLIES
1 ...in the last week?
2 in the last year?
3 or at some other time?

IF DSH3 = Yes
DSH4
CISR/DELIBERATE SELF-HARM
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 GOTO DSH5

IF DSH4 = Yes
DSH4a
CISR/DELIBERATE SELF-HARM
Was this.
CODE FIRST THAT APPLIES
1 ...in the last week?
2 in the last year?
3 or at some other time?

ASK ALL
DSH5
CISR/DELIBERATE SELF-HARM
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No GOTO DSHExit

IF DSH5 = Yes
DSH52
CISR/DELIBERATE SELF-HARM
Was this
CODE FIRST THAT APPLIES
...in the last week?
In the last year?
or at some other time?

IF (((DSH4a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH1a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH2a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH3a = in the last week) OR IF (DSH4 = No))) THEN
DSHExit
CISR/DELIBERATE SELF-HARM
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 Press 1 and <Enter> to continue.GOTO DVH11
IF H7IntChk = Informant felt guilty, not as good as others or hopeless THEN
H8
ASK OR USE SHOWCARD 9
In the past week have you felt that life isn't worth living?
1 Yes GOTO DVH11
2 Spontaneous:Yes, but not in the past week GOTO DVH1
3 No GOTO DVH11

UniverseProxy = 1
H7IntChk = 1
QDelSH.DSH1a = 1

IF H7IntChk = Informant felt guilty, not as good as others or hopeless
AND IF H8 = Yes THEN
Constructed Variable H9
ASK OR USE SHOWCARD 10
In the past week, have you thought of killing yourself?
1 Yes
2 Spontaneous:Yes, but not in the past week
3 No

UniverseProxy = 1
H7IntChk = 1
H8 = 1
QDelSH.DSH3a = 1

ASK IF Proxy = selected respondent
DVH11
Scores added from H4,H5,H6,H8,H9)
0 - 5

ASK IF Proxy = selected respondent
DVTotSc
COMPUTED TOTAL SCORE
0 – 57 GOTO PSQIntro
9. PSYCHOSIS SCREENING QUESTIONNAIRE (PSQ)

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

ASK ALL
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 GOTO PSQ2
3 Unsure GOTO PSQ2

IF PSQ1 = Yes
PSQ1a
Was there an obvious reason for this?
1 Yes GOTO PSQ2
2 No
3 Unsure GOTO PSQ2

IF (PSQ1 = Yes) AND (PSQ1a = No)
PSQ1b
Did people around you think it was strange or complain about it?
1 Yes
2 No GOTO PSQ2
3 Unsure

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

ASK ALL
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 GOTO PSQ3
3 Unsure GOTO PSQ3

IF PSQ2 = Yes
PSQ2a
Did this come about in a way that many people would find hard to believe, for instance, through telepathy?
1 Yes
2 No GOTO PSQ3
3 Unsure
IF (PSQ2 = Yes) AND ((PSQ2a = Yes) OR (PSQ2a = Unsure))
PSQ2aV
How do you explain what happened?
CODE VERBATIM

ASK ALL
PSQ3
Over the past year, have there been times when you felt that people were against you?
  1 Yes
  2 No GOTO PSQ4
  3 Unsure GOTO PSQ4

IF PSQ3 = Yes
PSQ3a
Have there been times when you felt that people were deliberately acting to harm you or your interests?
  1 Yes
  2 No GOTO PSQ4
  3 Unsure GOTO PSQ4

IF (PSQ3 = Yes) AND (PSQ3a = Yes)
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 GOTO PSQ4
  3 Unsure

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

ASK ALL
PSQ4
Over the past year, have there been times when you felt that something strange was going on?
  1 Yes
  2 No GOTO PSQ5
  3 Unsure GOTO PSQ5

IF PSQ4 = Yes
PSQ4a
Did you feel it was so strange that other people would find it very hard to believe?
  1 Yes
  2 No GOTO PSQ5
  3 Unsure

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

ASK ALL
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
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 GOTO DVPscScr
3 Unsure

IF (PSQ5 = Yes) AND IF ((PSQ5a = Yes) OR (PSQ5a = Unsure))
PSQ5aV
What did the voices say to you?
CODE VERBATIM
GOTO DVPscScr
10. ADHD

ASK ALL
Intro
SHOWCARD K1
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.

ASK ALL
adhdwrap
SHOWCARD K1
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 K1
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

ASK ALL
adhdorg
SHOWCARD K1
(Still thinking about 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

ASK ALL
adhdapp
SHOWCARD K1
(Still thinking about 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

ASK ALL
adhdavd
SHOWCARD K1
(Still thinking about 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
ASK ALL
adhdsit
SHOWCARD K1
(Still thinking about 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

ASK ALL
adhdmot
SHOWCARD K1
(Still thinking about 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

ASK ALL
Adhdtturn
SHOWCARD K1
(Still thinking about over the last 6 months) how often do you have difficulty waiting your turn in situations when turn taking is required?
1 Never
2 Rarely
3 Sometimes
4 Often
5 Very often

IF ((adhdwrap = Sometimes OR Often OR Very Often)) OR ((adhdorg = Sometimes OR Often or Very Often)) OR ((adhdapp = Sometimes OR Often OR Very Often)) OR ((adhava = Often OR Very Often)) OR ((adhdsit = Often OR Very Often)) OR ((adhdmot = Often OR Very Often)) OR ((Adhdtturn = Often OR Very Often))

AdhdAge
How old were you when these experienced?
1 Before age 7
2 8-12 years
3 13-16 years
4 17 or older
5 Unsure
11. WORK RELATED STRESS

IF AGE<=70

Work
The next questions are about experiences in the workplace. Can I just check did you do any paid work in the last month since ‘DMDLSUN, either as an employee or as self-employed? TAKE RESPONDENT’S DEFINITION, BUT IT MUST BE PAID WORK. PAID WORK MEANS ANY WORK FOR PAY OR PROFIT DONE IN THE PAST MONTH, INCLUDING CASUAL WORK (E.G. BABY-SITTING, RUNNING A MAIL ORDER CLUB, ETC.), WORK BY ‘RETIRED’. INCLUDE SELF-EMPLOYED PEOPLE IF THEY WORK IN THEIR OWN BUSINESS, PROFESSIONAL PRACTICE, OR FARM FOR THE PURPOSE OF EARNING A PROFIT. EXCLUDE NURSES IN TRAINING. EXCLUDE STUDENT NURSES.

1  Yes
2  No GOTO Smokintr

Work = Yes
ERI15
SHOWCARD L1
Thinking about your current main job, how far does the following statement 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
WkFast
SHOWCARD L2
Please look at this card and give the answer that comes closest to reflecting your work situation,
Do you have to work very fast?
1  Often
2  Sometimes
3  Seldom
4  Never/Almost Never

IF Work = Yes
WKHard
SHOWCARD L2
Do you have to work intensively?
1  Often
2  Sometimes
3  Seldom
4  Never/Almost Never

IF Work = Yes
WKTime
SHOWCARD L2
Do you have enough time to do everything?
1  Often
2  Sometimes
3  Seldom
4  Never/Almost Never
IF Work = Yes
WKNew
SHOWCARD L2
Do you have the possibility of learning new things through your work?
1. Often
2. Sometimes
3. Seldom
4. Never/Almost Never

IF Work = Yes
WKSkill
SHOWCARD L2
Does your work demand a high level of skill or expertise?
1. Often
2. Sometimes
3. Seldom
4. Never/Almost Never

IF Work = Yes
JCQ1
SHOWCARD L2
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
JCQ2
SHOWCARD L2
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
WkVar
SHOWCARD L2
Does your work provide you with variety?
1. Often
2. Sometimes
3. Seldom
4. Never/Almost Never

IF Work = Yes
WkSec
SHOWCARD L2
How often do you feel secure in your present job?
1. Often
2. Sometimes
3. Seldom
4. Never/Almost Never
IF Work = Yes
WkDec
SHOWCARD L2
How often do you have a good deal of say in decisions about work?
1 Often
2 Sometimes
3 Seldom
4 Never/Almost Never

IF Work = Yes
Consis2
SHOWCARD L3
Do you get insufficient information from line managers (your superiors)?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never
5 Does not apply/ has no line manager

IF Work = Yes
Consis3
SHOWCARD L3
Do you get inconsistent information from line managers (your superiors)?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never
5 Does not apply/ has no line manager

IF Work = Yes
JCQ3
SHOWCARD L3
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
JCQ4
SHOWCARD L3
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
JCQ5
SHOWCARD L3
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
JCQ6
SHOWCARD L3
Is your line manager willing to listen to your problems?
1  Often GOTO Smokintr
2  Sometimes GOTO Smokintr
3  Seldom GOTO Smokintr
4  Never/ Almost Never GOTO Smokintr
5  does not apply/ has no line manager GOTO Smokintr

IF Work = Yes
WLBl
SHOWCARD L4
To what extent do your family life and family responsibilities interfere with your performance in your job?
1  Not at all
2  To some extent
3  A great deal
4  Spontaneous – Not applicable

IF Work = Yes
WLBl2
SHOWCARD L4
To what extent do your job responsibilities interfere with your family life?
1  Not at all
2  To some extent
3  A great deal
4  Spontaneous – Not applicable

IF Work = Yes
WKIMPO
SHOWCARD L5
Do you feel that the work you do is important?
1  To a very large extent
2  To a large extent
3  Somewhat
4  To a small extent
5  To a very small extent

IF Work = Yes
WKMotiv
SHOWCARD L5
Do you feel motivated and involved in your work?
1  To a very large extent
2  To a large extent
3  Somewhat
4  To a small extent
5  To a very small extent

IF Work = Yes
WKDEMI
SHOWCARD L6
Does your work put you in emotionally disturbing situations?
1  Often
2  Sometimes
3  Seldom
4  Never/ Almost Never

IF Work = Yes
WKDEM2
SHOWCARD L6
Is your work emotionally demanding?
1  Often
2 Sometimes
3 Seldom
4 Never/ Almost Never

IF Work = Yes
WkDEM3
SHOWCARD L6
Do you get emotionally involved in your work?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never

IF Work = Yes
Bully
Have you personally experienced bullying or harassment at work in the last twelve months?
1 Yes
2 No

IF Bully = Yes
BULWHO
SHOWCARD L7
Who was the person, or people, responsible?
1 Your line manager or another manager
2 A colleague
3 A member of Human Resources
4 A student
5 Client or a customer
6 Member(s) of the public
7 Other (give details)

IF BULWHO = Other
BulWhoO
Who was that person or people?

IF Bully = Yes
Bulform
SHOWCARD L8
What form does or did the bullying take?
1 Threatening behaviour
2 Shouting or verbal abuse
3 Physical abuse
4 Humiliation
5 Excessive Criticism
6 Constantly changing instructions
7 Excessive workloads
8 Setting unrealistic targets
9 Refusing reasonable requests (i.e. for leave or training)
10 Sexual harassment
11 Cyber bullying
12 Other (please specify)

IF Bulform = Other
BulformO
What other form does or did the bullying take?
12. TOBACCO

ASK ALL
Smokintr
SMOKING/DRINKING/DRUGS
The following questions are about smoking.
1Press 1 and <Enter> to continue.

ASK ALL
Cigever
SMOKING/DRINKING/DRUGS
Have you ever smoked a cigarette?
INTERVIEWER: Please do not include electronic cigarettes
1 Yes
2 No GOTO FAGFORB_IC_21

IF Cigever = Yes
Cignow
SMOKING/DRINKING/DRUGS
Do you smoke cigarettes at all nowadays?
1 Yes
2 No

IF (Cigever = Yes) AND (Cignow = Yes)
QtyWknd
SMOKING/DRINKING/DRUGS
About how many cigarettes a day do you usually smoke at weekends?
PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
0 - 97

IF (Cigever = Yes) AND (Cignow = Yes)
QtyWeek
SMOKING/DRINKING/DRUGS
About how many cigarettes a day do you usually smoke on weekdays?
PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
0 – 97 GOTO EasNoSmk

IF (Cigever = Yes) AND (Cignow = Yes)
DVCig1
Total Cigarettes smoked
0 - 997

ASK ALL
NREv
SHOWCARD L9
Have you ever used any of these products?
'Some people who have never regularly smoked sometimes use nicotine replacement products'
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

IF (Cigever = Yes) AND (Cignow = Yes)
GiveUp
SMOKING/DRINKING/DRUGS
Would you like to give up smoking altogether?
1 Yes
2 No

IF Cignow = Yes
NQuit
Have you ever made a serious attempt to stop smoking?
INTERVIEWER EXPLAIN IF NECESSARY: By serious attempt I mean you decided that you would try to make sure you never smoked again.
1 Yes
2 No

IF NQuit = Yes
NQuit2
How many serious attempts to stop smoking have you made in the last 12 months?
INTERVIEWER EXPLAIN IF NECESSARY: By serious attempt I mean you decided that you would try to make sure you never smoked again.
Please include any attempt that respondent is currently making
0…150

IF (NQuit = Yes) AND (NQuit2 >= 1)
QuitLgth
SHOWCARD L10
How long did your most recent serious quit attempt last before you went back to smoking?
1 Less than a day
2 Less than a week
3 More than 1 week and up to a month
4 More than a month and up to 2 months
5 More than 2 months and up to 3 months
6 More than 3 months and up to 6 months
7 More than 6 months and up to a year
8 Don’t know

IF (NQuit = Yes) AND (NQuit2>= 1)
QuitHelp
SHOWCARD L11
Did you try any of the following to help you stop smoking during the most recent serious quit attempt?
INTERVIEWER: PLEASE CODE ALL THAT APPLY, PROBE FULLY
1 Nicotine replacement product (eg. Patches/gum/inhaler) without a prescription
2 Nicotine replacement product on prescription or given to you by a health professional
3 Zyban (bupropion)
4 Champix (varenicline)
5 Attended a Stop Smoking group
6 Attended one or more Stop Smoking one-to-one counselling/advice/support session's
7 Phoned a Smoking Helpline
8 A book or booklet
9 Visited www.nhs.uk/smokefree website
10 Visited a website other than Smokefree
11 Used an application (‘app’) on a handheld computer (smartphone, tablet, PDA)
12 Hypnotherapy
13 Acupuncture
14 Electronic cigarette
15 Other
16 Don’t know

IF (Cigever = Yes) AND (Cignow = Yes)
FirstCig
SMOKING/DRINKING/DRUGS
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)
URGE1
How much of the time have you felt the urge to smoke in the past 24 hours?
READ OUT…
1  Not at all
2  A little of the time
3  Some of the time
4  A lot of the time
5  Almost all of the time
6  All the time
7  Don’t know

IF (URGE1 <> Not at all)
URGE2
READ OUT…
1  Slight
2  Moderate
3  Strong
4  Very strong
5  Extremely strong
6  Don’t know

IF Cignow = Yes
HECGSTP
Has a doctor, nurse or any other health professional ever advised you to stop smoking?
1  Yes
2  No

IF Cignow = Yes
HECGNIC
And has a doctor, nurse or other health professional ever advised you on how to give up smoking?
INTERVIEWER EXPLAIN IF NECESSARY: For example by telling you about nicotine products or by any other approach.
1  Yes
2  No
13. ALCOHOL

ASK ALL

DrinkNow
I'm now going to ask you about drinking. Do you ever drink alcohol nowadays?
INTERVIEWER: Please include drinks brewed or make at home
1 Yes GOTO DrkIntro
2 No

IF DrinkNow = No

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

IF (DrinkNow = Yes) OR (DrinkAny = Very occasionally)

DrkIntro
INTERVIEWER: READ OUT TO ALL:
The next questions are for you to answer yourself using the computer. The computer is very easy to use. The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can’t look back at it.
These questions may take a while to answer, but they are very important to us so please take as much time as you need.

You might find some of these questions a bit odd, but please just answer as best you can, even if some of the questions don't seem to apply.
INTERVIEWER IF ACCEPTED: GO THROUGH THE NEXT TWO QUESTIONS AND SHOW THE RESPONDENT HOW TO GO BACK AND CHANGE AN ANSWER.
PLEAS E GIVE RESPONDENT SHOWCARD L12 TO USE DURING THE SELF-COMPLETION

1 Complete self-completion accepted by respondent
2 Section read and entered by interviewer
3 Section refused

IF ((DrinkNow = Yes) OR (DrinkAny = Very occasionally)) AND ((DrkIntro = Complete self-completion accepted by respondent )

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

IF ((DrinkNow = Yes) OR (DrinkAny = Very occasionally )) AND ((DrkIntro = Complete self-completion accepted by respondent )

DrTest2
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 ((DrinkNow = Yes) OR (DrinkAny = Yes)) AND ((DrkIntro = CASI to be completed by respondent) OR
(DrkIntro = CASI to be read by interviewer, respondent to enter answers)

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

LotOften
Thinking about your drinking in the last year, 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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))
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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))
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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))
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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))
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 > 9
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, or
4 Always, or nearly always?

DVAudit > 9
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, or
4 Always, or nearly always?

DVAudit > 9
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, or
4 Always, or nearly always?

**DVAudit > 9**
**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, or
4 Always, or nearly always?

**DVAudit > 9**
**dread**
During the last six months, the day after drinking alcohol… I dreaded waking up in the morning.
1 Never, or almost never,
2 Sometimes,
3 Often, or
4 Always, or nearly always?

**DVAudit > 9**
**fright**
During the last six months, the day after drinking alcohol… I was frightened of meeting people first thing in the morning.
1 Never, or almost never,
2 Sometimes,
3 Often, or
4 Always, or nearly always?

**DVAudit > 9**
**Despair**
During the last six months, the day after drinking alcohol… I felt at the edge of despair when I awoke
1 Never, or almost never,
2 Sometimes,
3 Often, or
4 Always, or nearly always?

**DVAudit > 9**
**awoke**
During the last six months, the day after drinking alcohol… I felt very frightened when I awoke
1 Never, or almost never,
2 Sometimes,
3 Often, or
4 Always, or nearly always?

**DVAudit > 9**
**morn**
During the last six months, the day after drinking alcohol… I liked to have a morning drink
1 Never, or almost never,
2 Sometimes,
3 Often, or
4 Always, or nearly always?
During the last six months, the day after drinking alcohol...
I always gulped my first few drinks down as quickly as possible
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

DVAudit > 9
shakes
During the last six months, the day after drinking alcohol...
I drank in the morning to get rid of the shakes
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

DVAudit > 9
crave
During the last six months…
I had very strong craving for drink when I awoke.
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

DVAudit > 9
quarter
During the last six months…
I drank more than 1/4 bottle of spirits a day (or 4 pints of beer/2 cans of strong lager/1 bottle of table wine)
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

IF quarter <> Never
Half
During the last six months…
I drank more than 1/2 bottle of spirits a day (or 8 pints of beer/4 cans of strong lager/2 bottles of table wine).
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

IF (quarter <> Never) AND (half = sometimes) OR (half = often) OR (half = always or nearly always))
whole
During the last six months…
I drank more than 1 bottle of spirits a day (or 15 pints of beer/8 cans of strong lager/4 lager bottle of table wine)
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?

IF (quarter <> Never) AND (half = sometimes) OR (half = often) OR (half = always or nearly always))
AND ((whole = sometimes) OR (whole = often) OR (whole = always, or nearly always))
Two
During the last six months…
I drank more than 2 bottles of spirits a day (or 30 pints of beer/15 cans strong of lager/8 bottles of table wine)
1  Never, or almost never,
2  Sometimes,
3  Often, or
4  Always, or nearly always?
Imagine the following situation
(1) You have HARDLY DRUNK ANY ALCOHOL FOR A FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS
How would you feel the morning after those two days of heavy drinking? Would you say that...

**DVAudit>9**

**ssweat**
I would start to sweat
1 Not at all,  
2 slightly,  
3 moderately,  
4 or, quite a lot?

**hshake**
My hands would shake
1 Not at all,  
2 slightly,  
3 moderately,  
4 or, quite a lot?

**bshake**
My body would shake
1 Not at all,  
2 slightly,  
3 moderately,  
4 or, quite a lot?

**craved**
I would be craving for a drink
1 Not at all,  
2 slightly,  
3 moderately,  
4 or, quite a lot?

**ATreatInt**
We would now like to ask you about any treatment, help advice that you may have had a relation to drinking alcohol

IF (DrkOft = Monthly) OR (DrkOft = Two) OR (DrkOft = Four Times a month) OR (DrkOft = Two to Three Times a week) OR (DrkOft = Four or more times a week)

**ATreatOut**
Have you EVER received any treatment, help or advice because you were using alcohol
1 Yes
2 No

IF AtreatOut=Yes, -8 or -9

**ATreatB4**
Thinking about the past 12 months, did you receive any treatment, help or advice because you were using alcohol?
1 Yes
2 No
14. DRUGS

ASK ALL: Drkintro <> 1, 2 or 3  
DrgIntro2

INTERVIEWER: READ OUT TO ALL:  
The next questions are for you to answer yourself using the computer. The computer is very easy to use.

The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.

These questions may take a while to answer, but they are very important to us, so please take as much time as you need.

You might find some of these questions a bit odd, but please just answer as best you can, even if some of the questions don't seem to apply.

INTERVIEWER: GO THROUGH THE NEXT TWO QUESTIONS AND SHOW THE RESPONDENT HOW TO GO BACK AND CHANGE AN ANSWER
(1) Complete self-completion accepted by respondent
(2) Section read and entered by interviewer
(3) Section refused

IF DrgIntro2=SCAccept  
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 (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 DrgIntro2=SCAccept  
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 DrgIntro2=SCAccept  
DrgIntro
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.
IF DrgIntro2=SCAccept

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 ‘9’
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)
9  None of these

ADrugB

And have you EVER taken any of the drugs listed below even if it was a long time?
Please type the numbers of ALL the drugs you have used.
If you have used NONE of them, type ‘9’
1  Heroin (smack, skag, H, brown)
2  Acid or LSD (trips)
3  Ketamine (K, special K, vitamin K)
4  Mephedrone (Meow Meow, MCAT, Bubble, Drone, Meph, 4MMC)
9  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 ‘9’
1  Magic mushrooms
2  Methadone or physeptone
3  Semeron
4  Tranquilisers (temazepam, valium, roofies, jellies)
5  Amyl nitrate (poppers)
6  Anabolic steroids (steroids)
7  Glues, solvents, gas or aerosols (to sniff)
9  None of these

IFADrug <> None

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 ‘9’
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)
9  none of these
IF ADrugB <> None
YDrugB
In the LAST 12 MONTHS have you taken any of these drugs?
Please type the numbers of ALL the drugs you have used in the LAST 12 MONTHS.
If you have used NONE of them, type '9'.
1. Heroin (smack, skag, H, brown)
2. Acid or BLSD (trips)
3. Ketamine (K, special K, vitamin K)
4. Mephedrone (Meow Meow, MCAT, Bubble, Drone, Meph, 4MMC)
9 None of these

IF ADrug2 <> None
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 '9'.
1 magic mushrooms
2 methadone or physeptone
3 seemon
4 tranquillisers (temazepam, valium, roofies, jellies)
5 amyl nitrate (poppers)
6 anabolic steroids (steroids)
7 glues, solvents, gas or aerosols (to sniff)
9 none of these

IF Cannabis (mentioned at Ydrug); Amphetamine (mentioned at Ydrug); Cocaine (mentioned at Ydrug); Crack (mentioned at Ydrug); Ecstasy (mentioned at Ydrug); Heroin, methadone and physeptone (heroin mentioned at YdrugB or methadone mentioned at Ydrug2); Tranquillisers (mentioned at Ydrug); Glue, solvents, gas or aerosols (mentioned at Ydrug)

AgeStrt
How old were you when you first used ^LDrug? 0 - 97

NumUse
How many times have you ever used ^LDrug
1 less than 10 times
2 10 to 100 times
3 more than 100 times?

More2wk
During the past 12 months, have you used ^LDrug every day for two weeks or more?
1 Yes
2 No

Needed
In the past 12 months have you used ^LDrug to the extent that you felt like you needed it or were dependent on it?
1 Yes
2 No

CutDrg
In the past 12 months have you tried to cut down on ^LDrug but found you could not do it?
1 Yes
2 No

IncDrg
In the past 12 months did you find that you needed larger amounts of ^LDrug to get an effect, or that you could no longer get high on the amount you used to use?
1 Yes
2 No

APMS 2014 PHASE ONE QUESTIONNAIRE
**Withdr**
In the past 12 months have you had withdrawal symptoms such as feeling sick because you stopped or cut down on \(^{\text{LDrug}}\)?
1. Yes
2. No

**UseMB4**
Now thinking about the past month, have you used \(^{\text{LDrug}}\) in the past month?
1. Yes
2. No

**IF UseMB4 = Yes THEN**

**OftenB4**
About how often were you using \(^{\text{LDrug}}\) 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 Cannabis (mentioned at Ydrug); Amphetamine (mentioned at Ydrug); Cocaine (mentioned at Ydrug); Crack (mentioned at Ydrug); Ecstasy (mentioned at Ydrug); Heroin, methadone and physeptone (heroin mentioned at YdrugB or methadone mentioned at Ydrug2); Tranquillisers (mentioned at Ydrug); Glue, solvents, gas or aerosols (mentioned at Ydrug)**

**IF (ADrug <> None) OR (ADrugB <> None) OR (ADrug2 <> None)**

**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 GOTO InjIntr

**IF OdEver = Yes**

**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 = amphetamines) OR (ADrug = cocaine or coke) OR (ADrug = crack) OR (ADrug = ecstasy) OR (ADrugB = heroin) OR (ADrug2 = methadone or physeptone) OR (ADrug2 = tranquillisers)**

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

**IF (ADrug = amphetamines) OR (ADrug = cocaine or coke) OR (ADrug = crack) OR (ADrug = ecstasy) OR (ADrugB = heroin) OR (ADrug2 = methadone or physeptone) OR (ADrug2 = tranquillisers)**

**InjEver**
Have you ever injected drugs?
Do not include drugs that you were prescribed by a doctor
1. Yes
2. No GOTO TreatInt

**IF InjEver = Yes**

**InjReg**
Have you ever injected regularly?
1. Yes
2. No
IF InjEver = Yes
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
InjMB4
Did you inject in the last month?
1 Yes
2 No GOTO TreatInt

IF (InjEver = Yes) AND (InjMB4 = Yes)
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 <> None) OR (ADrugB <> None) OR (ADrug2 <> None)
TreatInt
We would now like to ask you about any treatment, help or advice that you may have had in relation to drug use.

IF (ADrug <> None) OR (ADrugB <> None) OR (ADrug2 <> None)
TreatOut
Have you EVER received any treatment, help or advice because you were using drugs?
1 Yes
2 No GOTO Intro

IF TreatOut = Yes
TreatB4
Thinking about the past 12 months, did you receive any treatment, help or advice because you were using drugs?
1 Yes
2 No
15. PERSONALITY DISORDER – BORDERLINE AND ANTISOCIAL

ASK ALL AGE >65

Intro
The next set of questions is 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

ASK ALL
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

ASK ALL
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

ASK ALL
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

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

ASK ALL
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

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

ASK ALL
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

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

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

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

ASK ALL
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

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

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

ASK ALL
PD88
Before you were 15, would you bully or threaten other kids?
1 Yes
2 No
9 Don't Understand/Does Not Apply

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

ASK ALL
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

ASK ALL
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

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

ASK ALL
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

ASK ALL
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

ASK ALL
PD95
Before you were 15, did you start fires?
1 Yes
2 No
9 Don't Understand/Does Not Apply

ASK ALL
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

ASK ALL
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

ASK ALL
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

ASK ALL
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

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

ASK ALL
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

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

ASK ALL
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
ASK ALL
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

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

ASK ALL
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

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

ASK ALL
PD107a
Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?
1 Yes
2 No GOTO PD108
9 Don't Understand/Does Not Apply GOTO PD108

IF PD107a = Yes
PD107b
How many times in the last five years?
1 - 100

IF PD107a = Yes
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
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**

**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**

**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

**ASK ALL**

**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

**ASK ALL**

**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

**ASK ALL**

**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

**ASK ALL**

**PD111**

Since you were 15, have you used or sold drugs?

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

**ASK ALL**

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

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

ASK ALL
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

ASK ALL
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

ASK ALL
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
16. PERSONALITY DISORDER – GENERAL

ASK ALL
SAPAS
The next set of questions are about how you are generally, as a person...

ASK ALL
SAPAS1
In general, do you have difficulty making and keeping friends?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS2
Would you normally describe yourself as a loner?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS3
In general, do you trust other people?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS4
Do you normally lose your temper easily?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS5
Are you normally an impulsive sort of person? (For example, do you rush into most things without thinking about the consequences?)
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS6
Are you normally a worrier?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS7
In general, do you depend on others a lot?
1  Yes
2  No
9  Don't Understand/Does Not Apply

ASK ALL
SAPAS8
In general, are you a perfectionist?
This applies to most tasks – not just isolated areas in your life.

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

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

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

ASK 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

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

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

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

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

ASK ALL
SFQH
I enjoy my spare time.
1 Very much
2 Sometimes
3 Not often
4 Not at all
18. BIPOLAR DISORDER

ASK ALL
MDQ1
Has there ever been a period of time when you were not your usual self and...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
1. Yes
2. No

ASK ALL
MDQ2
Has there ever been a period of time when you were not your usual self and...you were so irritable that you shouted at people or started fights or arguments?
1. Yes
2. No

ASK ALL
MDQ3
Has there ever been a period of time when you were not your usual self and...you felt much more self-confident than usual?
1. Yes
2. No

ASK ALL
MDQ4
Has there ever been a period of time when you were not your usual self and...you got much less sleep than usual and found you didn't really miss it?
1. Yes
2. No

ASK ALL
MDQ5
Has there ever been a period of time when you were not your usual self and...you were much more talkative or spoke much faster than usual?
1. Yes
2. No

ASK ALL
MDQ6
Has there ever been a period of time when you were not your usual self and...thoughts raced through your head or you couldn't slow your mind down?
1. Yes
2. No

ASK ALL
MDQ7
Has there ever been a period of time when you were not your usual self and...you were so easily distracted by things around you that you had trouble concentrating or staying on track?
1. Yes
2. No

ASK ALL
MDQ8
Has there ever been a period of time when you were not your usual self and...you had much more energy than usual?
1. Yes
2. No
MDQ9
Has there ever been a period of time when you were not your usual self and...you were much more active or did many more things than usual?
1 Yes
2 No

ASK ALL
MDQ10
Has there ever been a period of time when you were not your usual self and...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?
1 Yes
2 No

ASK ALL
MDQ11
Has there ever been a period of time when you were not your usual self and...you were much more interested in sex than usual?
1 Yes
2 No

ASK ALL
MDQ12
Has there ever been a period of time when you were not your usual self and...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?
1 Yes
2 No

ASK ALL
MDQ13
Has there ever been a period of time when you were not your usual self and...spending money got you or your family into trouble?
1 Yes
2 No

IF (YES to 7 OR MORE of MDQ1 to 13) THEN
MDQ14
Have several of these ever happened during the same period of time?
1 Yes
2 No

IF MDQ14 = Yes THEN
MDQ15
How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?
1 No Problem
2 Minor Problem
3 Moderate Problem
4 Serious Problem
ASK ALL
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 of them to the best of your ability, even if some of them don’t seem to apply to you.

ASK ALL
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

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

ASK ALL
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

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

ASK ALL
ASsocsit
I find social situations easy.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

ASK ALL
ASdetail
I tend to notice the details that others do not.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

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

**ASK ALL**
**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

**ASK ALL**
**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

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

**ASK ALL**
**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

**ASK ALL**
**ASBlines**
I find it easy to 'read between the lines' when someone is talking to me.
1 Definitely agree
2 Slightly agree
3 Slightly disagree
4 Definitely disagree

**ASK ALL**
**ASGoOn**
People often tell me that I keep going on and on about the same thing.
1 Definitely agree
2 Slightly agree
3 Slightly disagree
4 Definitely disagree

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

ASK ALL
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

ASK ALL
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

ASK ALL
ASRout
It does not upset me if my daily routine is disturbed.
1  Definitely agree
2  Slightly agree
3  Slightly disagree
4  Definitely disagree

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

ASK ALL
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
20. POST-TRAUMATIC STRESS DISORDER

ASK ALL
PTSDCL1
Over the next few screens will be a list of problems and complaints. Please indicate how much you have been bothered by each problem in the last month.
(In the last month:) Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL2
(In the last month:) Repeated, disturbing dreams of a stressful experience from the past?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL3
(In the last month:) Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL4
(In the last month:) Feeling very upset when something reminded you of a stressful experience from the past?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL5
(In the last month:) Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely
ASK ALL
PTSDCL6
(In the last month:) Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PTSDCL7
(In the last month:) Avoid activities or situations because they remind you of a stressful experience from the past?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PTSDCL8
(In the last month:) Trouble remembering important parts of a stressful experience from the past?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PTSDCL9
(In the last month:) Loss of interest in things that you used to enjoy?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PTSDCL10
(In the last month:) Feeling distant or cut off from the other people?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PYSDCL11
(In the last month:) Feeling emotionally numb or being unable to have loving feelings for those close to you?
1  Not at all
2  A little bit
3  Moderately
4  Quite a bit
5  Extremely

ASK ALL
PTSDCL12
(In the last month:) Feeling as if your future will somehow will be cut short?
1  Not at all
ASK ALL
PTSDCL13
(In the last month:) Trouble falling or staying asleep?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL14
(In the last month:) Feeling irritable or having angry outbursts?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL15
(In the last month:) Having difficulty concentrating?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL16
(In the last month:) Being 'super alert' or watchful on guard?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDCL17
(In the last month:) Feeling jumpy or easily startled?
1 Not at all
2 A little bit
3 Moderately
4 Quite a bit
5 Extremely

ASK ALL
PTSDever
Has a traumatic event or experience ever 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
ASK ALL
PTSDarm
Have you ever served in the Armed Forces or the UK Reserve Armed Forces?
1   Yes
2   No GOTO Intro2
9   Don’t Understand/Does Not Apply

IF PTSDarm = Yes
PTSDarmf
In what year did you first serve in the Armed Forces?
Please enter the year as numbers for example 1990
1900 - 2013

IF PTSDarm = Yes
PTSDarmc
Are you currently serving in the Armed Forces?
1   Yes
2   No GOTO PTSDarml
9

IF (PTSDarm = Yes) AND (PTSDarmc = No )
PTSDarml
In what year did you last serve in the Armed Forces?
Please enter the year as numbers for example 1990
1900 - 2013

IF (PTSDarm = Yes) AND (PTSDever = Yes)
PTSDarms
Was the traumatic event or experience you referred to before...
1   a military experience
2   a non military experience
3   or both?

IF PTSDarm = Yes
RegRes
Are you, or were you a regular, reserve or have you served as both a regular and as a reserve?
1   Regular
2   Reserve
3   Both regular and reserve
4   Other

IF RegRes = Other
RegResO
Please specify

IF PTSDarm = Yes
Deploy
During your service in the Armed Forces, did you deploy to...
1   Iraq
2   Afghanistan
3   Northern Ireland
4   Another combat operation
5   Not deployed

IF Deploy = Another combat operation
DeployO
Please specify which combat operation
21. INTERPERSONAL VIOLENCE AND ABUSE

ASK ALL
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.

ASK ALL
Vfam
Thinking about family members [apart from your partner]. This might include your parents, your children, your brother or sisters or any other relatives. Since you were 16 has a family member OTHER THAN A PARTNER ever done any of the following things to you?
PLEASE SELECT ALL THAT APPLY.
1. Prevented you from having your fair share of the household money
2. Stopped you from seeing friends and relatives
3. Repeatedly belittled you to the extent that you felt worthless
4. Frightened you, by threatening to hurt you or someone close to you
5. Pushed you, held you down or slapped you
6. Kicked, bit, or hit you with a fist or something else, or threw something at you
9. None of these

ASK ALL
VfamB
And since you were 16 has a family member OTHER THAN A PARTNER ever done any of the following things to you?
PLEASE SELECT ALL THAT APPLY.
1. Choked or tried to strangle you
2. Threatened you with a weapon, for example a stick or a knife
3. Threatened to kill you
4. Used a weapon against you, for example a stick or a knife
5. Used some other kind of force against you
9. None of these

IF (Vfam <> None of these) OR (VfamB <> None of these)
Vfam12
Have any of these happened in past 12 months?
1. Yes
2. No
9. Don’t Understand/Does Not apply

IF (Vfam <> None of these) OR (VfamB <> None of these)
VfamR
What was the relationship of the person or people that did this to you, at the time it happened? If more than one person has done this to you please tell us about all the different people. YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1. Father/mother
2. Your step-father/mother
3. Your brother or sister
4. Your son/daughter
5. Any other relative
ASK ALL
Va
Has a partner or ex-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 GOTO VSa

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

Va12f
How often has this happened in the past year?
1 At least once a week
2 At least once a fortnight
3 At least once a month
4 Less often than once a month

IF Va <> Never been in a relationship
Vk
Has a partner or ex-partner ever repeatedly belittled you to the extent that you felt worthless?
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF VK = Yes
Vk12
Has this happened in the past 12 months?
1 Yes
2 No

IF VK12 = Yes
Vk12f
How often has this happened in the past year?
1 At least once a week
2 At least once a fortnight
3 At least once a month
4 Less often than once a month

IF Va <> Never been in a relationship
Vtext
Has a partner or ex-partner ever sent you more than one unwanted letter, email, text message or card that was either obscene or threatening and which caused you fear, alarm or distress?
1 Yes
2 No GO TO Vd

IF Vtext = Yes
Vtxt12
Has this happened within the past 12 months?
1 Yes
2 No

IF Vtxt12 = Yes
Vtxt12f
How often has this happened in the past year?
1 At least once a week
2 At least once a fortnight
3 At least once a month
4 Less often than once a month

IF Va <> Never been in a relationship
Vd
Has a partner or ex-partner ever pushed you, held or pinned you down or slapped you?
1 Yes
2 No GOTO Ve

IF Vd = Yes
Vd12
Has this happened within the past 12 months?
1 Yes
2 No

IF Vd12 = Yes THEN
Vd12f
How often has this happened in the past year?
1 At least once a week
2 At least once a fortnight
3 At least once a month
4 Less often than once a month

IF Va <> Never been in a relationship
Ve
Has a current or ex-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 GOTO Vf

IF Ve = Yes
Ve12
Has this happened within the past 12 months?
1 Yes
2 No

IF Ve12 = Yes
Ve12f
How often has this happened in the past year?
1 At least once a week
2 At least once a fortnight
3 At least once a month
4 Less often than once a month

IF (Vd = Yes) OR (Ve = Yes)
Vinj
Have you ever been injured (even if only slightly) as a result of the force used on you?
By injured we mean things such as bruises, black eyes, cuts or scratches, or boken bones.
1 Yes
2 No

IF Va <> Never been in a relationship
Action1
Have you ever frightened a partner or ex-partner, by threatening to hurt them or someone close to them?
1 Yes
2 No
IF Action1= Yes
Act1Whn
Has this happened in the past 12 months?
1 Yes
2 No

IF Va <> Never been in a relationship
Action2
Have you ever pushed, held or pinned doen or slapped a partner or ex-partner?
1 Yes
2 No

IF Action2 = Yes
Act2Whn
Has this happened in the past 12 months?
1 Yes
2 No

IF Va <> Never been in a relationship
Action3
Have you ever kicked, bit, hit with a fist or something else, or thrown something at a partner or ex-partner that hurt them?
1 Yes
2 No

IF Action3 = Yes
Act3Whn
Has this happened in the past 12 months?
1 Yes
2 No

IF Va <> Never been in a relationship
Action4
Have you ever forced a partner or ex-partner to do something sexual that they didn’t want to do?
1 Yes
2 No

IF Action4 = Yes
Act4Whn
Has this happened in the past 12 months?
1 Yes
2 No

ASK ALL
VSa
Since the age of 16, has anyone talked you in a sexual way that made you feel uncomfortable?
1 Yes
2 No GOTO VSb

IF Vsa = Yes
VSa12
Has this happened within the past 12 months?
1 Yes
2 No
9 Don't Understand/Does Not Apply
### IF Vsa = Yes

**VsaWho**

What was the relationship of the person of people that did this to you, at the time it happened?  
If more than one person has done this to you please tell us about all the different people. This list continues on the next page.  
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.  

<table>
<thead>
<tr>
<th>Number</th>
<th>Relationship Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Your husband/wife/civil partner</td>
</tr>
<tr>
<td>2</td>
<td>Your partner/boyfriend/girlfriend</td>
</tr>
<tr>
<td>3</td>
<td>Your ex-husband/wife/civil partner</td>
</tr>
<tr>
<td>4</td>
<td>A previous partner/boyfriend/girlfriend</td>
</tr>
<tr>
<td>5</td>
<td>Your date</td>
</tr>
<tr>
<td>6</td>
<td>Your father/mother</td>
</tr>
<tr>
<td>7</td>
<td>Your step-father/mother</td>
</tr>
<tr>
<td>9</td>
<td>None of these</td>
</tr>
</tbody>
</table>

### IF Vsa = Yes

**VsaWhoB**

What was the relationship of the person or people that did this to you, at the time it happened?  
If more than one person has done this to you please tell us about all the different people.  
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.  

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<tr>
<td>5</td>
<td>Colleague/peer from work or school/college/university</td>
</tr>
<tr>
<td>6</td>
<td>Person in a position of trust or authority</td>
</tr>
<tr>
<td>7</td>
<td>A stranger</td>
</tr>
<tr>
<td>9</td>
<td>None of these</td>
</tr>
</tbody>
</table>

### ASK ALL

**VSb**

Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way without your consent?  

<table>
<thead>
<tr>
<th>Number</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

### IF VSb = Yes

**VSb12**

Has this happened within the past 12 months?  

<table>
<thead>
<tr>
<th>Number</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

### IF VSb = Yes

**VsbWho**

What was the relationship of the person or people that did this to you, at the time it happened?  
If more than one person has done this to you please tell us about all the different people.  
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.  

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<td>6</td>
<td>Your father/mother</td>
</tr>
<tr>
<td>7</td>
<td>Your step-father/mother</td>
</tr>
<tr>
<td>9</td>
<td>None of these</td>
</tr>
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</table>

### IF VSb = Yes

**VsbWhoB**

What was the relationship of the person or people that did this to you, at the time it happened?  
If more than one person has done this to you please tell us about all the different people.  
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.  

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<td>2</td>
<td>Friend</td>
</tr>
</tbody>
</table>
3 Neighbour
4 An acquaintance (outside work or school/college/university)
5 Colleague/peer from work or school/college/university
6 Person in a position of trust or authority
7 A stranger
9 None of these

ASK ALL
VSc
Since the age of 16, has anyone had sexual intercourse with you without your consent?
1 Yes
2 No GOTO IntroU16

IF VSc = Yes
VSc12
Has this happened within the past 12 months?
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF VSc = Yes
VScWho
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people. YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Your husband/wife/civil partner
2 Your partner/boyfriend/girlfriend
3 Your ex-husband/wife/civil partner
4 A previous partner/boyfriend/girlfriend
5 Your date
6 Your father/mother
7 Your step-father/mother
9 None of these

IF VSc = Yes
VscWhoB
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people. YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Another relative
2 Friend
3 Neighbour
4 An acquaintance (outside work or school/college/university)
5 Colleague/peer from work or school/college/university
6 Person in a position of trust or authority
7 A stranger
9 None of these

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

IF VBa = Yes
VBaage
How old were you when this first happened?
0 - 16

IF VBa = Yes
VBaWho
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Your husband/wife/civil partner
2 Your partner/boyfriend/girlfriend
3 Your ex-husband/wife/civil partner
4 A previous partner/boyfriend/girlfriend
5 Your date
6 Your father/mother
7 Your step-father/mother
9 None of these

VBaWhoB
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Another relative
2 Friend
3 Neighbour
4 An acquaintance (outside work or school/college/university)
5 Colleague/peer from work or school/college/university
6 Person in a position of trust or authority
7 A stranger
9 None of these

ASK ALL
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 GOTO VBc

IF VBB = Yes
VBbage
How old were you when this first happened?
0 - 16

IF VBB = Yes
VBbWho
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Your husband/wife/civil partner
2 Your partner/boyfriend/girlfriend
3 Your ex-husband/wife/civil partner
4 A previous partner/boyfriend/girlfriend
5 Your date
6 Your father/mother
7 Your step-father/mother
9 None of these

IF VBB = Yes
VBbWhoB
What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.
1 Another relative
2 Friend
3 Neighbour
4 An acquaintance (outside work or school/college/university)
5 Colleague/peer from work or school/college/university
6 Person in a position of trust or authority
Before the age of 16, did anyone have sexual intercourse with you without your consent?

1. Yes
2. No GOTO VBd

IF VBc = Yes

How old were you when this first happened?
0 - 16

VBc = Yes

What was the relationship of the person or people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.

1. Your husband/wife/civil partner
2. Your partner/boyfriend/girlfriend
3. Your ex-husband/wife/civil partner
4. A previous partner/boyfriend/girlfriend
5. Your date
6. Your father/mother
7. Your step-father/mother
9. None of these

VBc = Yes

What was the relationship of the person of people that did this to you, at the time it happened?
If more than one person has done this to you please tell us about all the different people.
YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH.

1. Another relative
2. Friend
3. Neighbour
4. An acquaintance (outside work or school/college/university)
5. Colleague/peer from work or school/college/university
6. Person in a position of trust or authority
7. A stranger
9. None of these
22. CHILDHOOD ABUSE AND NEGLECT

ASK ALL
Intro
There are now some questions about how you were treated by others when you were a child.

ASK ALL
Child1
Not including smacking, before you were 18, did an adult in your life hit, beat, kick, or physically hurt you in any way?
1  Yes
2  No

ASK ALL
Child2
Before you were 18, did you get scared or feel really bad because an adult in your life called you names, said mean things to you, or said they didn't want you?
1  Yes
2  No

ASK ALL
Child3
Sometimes a family argues over where a child should live. Before you were 18, did a parent take, keep, or hide you to stop you from being with another parent?
1  Yes
2  No

ASK ALL
Child4
Before you were 18, did an adult in your life shake you very hard or shove you against a wall or a piece of furniture?
1  Yes
2  No

ASK ALL
Child5
Parents have different ideas about when a child should be independent and able to look after themselves. When you were a young child, say under 12, did you have any of the following experiences?
1  Always
2  Often
3  Sometimes
4  Occasionally
5  Rarely
6  Never

ASK ALL
Child6
You had regular dental check ups
1  Always
2  Often
3  Sometimes
4  Occasionally
5  Rarely
6  Never

ASK ALL
Child7
You went to school in clothes that were dirty, torn, or that didn't fit, because there were no clean ones available
1  Always
ASK ALL
Child9
You went hungry because no-one got your meals ready or there was no food in the house
1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 Never

ASK ALL
Child10
You looked after younger brothers or sisters while your parents were out
1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 Never

ASK ALL
Child11
You were ill but no-one looked after you or took you to the doctor
1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 Never

ASK ALL
Child12
You did not have a safe place to stay
1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 Never
23. SUICIDAL THOUGHTS, ATTEMPTS AND SELF HARM

ASK ALL
DSHIntro
The next few questions are being asked again from earlier in the interview.

ASK ALL
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

ASK ALL
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

IF DSHtry = Yes
TryWhn
Was this...
1  In the last month
2  In the last year
3  Or, at some other time

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

F DSH4b = Yes
DSH4c
Who did you try to get help from?
You may give more than one response
1  A friend
2  A member of your family
3  A neighbour
4  Your GP/family doctor
5  A hospital
6  Other

IF DSH4c= Other
DSH4d
Who was the other person you asked for help?

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

IF DSHharm = Yes
HrmWhn
Was this…
1  In the last month
2  In the last year
3 Or, at some other time

**IF DSHharm = Yes**

**DSH6**
Did you…
You may give more than one response
1 Cut yourself
2 Or burn yourself
3 Or swallow anything
4 Or harm yourself some other way

**IF DSHharm = Yes**

**DSH7**
Did you do any of these things to draw attention to your situation or to change your situation?
1 Yes
2 No

**IF DSHharm = Yes**

**DSH8**
Did you do any of these things because it relieved unpleasant feelings of anger, tension, anxiety or depression?
1 Yes
2 No

**IF DSHharm = Yes**

**DSH9**
Have you received medical attention for deliberately harming yourself in any of these ways?
1 Yes
2 No

**IF DSHharm = Yes**

**DSH10**
Have you ever seen a psychiatrist, psychologist or counsellor because you had harmed yourself?
1 Yes
2 No

**IF SHharm = Yes**

**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
24. DISCRIMINATION

ASK ALL
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.

ASK ALL
DiSeth
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of your skin colour or ethnicity?
1 Yes
2 No

ASK ALL
DiSsex
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of your sex?
1 Yes
2 No

ASK ALL
DiSrel
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of your religious beliefs?
1 Yes
2 No

ASK ALL
DiSAge
Have you been unfairly treated in the last 12 months, that is since ^<TEXTFILL date a year prior to interview> because of your age?
1 Yes
2 No

ASK ALL
DiSmen
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of your mental health?
1 Yes
2 No

ASK ALL
DiSphy
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of any other health problem or disability?
1 Yes
2 No

ASK ALL
DiSsori
Have you been unfairly treated in the last 12 months, that is since <TEXTFILL date a year prior to interview>, because of your sexual orientation?
1 Yes
2 No
25. SEXUAL ORIENTATION AND BEHAVIOUR

IF DVage <65
SexOriH
Which of the following options best describes how you think of yourself?
1 Heterosexual or Straight
2 Gay or Lesbian
3 Bisexual
4 Other

IF DVage <65
Het5yrs
Altogether, in the last 5 years, how many <TEXTFILL opposite sex gender: men/women> have you had sexual intercourse with?
Please type in the number in the last 5 years, ‘0’ if none.
0…99

IF Het5yrs >= 1
Het1Yr
And altogether, in the last year, how many <TEXTFILL opposite sex gender: men/women> have you had sexual intercourse with?
Please type in the number in the last year, ‘0’ if none.
0…99

IF DVage <65
Sam5Yrs
Altogether, in the last 5 YEARS, how many <TEXTFILL same sex gender: men/women> have you had sex with? Please type in the number in the last 5 years, ‘0’ if none.
0…99

IF (Sam5Yrs>=1)
Sam1Yr
And altogether, in the last year, how many <TEXTFILL same sex gender: men/women> have you had sexual intercourse with?
Please type in the number in the last year, ‘0’ if none.
0…99

IF (Het1Yr > 1) OR (Sam1Yr > 1)
NoNoCon
How many sexual partners have you had vaginal (or anal) intercourse with in the past year without using a condom?
Please type in the number, ‘0’ if none.
0…99
26. MENOPAUSE

IF (Sex = Female) AND IF (DVage => 40) AND (DVage <= 59)
MenSym
Over the last 12 months, to what extent do you think you have been through or are going through the
menopause?
1  Yes, I have been through the menopause GOTO DemIntr
2  Yes, I am going through the menopause
3  No, not yet GOTO DemIntr

IF MenSym = Yes, I am going through the menopause
HotF
You will now be asked about a range of symptoms that you may be experiencing as a part of the menopause.
To what extent do you have hot flushes?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
NSweat
To what extent do you have night sweats?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
Palp
To what extent do you have palpitations?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
IrrPer
To what extent do you have Irregular periods?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
Cys
To what extent do you have cystitise/stress incontinence?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
VDry
To what extent do you have vaginal dryness?
1  None
2  Mild
3  Moderate
4  Severe

IF MenSym = Yes, I am going through the menopause
To what extent do you have vaginal irritation?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have weight gain?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have thinner skin and hair?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have headaches?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have loss of muscle tone?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have fatigue/joint pains?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have constipation or irritable bowel syndrome?
1. None
2. Mild
3. Moderate
4. Severe

IF MenSym = Yes, I am going through the menopause

To what extent do you have periodontal (dental) disease?
1. None
2. Mild
3. Moderate
**4. Severe**

**IF MenSym = Yes, I am going through the menopause**

**Sleep**

To what extent do you have insomnia/sleeplessness?

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
</tbody>
</table>

**IF MenSym = Yes, I am going through the menopause**

**aMemory**

To what extent do you have poor memory/ concentration?

<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td>1</td>
<td>None</td>
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<tr>
<td>2</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
</tbody>
</table>

**IF MenSym = Yes, I am going through the menopause**

**Libido**

To what extent do you have decreased libido?

<p>| | |</p>
<table>
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<tr>
<td>1</td>
<td>None</td>
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<tr>
<td>2</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
</tbody>
</table>

**IF MenSym = Yes, I am going through the menopause**

**Mood**

To what extent do you have mood swings?

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
</tbody>
</table>

---

### 26. END OF SELF-COMPLETION

#### 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.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</tbody>
</table>

#### HandBack

INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU. YOU CAN DEMONSTRATE THAT THE RESPONDENT'S SELFCOMPLETION DATA HAS BEEN LOCKED.
27. COGNITIVE AND INTELLECTUAL FUNCTIONING

IF DVage >= 60
DemInstr
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.

IF DVage >= 60
PMADAY
What day of the week is it today?
1 [TEXTFILL correct day: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday]
2 Anything else/does not know

IF DVage >= 60
PMA TODAY
What is the date of the month today?
1 [TEXTFILL correct date:]
2 Anything else/does not know

IF DVage >= 60
PMA month
What month is it?
1 [TEXTFILL correct month: January / February / March / April / May / June / July / August / September
 / October / November / December]
2 Anything else/does not know

IF DVage >= 60
PMA year
What year is it?
1 [TEXTFILL correct year:]
2 anything else/does not know

IF DVage >= 60
Season
What season is it?
1 Spring
2 Summer
3 Autumn
4 Winter
5 Anything else/does not know

IF DVage >= 60
AGE
What is your age?
0 - 120

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

IF DVage >= 60
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

IF DVage >= 60
Subtrct1
Please take 7 away from 100 and then tell me the answer
  1 - 100

IF DVage >= 60
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
  1 - 100

IF DVage >= 60
Subtrct3
WRITE IN THIRD SUBTRACTION
  1 - 100

IF DVage >= 60
Subtrct4
WRITE IN FOURTH SUBTRACTION
  1 - 100

IF DVage >= 60
Subtrct5
WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP
  1 - 100

IF DVage >= 60
Paper
What do people usually use to cut paper?
  1 Scissors or shears
  2 anything else

IF DVage >= 60
Count
Please count backwards from 20 to 1
  1 Counted correctly
  2 Made one or more mistakes

IF DVage >= 60
Plant
What is the prickly green plant found in the desert?
  1 Cactus
  2 Anything else
IF DVage >= 60
Say
Please say 'Methodist Episcopal'
INTERVIEWER: Pronounced 'Metho-O-dist E-PIS-k-pl'
1 Said exactly right
2 Anything else

IF DVage >= 60
Queen
Who is the reigning King or Queen?
1 Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd
2 Anything else

IF DVage >= 60
PM
Who is the prime minister now?
1 Correct Surname - Cameron
2 Anything else

IF DVage >= 60
West
What is the opposite of East?
1 West
2 anything else

IF DVage >= 60
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

ASK ALL
intnart2
SHOWCARD M1
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

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
‘lie’
AISLE
1  Correct
2  Incorrect/don't know

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

q6
‘samm’
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-KIV-oh-kl'
EQUIVOCAL
1 Correct
2 Incorrect/don't know

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

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

q16
'jayld'
GAOLED
1 Correct
2 Incorrect/don't know

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

ASK ALL
q18
'air'
HEIR
1 Correct
2 Incorrect/don't know

q19
'RAY-DICKS'
RADIX
1 Correct
2 Incorrect/don't know

q20
'ASS-ig-neight'
ASSIGNATE
1 Correct
2 Incorrect/don't know

q21
'high-EIGHT-us'
HIATUS
1  Correct
2  Incorrect/don't know

q22
'suull'!
SUBTLE
1  Correct
2  Incorrect/don't know

q23
'PRO-cree-eight'
PROCREATE
1  Correct
2  Incorrect/don't know

q24
'jist'
GIST
1  Correct
2  Incorrect/don't know

q25
'gowdje'
GOUGE
1  Correct
2  Incorrect/don't know

q26
'sue-PER-flu-us'
SUPERFLUOUS
1  Correct
2  Incorrect/don't know

q27
'SIM-illy'
SIMILE
1  Correct
2  Incorrect/don't know

q28
'b'n-arle'
BANAL
1  Correct
2  Incorrect/don't know

q29
'KWAD-rew-ped'
QUADRUPED
1  Correct
2  Incorrect/don't know

q30
'CHELL-ist'
CELLIST
1  Correct
2  Incorrect/don't know
q31
'fa-SARD'
FACADE
1 Correct
2 Incorrect/don't know

q32
'zellat'
ZEALOT
1 Correct
2 Incorrect/don't know

q33
'dram'
DRACHM
1 Correct
2 Incorrect/don't know

q34
'e-on'
AEON
1 Correct
2 Incorrect/don't know

q35
'plass-EE-bo'
PLACEBO
1 Correct
2 Incorrect/don't know

q36
'ab-STEAM-ee-us'
ABSTEMIOUS
1 Correct
2 Incorrect/don't know

q37
'day-TARNT'
DETENTE
1 Correct
2 Incorrect/don't know

q38
'ID-I'
IDYLL
1 Correct
2 Incorrect/don't know

q39
'poo-ER-pur-I'
PUERPERAL
1 Correct
2 Incorrect/don't know

q40
'a-VERR'
AVER
1 Correct
2 Incorrect/don't know

q41
'gowsh'
GAUCHE
1 correct
2 incorrect/don't know

q42
'tope-ee-airy'
TOPIARY
1 Correct
2 Incorrect/don't know

q43
'le-VI-ath'n'
LEVIATHAN
1 Correct
2 Incorrect/don't know

q44
'bee-AT-ifie'
BEATIFY
1 Correct
2 Incorrect/don't know

q45
'PRELL-it'
PRELATE
1 Correct
2 Incorrect/don't know

q46
'si-DARE-ee-al'
SIDEREAL
1 Correct
2 Incorrect/don't know

q47
'de-MAIN'
DEMESNE
1 Correct
2 Incorrect/don't know

q48
'SING-k-pea'
SYNCOPE
1 Correct
2 Incorrect/don't know

q49
'LAY-bile'
LABILE
1 Correct
2 Incorrect/don't know
q50
'kam-pan-EE-lay'
CAMPANILE
1 Correct
2 Incorrect/don't know
28. VERBAL FLUENCY (ANIMAL NAMING TEST)

ASK ALL
CfAniStPream
Now I would like you to name as many different animals as you can think of.
You have one minute to do this and I will tell you when to stop.
INTERVIEWER: At the next question you will be asked to press 7 which will start the countdown.
INTERVIEWER: Only if the participant asks for clarification, explain that animals include birds, insects, fish etc.

CfAniSt
INTERVIEWER: When the respondent is ready, press <7> and <Enter> - this will start the timer. The screen
will remain the same. After 1 minute the computer voice will say 'Stop now'. Ensure the volume on your laptop
is turned up. You will not be able to move past this screen until the 1 minute timer has completed. Write
animals mentioned on the Animal Naming Sheet.
Ready, go!
INTERVIEWER: Press <7> and <Enter> to start the timer."
MML "SOUND(Minute.wav)

CfAni
INTERVIEWER: Enter the number of different animals mentioned.
See Help <F9> for rules about which animals to include."
Rules for scoring animal naming task:
Do not count repetitions and do not count redundancies (e.g. white cow, brown cow).
Do not count named animals (e.g. Spot, Bambi, or Yogi Bear).
Different breeds (e.g. dog, terrier, poodle) and different gender or generation-specific names (e.g. bull, cow,
steer, heifer, calf) each count as correct.
If the respondent gives the name of an animal which you have not heard of (e.g. kudu, echidna), give them the
benefit of the doubt and count them as correct.
: 0..100
29. STRESSFUL LIFE EVENTS

ASK ALL
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.

NatDis
Has your home been damaged by wind, rain, snow or flood in the last six months?
1 Yes
2 No

IF NatDis = YES
NatDisEv
Was it so bad that you either had to leave your home or else couldn’t leave your home for at least three days?
1 Yes
2 No

ASK ALL
Trauma1
SHOW CARD N1
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
1 Serious illness or injury to yourself GOTO TR1Whn
2 Serious assault to yourself GOTO TR1Wh
3 Serious illness or injury to a close relative GOTO TR1Whn
4 Serious assault of a close relative GOTO TR1Whn
5 Death of an immediate family member of yours GOTO TR1Whn
6 Death of a close family friend or other relative, like an Aunt, cousin or grandparent GOTO TR1Whn
7 Separation due to marital difficulties, divorce or steady relationship broken down GOTO TR1Whn
8 Serious problem with a close friend, neighbour or relative GOTO TR1Whn
9 None of these GOTO Trauma2

IF Trauma1 <> None of these
TR1Whn
SHOW CARD N2
Thinking about the <TEXTFILL: event mentioned at Trauma1>. When did that happen?
INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE
1 Within last 6 months GOTO Trauma2
2 More than 6 months ago, but since the age of 16 GOTO Trauma2
3 More than 6 months ago, and before the age of 16 GOTO Trauma2

ASK ALL
Trauma2
SHOW CARD N3
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
1 Being made redundant or sacked from your job GOTO TR2Whn
2 Looking for work without success for more than 1 month GOTO TR2Whn
3 Major financial crisis, like losing the equivalent of 3 months income GOTO TR2Whn
4 Something you valued being lost or stolen GOTO TR2Whn
5 In trouble with police involving court appearance GOTO TR2Whn
6 Spent time in prison on remand or serving a sentence GOTO TR2Whn
7 None of these GOTO Trauma3

IF Trauma2 <> None of these
TR2Whn
SHOW CARD N4
Thinking about the <TEXTFILL: event mentioned at Trauma2>. When did that happen?
INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE
1  Within last 6 months  GOTO Trauma3
2  More than 6 months ago, but since the age of 16  GOTO Trauma3
3  More than 6 months ago, and before the age of 16  GOTO Trauma3

ASK ALL
Trauma3
SHOW CARD N5
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
1  Bullying  GOTO TR3Whn
2  Violence at work  GOTO TR3Whn
3  Violence in the home  GOTO TR3Whn
4  Sexual abuse  GOTO TR3Whn
5  Being expelled from school  GOTO TR3Whn
6  Running away from your home  GOTO TR3Whn
7  Being homeless  GOTO TR3Whn
8  None of these  GOTO ChldInst

IF Trauma3 <> None of these
TR3Whn
SHOW CARD N6
Thinking about the <TEXTFILL: event mentioned at Trauma3>. 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

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

ASK ALL
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
9  DNA "Does not apply, e.g. foreign national"
30. PARENTING

ASK ALL
MaPalntr
Now a few questions about you and your parents when you were growing up.

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

IF BothMaPa = No
YNotBoth
Is that because there was
...READ OUT...
1  ...a divorce or separation, GOTO MaOrPa
2  or, a death, GOTO MaOrPa
3  or, are you adopted, GOTO MaOrPa
4  or, your parents never lived together, GOTO MaOrPa
7  or, is there another reason?(IF VOLUNTEERED, SPECIFY AT NEXT QUESTION)

IF (BothMaPa = No) AND (YNOTbBoth = Other reason)
XYNotBoth
IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE ’7’ AND <Enter>
GOTO MaOrPa

IF BothMaPa = No
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)

ASK ALL
AnyChild
Do you have any children, including any that do not live with you as part of your household?
INTERVIEWER IF NECESSARY:
Include step or adopted children and any grown-up children who have moved away.
Exclude miscarriages, abortions, stillbirths or any deceased children.
1  Yes
2  No  GOTO DLSSInt1

IF (DVage < 45) AND (Sex = Female)
Preg
And can I just check, are you currently pregnant?
1  Yes
2  No
3  Not asked
31. SOCIAL SUPPORT

ASK ALL
DLSSint1
The next few questions are about people you feel close to, including relatives, friends and acquaintances.

ASK ALL
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?
IF NONE ENTER '0'
0 - 97

ASK ALL
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?
IF NONE ENTER '0'
0 - 97

ASK ALL
CloseFr
How many friends or acquaintances who do not live with you would you describe as close or good friends?
IF NONE ENTER '0'
0 - 97

IF ((CloseRI3 >= 1) OR (CloseFr >= 1))
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?
IF NONE ENTER '0'
0 - 97

ASK ALL
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.

ASK ALL
DLSS1
SHOW CARD P1
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
ASK ALL
DLSS2
SHOWCARD P1
(There are people I know amongst my family and friends) - who make me feel loved.
1 not true
2 partly true
3 certainly true

ASK ALL
DLSS3
SHOWCARD P1
(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

ASK ALL
DLSS4
SHOWCARD P1
(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

ASK ALL
DLSS5
SHOWCARD P1
(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

ASK ALL
DLSS6
SHOWCARD P1
(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

ASK ALL
DLSS7
SHOWCARD P1
(There are people I know amongst my family and friends) - who give me support and encouragement.
1 not true GOTO SpecRel
2 partly true GOTO SpecRel
3 certainly true GOTO SpecRel

Notclse
Now thinking about people who you are not close to but who you like to have contact with – for example, acquaintances, neighbours, colleagues, or relatives you are not close to.
How many of these people did you communicate with in the past week?
0...50
32. RELIGION

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

IF SpecRel = Yes
WhatRelR
What is your religion?
INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.
1 Catholic
2 Protestant
3 All Other Christian denomination
4 Buddhist
5 Hindu
6 Jewish
7 Muslim
8 Sikh
9 Any other religion(SPECIFY)

IF (SpecRel = Yes) AND (WhatRel = Other)
OthRel
ENTER RELIGION

ASK ALL
Rel1
SHOWCARD R1
The following questions concern your beliefs and views about life. Please choose an answer from this card that best describes your view for each statement.
I believe in life after death
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Strongly disagree
5 Don’t know

ASK ALL
Rel2
SHOWCARD R1
I believe prayer has value.
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Strongly disagree
5 Don’t know

ASK ALL
Rel3
SHOWCARD R1
I believe there is a God
1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Strongly disagree
5 Don’t know
33. SOCIAL CAPITAL AND PARTICIPATION

ASK ALL
LivelnIntro
The next few questions are about the area where you live.

ASK ALL
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

ASK ALL
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.

ASK ALL
Belong
SHOWCARD R2
Please look at this card and tell me the answer that best describes your feelings.
I feel like I belong around here. INTERVIEWER: By ‘around here’ we mean anywhere you can walk to, from your home, in 5 minutes.
1 Strongly Agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

ASK ALL
Trust
Showcard R2
I trust people around here.
1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

ASK ALL
Enjoy
Showcard R2
I enjoy living around here.
1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree
ASK ALL
Realhme
Showcard R2
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

ASK ALL
Safe
Showcard R2
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

ASK ALL
Move
Showcard R2
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

ASK ALL
Resident
Showcard R2
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

ASK ALL
Litter
Showcard R2
Litter is a problem around here.
1  Strongly agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

ASK ALL
Graffiti
Showcard R2
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

ASK ALL
PropClos
Showcard R2
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

ASK ALL
Green
Showcard R2
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
34. ETHNICITY AND MIGRATION

ASK ALL
Intro
Now a few questions about yourself.

ASK ALL
Origin
SHOW CARD S1
What is your ethnic group? Please choose your answer from this card.
1 White – English/Welsh/Scottish/Northern Irish/British
2 White – Irish
3 White – Gypsy or Irish Traveller
4 Any other white background (please describe)

Mixed/multiple ethnic groups:
5 White and Black Caribbean
6 White and Black African
7 White and Asian
8 Any other mixed/multiple ethnic background (please describe) Asian or Asian British:
9 Indian
10 Pakistani
11 Bangladeshi
12 Chinese
13 Any other Asian background (please describe)

Black/African/Caribbean/Black British
14 African
15 Caribbean
16 Any other Black/African/Caribbean background (please describe)

Other ethnic group
17 Arab
18 Any other ethnic group (please describe)

IF Origin = Any other ethnic group
XOrigin
Please describe

ASK ALL
COB
What is your country of birth?
1 England
2 Wales
3 Scotland
4 Northern Ireland
5 Republic of Ireland
6 Elsewhere, write in the current name of country

IF COB = Other
COBO
Write in the current name of country of birth
IF COB = Other
MgMTH
If you were not born in the United Kingdom, when did you most recently arrive to live here?
INTERVIEWER: DO NOT COUNT SHORT VISITS AWAY FROM THE UK
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 COB = Other
MgYR
If you were not born in the United Kingdom, when did you most recently arrive to live here?
INTERVIEWER: DO NOT COUNT SHORT VISITS AWAY FROM THE UK
1930...2015
34. EDUCATION AND EMPLOYMENT

ASK ALL
AnyQuals
Have you got any qualifications of any sort?
1 Yes
2 No GOTO Wrking

IF AnyQuals = Yes
HiQuals
SHOWCARD S2
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
FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>
1 Degree level qualification GOTO Wrking
2 Teaching qualification or HNC/HND,BEC/TEC Higher, BTEC Higher or NVQ level 4 GOTO Wrking
3 'A'Levels/SCE Higher or ONC/OND/BEC/TEC not higher or City & Guilds Advanced Final Level NVQ level 3 GOTO Wrking
4 'O'Level passes (Grade A-C if after 1975) or City & Guilds Craft/Ord levelor GCSE (Grades A-C) or NVQ level 2 GOTO Wrking
5 CSE Grades 2-5 GCE 'O'level (Grades D & E if after 1975) GCSE (Grades D,E,F,G) or NVQ level 1 GOTO Wrking
6 CSE ungraded GOTO Wrking
7 Other qualifications (specify)
8 No qualifications GOTO Wrking

IF (AnyQuals = Yes) AND (HiQuals = Other qualifications)
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
GOTO Wrking

ASK ALL
Wrking
Did you do any paid work in the 7 days ending Sunday the ^DMDLSUN, either as an employee or as self-employed? ···
1 Yes
2 No

IF (Wrking = No) AND ((DVage < 63) OR ((DVage < 65) AND (Sex = Male)))
SchemeET
Were you on a government scheme for employment training?
1 Yes
2 No

IF Wrking = No
IF (LIL01 = 1) OR (SchemeET = No)
JbAway
Did you have a job or business that you were away from?.....
1 Yes
2 No GOTO OwnBus
3 Waiting to take up a new job/business already obtained GOTO OwnBus

IF LIL01 = 1 AND JbAway = Yes
JbReas
What was the main reason you were away from work (last week)?...
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 (JbAway = Waiting to take up a new job/business already obtained))

OwnBus
Did you do any unpaid work in that week for any business that you own?···
1 Yes GOTO Looked
2 No

IF OwnBus = No

RelBus
...or that a relative owns?....HELP<F9>
1 Yes GOTO StartJ
2 No

IF (JbAway = No) AND (RelBus = No)

Looked
Thinking of the 4 weeks ending Sunday the ^DMDLSUN 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 (JbAway = Waiting to take up a new job/business already obtained) OR ((Looked = Yes) OR (Looked = Waiting to take up a new job or business already obtained))

StartJ
If a job or a place on a government scheme had been available in the week ending Sunday the ^DMDLSUN
would you have been able to start within 2 weeks?
1 Yes
2 No

IF ((Looked = No) OR (StartJ = No))

YlnAct
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

IF ((QILO.DVIL03a = 2) OR (QILO.DVIL03a = 3)) AND ((QILO.Wrking = No) or (QILO.Wrking = DK) or (QILO.Wrking = RF))

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

IF Everwk = Yes

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

WhyLeft
May I just check, how did you come to leave your last job? Were you…
READ OUT… INTERVIEWER: CODE MAIN REASON IF MORE THAN ONE
1 Dismissed
2 Made redundant
3 Did you resign/give notice (including leaving an employment agency)
4 Retire
5 Was it a temporary job or contract job that came to an end
6 Or did you leave for some other reason

IF WhyLeft = Other

WhyleftO
INTERVIEWER: DESCRIBE REASON FOR LEAVING LAST JOB

IF Everwk = Yes

Leave1
Would you say that any poor health or disability you had was a factor in you leaving this job?
1 Yes
2 No

IF Leave1 = Yes

Change
Were any changes at all made to your job or working conditions to help you to continue working?
1 Yes
2 No

IF Change = Yes

Change2
What changes were made?
CODE ALL THAT APPLY
1 Change of duties
2 Change to a number of hours worked
3 Given permission to take emergency leave as needed
4 Equipment provided or adaptations made
5 Other changes
6 No changes made

IF Change2 = Other

Change20th
INTERVIEWER: DESCRIBE OTHER CHANGES MADE

IF (Wrking= Yes) OR (Everwk = Yes) THEN

IndD
···CURRENT OR LAST JOB
What ^doesdid the firm/organisation you ^WorkWorked for mainly make or do (at the place where you ^WorkWorked HELP<F9>
DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

IF (Wrking= Yes) OR (Everwk = Yes)

OccT
····JOBTITLE···CURRENT OR LAST JOB
What ^iswas your (main) job ([in the week ending Sunday the] [^LMainJb3 ^JobDate / ])? ······HELP<F9>

IF (Wrking= Yes) OR (Everwk = Yes)

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 (DVILOo3A = Yes) OR (Everwk = Yes)
Stat
^UpAreWere you working as an employee or ^arewere you self-employed?
1    Employee
2    Self-employed GOTO Solo

IF (Stat = Employee)
Manage
^UpDoDid you have any managerial duties, or ^arewere you supervising any other employees?
ASK OR RECORD
1    Manager
2    Foreman/supervisor
3    Not manager/supervisor

IF Stat = Employee THEN
EmpNo
How many employees ^arewere there at the place where you ^WorkWorked ?
1    1-24
2    25 or more

IF (Stat = Self-employed)
Solo
^AreWere you working on your own or ^dodid you have employees?
1    on own/with partner(s) but no employees GOTO FtPtWk
2    with employees

IF (Solo = with employees)
SENo
How many people ^AreWere you employ at the place where you ^dodid ?
1    1-24 GOTO FtPtWk
2    25 or more GOTO FtPtWk

IF (Wrking = Yes) OR (Everwk = Yes)
FtPtWk
In your (main) job ^arewere you working:
1    full time
2    or part time?

IF FtPtWk = part time
PTWkHours
How many hours ^dodid you work normally per week?
0 – 50

IF DVILO4a = 1 AND Stat = Employee
EmpStY
In which year did you start working continuously for your current employer?
1900 - 2015

IF DVILO4a = 1 AND Stat <> Employee
SEmpStY
In which year did you start working continuously as a self-employed person?
1900 - 2015
IF LEmpLen4 <= 8 THEN
JobstM
and which month in < EMPSTY SEMPSTY > 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

DVLastWK
Time in years since last worked. From QLastJb.DtJbl

IF (DVLO3a <> InEmp) AND (YInAct <> Retired from paid work) 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 NotWk <> because you do not want or need a paid job at the moment
LookNow
(May I just check) Are you looking for a job at the moment?
1 Yes GOTO DiffJob
2 No

IF LookNow = No
LookAtAll
Have you looked for a job at all (since you last worked?)
1 Yes GOTO LookStop
2 No

IF LookAtAll = No
LookNot
Why have you not looked for a job?
CODE ALL THAT APPLY
1 No suitable jobs: general employment situation GOTO DiffJob
2 No suitable jobs: due to health problems GOTO DiffJob
3 Other GOTO DiffJob

IF LookAtAll = Yes
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 (FtPtlWk = PT) AND (PTWkHours < 30)

Undemp
If you were employed part time in your main job last week (less than 30 hours) was it because you…
RUNNING PROMPT…
1 Could not find full-time work
2 Did not want full-time work
3 Another reason

IF Undemp = OtherReas
Undempo
Please specify, other reason
35. FINANCIAL AND HOUSING CIRCUMSTANCES

ASK ALL
WAgeBen
SHOW CARD T1
Are you currently receiving any of these benefits as the named recipient?
CODE ALL THAT APPLY
1  Universal credit  GOTO CareBen
2  Housing benefit  GOTO CareBen
3  Working tax credit (excluding any childcare element of Working Tax Credit) GOTO CareBen
4  Child tax credit (including any childcare element of Child Tax Credit) GOTO CareBen
5  Income support  GOTO CareBen
6  Jobseeker’s Allowance  GOTO CareBen
7  Employment and Support Allowance  GOTO CareBen
8  Carer’s Allowance  GOTO CareBen
9  None of these  GOTO CareBen
10 (SPONTANEOUS) One of these/more than one of these, but don’t know which

ASK ALL
DisBen
SHOW CARD T2
And are you currently receiving any of these benefits either as the named recipient, or on behalf of someone in your household?
CODE ALL THAT APPLY
1  Personal Independence Payment (including the car allowance known as Motability)  GOTO IncBen
2  Disability Living Allowance (including the car allowance known as Motability)  GOTO IncBen
3  Attendance Allowance  GOTO IncBen
4  Severe Disability Allowance  GOTO IncBen
5  Incapacity Benefit
6  Industrial Injury Disablement Benefit
7  None of these  GOTO IncBen
8  (SPONTANEOUS) One of these/more than one of these, but don’t know which

ASK ALL
PenBen
SHOW CARD T3
And are you currently receiving any of these benefits as the named recipient?
INTERVIEWER: Not on behalf of someone in your household.
CODE ALL THAT APPLY
1  Pension Credit
2  State Retirement Pension
3  Widow’s Pension, Bereavement Allowance or Widowed Parent’s (formally Widowed Mother’s Allowance)
4  Armed Forces Compensation Scheme (formally War Disablement Pension), including Guaranteed Income Payments
5  War Widow’s/Widower’s Pension (and any related allowances)
6  None of these
7  (SPONTANEOUS) One of these/more than one of these, but don’t know which

ASK ALL
KidBen
SHOW CARD T4
And are you currently receiving any of these things as the named recipient?
INTERVIEWER: Not on behalf of someone in your household.
CODE ALL THAT APPLY
1  Child Benefit
2  Guardian’s Allowance
3  Maternity Allowance
4  None of these
5  (SPONTANEOUS) One of these/more than of these, but don’t know which

APMS 2014 PHASE ONE QUESTIONNAIRE 135
ASK ALL
OtherBen
SHOW CARD T5
And in the last 6 months have you received any of these things as the named recipient?
INTERVIEWER: Not on behalf of someone in your household.
CODE ALL THAT APPLY
1  'Extended payment' of Housing Benefit/rent rebate (4 week payment only)
2  Bereavement Payment
3  Lone Parent’s Benefit Run-On/Job Grant
4  In-Work Credit
5  Return to Work payment
6  Any National Insurance or State Benefit not mentioned earlier
7  None of these
8  (SPONTANEOUS) One of these/more than one of these, but don’t know which

ASK ALL
SrcInc
SHOW CARD T6
(In addition to any benefits you mentioned) Do you receive income from any of these sources?
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

ASK ALL
Gross4
SHOW CARD T7
Please could you tell me which group represents your own personal income from all sources mentioned, before any deductions for income tax, National Insurance, etc?

IF Gross4 = 32
G4High
SHOW CARD T8
Could you please look at this second card and tell me which group represents your own personal gross income from all sources mentioned, again before any deductions for income tax, National Insurance, etc?

IF (NumAdult > 1) AND (Gross4 < 32)
Gross4a
SHOW CARD T7
Could you look at the card again and tell me which group represents your household’s income from all sources, before any deductions for income tax, National Insurance, etc?
INTERVIEWER IF NECESSARY: OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE
1…32

IF (Gross4a = 32) OR (Gross4 = 32)
G4aHigh
SHOW CARD T8 - High Earnings section
Could you please look at this second card again and tell me which group represents your household’s income from all sources mentioned, again before any deductions for income tax, National Insurance, etc?
IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE
1 – 60 GOTO HsngPr
I would now like to ask you some questions about your accommodation. Where the respondent is responsible for the household, answers also refer to the overall HH finances.

1. Press 1 and <Enter> to continue.

**ASK ALL**

**HsngPr**

In which of these ways do you (or your household) occupy this accommodation?

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

**ASK ALL**

**Ten1**

SHOW CARD U1

Does the accommodation go with the job of anyone in the household?

1. Yes
2. No

**IF ((Ten1 = Pay part rent and part mortgage) OR (Ten1 = Rent it) AND (Ten1 = Live here rent-free))**

**LLord**

SHOW CARD U2

Who is your landlord?

CODE FIRST THAT APPLIES:

1. Local authority/council/New Town Development/ Scottish Homes
2. 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 ((Ten1 = Pay part rent and part mortgage) OR (Ten1 = Rent it) AND (Ten1 = Live here rent-free))**

**Furn**

Is the accommodation provided: ...

1. Furnished
2. Partly furnished (eg carpets and curtains only)
3. Or unfurnished?

**ASK ALL**

**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

0 – 15 GOTO Built

**ASK ALL**

**Mould**

Have you had any mould in your home over the last 12 months?

INSIDE THE PROPERTY ONLY.

1. Yes
2. No
ASK ALL
HmWarm
In winter are you able to keep your home warm enough?
1 Yes GOTO UsedLess
2 No

IF 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

ASK ALL
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?
CODE ALL THAT APPLY
1 Gas
2 Electricity
3 Other Fuel
4 None of these

ASK ALL
Discon
In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?
CODE ALL THAT APPLY
1 Gas
2 Electricity
3 SPONTANEOUS - Other Fuel
4 None of these

ASK ALL
InDebt
SHOWCARD U3
Have there been times during the past year when you or your household 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 InDebt <> None

DBurd
Thinking about the overdue payments you have just told me about, to what extent is keeping up with the repayment of them and any interest payment a financial burden to you?

Would you say it was...
1 A heavy burden
2 Somewhat of a burden
3 Or, not a problem at all

IF InDebt <> None

Borrow
SHOWCARD U4
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

ASK ALL
MATDEPINTRO
SHOWCARD U5
Next I have some questions about the sorts of things that some families or people have, but which many people have difficulty finding the money for.
For each of the following things please tell me the number from the showcard that best explains where you (and your family or partner) have it or not.

ASK ALL
MATDEPA
SHOWCARD U5
Do you (and your family or partner) have...
...a holiday away from home for at least one week a year, whilst not staying with relatives at their home.
READ OUT
1 I/we have this
2 I/we would like to have this but cannot afford this at the moment
3 I/we do not want/need this at the moment
4 Does not apply

ASK ALL
MATDEPD
SHOWCARD U5
Do you (and your family or partner) have...
...enough money to keep your house in a decent state of repair?
READ OUT
1 I/we have this
2 I/we would like to have this but cannot afford this at the moment
3 I/we do not want/need this at the moment
4 Does not apply

ASK ALL
MATDEPF
SHOWCARD U5
Do you (and your family or partner) have...
...enough money to make regular savings of £10 a month or more for rainy days or retirement?
READ OUT
1 I/we have this
2 I/we would like to have this but cannot afford this at the moment
3 I/we do not want/need this at the moment
4 Does not apply
PERMISSIONS SOUGHT FOR

- Data linkage
- Phase two interview
- Further recontact

THANK PARTICIPANT, PROVIDE TOKEN OF APPRECIATION AND END PHASE ONE INTERVIEW
CARD B1

1. No, no difficulty at all
2. Yes, some difficulty
3. Yes, a lot of difficulty
CARD C1

They are my...

1. Husband / Wife / Partner
2. Mother (including mother-in-law)
3. Father (including father-in-law)
4. Son (including step son, adopted son or son in law)
5. Daughter (including step daughter, adopted daughter or daughter in law)
6. Grandparent
7. Grandchild (including Great Grandchildren)
8. Brother / Sister (including step / adopted / in laws)
9. Other family member
10. Friend
11. Neighbour
12. Somebody I help as a professional carer
13. Somebody I help as a voluntary helper
14. Other (please describe)
CARD C2

In the last 2 weeks…

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time
CARD D1

1. Cancer
2. Diabetes
3. Epilepsy/ fits
4. Migraine or frequent headache
5. Dementia or Alzheimer’s Disease
6. Cataracts/ eyesight problems (even if corrected with glasses or contacts)
7. Ear/ hearing problems (even if corrected with a hearing aid)
8. Stroke
9. Heart attack/ angina
10. High blood pressure
11. Bronchitis/ emphysema
12. Asthma
13. Allergies
14. Stomach ulcer or other digestive problems
15. Liver problems
16. Bowel/ colon problems
17. Bladder problems/ incontinence
18. Arthritis
19. Bone, back, joint or muscle problems
20. Infectious disease
21. Skin problems
22. Other (please describe)
96. None of these
CARD D2

1. Blood pressure monitored by GP / other doctor / nurse
2. Advice or treatment to lose weight
3. Blood tests
4. Change diet
5. Stop smoking
6. Reduce stress
7. Not receiving any treatment for high blood pressure

CARD D3

1. Yes, have had symptoms of asthma in the last 12 months
2. No symptoms in the last 12 months, asthma controlled by medication
3. No symptoms in the last 12 months, no medication taken for asthma
CARD D4

1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

CARD D5

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
CARD D6

1. A phobia
2. Panic attacks
3. Post-traumatic stress disorder
4. Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
5. Bipolar disorder (or 'manic depression')
6. Depression
7. Post-natal depression
8. Dementia (including Alzheimers)
9. An eating disorder
10. Nervous breakdown
11. A personality disorder
12. Psychosis or schizophrenia
13. Obsessive compulsive disorder (OCD)
14. Seasonal affective disorder (SAD)
15. Alcohol or drug dependence
16. Any other anxiety disorder
17. Any other mental, emotional or neurological problem or condition
1. Amisulpride (Solian)
2. Aripiprazole (Abilify)
3. Carbamazepine (Tegretol)
4. Chlorpromazine (Largactil)
5. Clozapine (Clozaril, Zaponex)
6. Haloperidol (Haldol, Serenace)
7. Lamotrigine (Lamictal)
8. Leveteracetam (Keppra)
9. Levomepromazine (Nozinan)
10. Lithium (Priadel, Camcolit)
11. Olanzapine (Zyprexa)
12. Paliperidone (Invega)
13. Promazine
14. Quetiapine (Seroquel)
15. Risperidone (Risperdal)
16. Sulpiride (Dolmatil, Sulpor)
17. Trifluoperazine (Stelazine)
18. Valproate (Depakote, Epilim)
19. Zuclopenthixol (Clopixol)
20. None of these
<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Agomelatine (Valdoxan)</td>
</tr>
<tr>
<td>2.</td>
<td>Amitriptyline</td>
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<td>3.</td>
<td>Citalopram (Cipramil)</td>
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<td>Clomipramine (Anafranil)</td>
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<td>Fluoxetine (Prozac)</td>
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<td>Moclobemide (Manerix)</td>
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<td>Trimipramine (Surmontil)</td>
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<td>Tryptophan (Optimax)</td>
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<td>Venlafaxine (Efexor)</td>
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1. Acamprosate
2. Atomoxetine (Strattera)
3. Buprenorphine
4. Buspirone (Buspar)
5. Chlordiazepoxide (Librium)
6. Diazepam (Valium)
7. Donepezil (aricept)
8. Gabapentin (Neurontin)
9. Galantamine
10. Lorazepam (Ativan)
11. Melatonin (Circadin)
12. Memantine
13. Methadone
14. Methylphenidate (Ritalin, Concerta, Equasym)
15. Naltrexone
16. Nitrazepam (Mogadon)
17. Oxazepam
18. Pregabalin (Lyrica)
19. Rivastigmine
20. Temazepam
21. Zaleplon (Sonata)
22. Zolpidem (Stilnoct)
23. Zopiclone (Zimovane)
24. None of these
CARD E4

1. Depixol (Flupenthixol Decanoate)
2. Modecate (Fluphenazine Decanoate)
3. Haldol (Holoperidol Decanoate)
4. Clopixol (Zucloperidol Decanoate)
5. Risperdal (Risperidone)
7. None of these
1. Psychotherapy or psychoanalysis
2. Cognitive behavioural therapy
3. Art, music or drama therapy
4. Social skills training
5. Couple or family therapy
6. Sex therapy
7. Mindfulness therapy
8. Alcohol or drug counselling
9. Counselling, include bereavement
10. Another type of therapy (please describe)
CARD G1

1. Community mental health centre
2. Day activity centre
3. Sheltered workshop

CARD G2

Used in the last 12 months…

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 G3

1. Psychotherapy or psychoanalysis
2. Cognitive behavioural therapy
3. Art, music or drama therapy
4. Social skills training
5. Couple or family therapy
6. Sex therapy
7. Mindfulness therapy
8. Alcohol or drug counselling
9. Counselling (include bereavement)
10. Another type of therapy

CARD H1

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 H2

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 H3

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
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 H5
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 H6
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 H7

1. Yes
2. No

CARD H8

In the past month…

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
99. Don’t know/ no main thing
CARD H9

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
In the past week…

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 H11

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 H12

In the past month…

1. Crowds or public places
2. Enclosed spaces
3. Social situations
4. Sight of blood or injury
5. Specific single cause
6. Other (please describe)
CARD H13

In the past week…

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 H14

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 J1

In the past week…

1. Not at all
2. A little bit
3. Somewhat
4. Very much
5. Extremely
CARD J2

1. Yes
2. No

CARD J3

1. In the last week
2. In the last year
3. At some other time
CARD K1
Over the past 6 months…

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

CARD L1

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree
CARD L2

1. Often

2. Sometimes

3. Seldom

4. Never / almost never

CARD L3

1. Often

2. Sometimes

3. Seldom

4. Never / almost never

5. Does not apply
CARD L4

1. Not at all
2. To some extent
3. A great deal

CARD L5

1. To a very large extent
2. To a large extent
3. Somewhat
4. To a small extent
5. To a very small extent
CARD L6

1. Often
2. Sometimes
3. Seldom
4. Never / almost never

CARD L7

1. Your line manager or another manager
2. A colleague
3. A member of Human Resources
4. A student
5. A client or a customer
6. A member(s) of the public
7. Other (please describe)
CARD L8

1. Threatening behaviour
2. Shouting or verbal abuse
3. Physical abuse
4. Humiliation
5. Excessive criticism
6. Constantly changing instructions
7. Excessive workloads
8. Setting unrealistic targets
9. Refusing reasonable requests (e.g. for leave or training)
10. Sexual harassment
11. Cyber bullying
12. Other (please describe)
CARD L9

1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None
CARD L10

1. Less than a day
2. Less than a week
3. More than a week, and up to a month
4. More than 1 month, and up to 2 months
5. More than 2 months, and up to 3 months
6. More than 3 months, and up to 6 months
7. More than 6 months, and up to a year
1. Nicotine replacement product (eg. patches\gum\inhaler) without a prescription
2. Nicotine replacement product on prescription or given to you by a health professional
3. Zyban (bupropion)
4. Champix (varenicline)
5. Attended a Stop Smoking group
6. Attended one or more Stop Smoking one-to-one counselling\advice\support session\s
7. Phoned a Smoking Helpline
8. A book or booklet
9. Visited: www.nhs.uk\smokefree
10. Visited a website other than Smokefree
11. Used an application ('app') on a handheld computer (smartphone, tablet, PDA)
12. Hypnotherapy
13. Acupuncture
14. Electronic cigarette
15. Other
<table>
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<tr>
<th>CARD M1</th>
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<tbody>
<tr>
<td>Chord</td>
<td>Ache</td>
<td>Depot</td>
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<tr>
<td>Aisle</td>
<td>Bouquet</td>
<td>Psalm</td>
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<tr>
<td>Capon</td>
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<td>Nausea</td>
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<td>Debt</td>
<td>Courteous</td>
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<td>Leviathan</td>
<td>Beatify</td>
<td>Prelate</td>
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<td>Demesne</td>
<td>Syncope</td>
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<tr>
<td>Labile</td>
<td>Campanile</td>
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</tr>
</tbody>
</table>
CARD N1

At any time in your life…

1. Serious illness or injury to yourself

2. Serious assault to yourself

3. Serious illness or injury to a close relative

4. Serious assault to a close relative

5. Death of an immediate family member of yours

6. Death of a close family friend or other relative, like an aunt, cousin or grandparent

7. Separation due to marital difficulties, divorce or steady relationship broken down

8. Serious problem with a close friend, neighbour or relative

9. None of these
CARD N2

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 N3

Any time in your life…

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. Something you valued being lost or stolen

5. In trouble with police involving court appearance

6. Spent time in prison on remand or serving a sentence

7. None of these
CARD N4

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 N5

At any time in your life…

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 N6

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 P1

1. Not true
2. Partly true
3. Certainly true
CARD P2

1. Catholic
2. Protestant
3. All other Christian denominations
4. Buddhist
5. Hindu
6. Jewish
7. Muslim
8. Sikh
9. Any other religion (please describe)
CARD R1

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

CARD R2

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
CARD S1

White
1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background (please describe)

Mixed / Multiple ethnic groups
5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other mixed / multiple ethnic background (please describe)

Asian / Asian British
9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background (please describe)

Black / African / Caribbean / Black British
14. African
15. Caribbean
16. Any other Black / African / Caribbean background (please describe)

Other ethnic group
17. Arab
18. Any other ethnic background (please describe)
CARD S2

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 GNVQ (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 (please describe)

8. No formal qualifications
1. Universal Credit
2. Housing benefit
3. Working tax Credit (excluding any childcare element of Working Tax Credit)
4. Child tax Credit (including any childcare element of Child Tax Credit)
5. Income Support
6. Jobseekers Allowance
7. Employment and Support Allowance
8. Carer's Allowance
9. None of these
1. **Personal Independence Payment** (including the car allowance known as Motability)

2. **Disability Living Allowance** (including the car allowance known as Motability)

3. **Attendance Allowance**

4. **Severe Disablement Allowance**

5. **Incapacity Benefit**

6. **Industrial Injury Disablement Benefit**

7. **None of these**
1. Pension Credit

2. State Retirement Pension

3. Widow's Pension, Bereavement Allowance or Widowed Parent's (formally Widowed Mother's Allowance)

4. Armed Forces Compensation Scheme (formally War Disablement Pension), including Guaranteed Income Payments

5. War Widow's / Widower's Pension (and any related allowances)

6. None of these
CARD T4

1. Child Benefit
2. Guardian's Allowance
3. Maternity Allowance
4. None of these

CARD T5

1. Extended payment\(^1\) of Housing Benefit / rent rebate (4 week payment only)
2. Bereavement Payment
3. Lone Parent's Benefit Run-On / Job Grant
4. In-Work Credit
5. Return to Work payment
6. Any National Insurance or State Benefit not mentioned earlier
7. None of these
CARD T6

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
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<th>MONTHLY</th>
<th>ANNUAL</th>
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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 U2

1. Local authority, New Town Development, Council or Scottish Homes
2. Housing association, Co-operative or Charitable trust
3. Employer (organisation) of a household member
4. Another organisation
5. Relative / friend (from before you lived here) of a household member
6. Employer (individual) of a household member
7. Another individual private landlord
CARD U3

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 U4

1. Pawnbroker
2. Money lender
3. Friend(s)
4. Family
5. None of these

CARD U5

1. I/we have this
2. I/we would like to have this, but cannot afford this at the moment
3. I/we do not want or need this at the moment
4. Does not apply