

APMS 2007: phase one questionnaire and phase two contents

PHASE ONE

1. Household information

StartDat

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

ASK FOR EACH PERSON THE HOUSEHOLD:

Name

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

Sex

- 1 Male
- 2 Female

Birth

What is *name/your* date of birth?
DATE

IF Birth = Don't know OR Refusal THEN

Agelf

What was *name/your* age last birthday?
98 or more = CODE 97 HELP<F9>
Range: 0...97

DVage

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

IF DVage >=16 THEN

MarStat

CODE FIRST THAT APPLIES.

What is *name/your* legal martial status?

Are you/is HELP<F9>

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

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

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

This would include as a same sex couple.

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

RespDnt

ENTER THE PERSON NUMBER OF THE RESPONDENT.

Range: 1...14

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

Hhldr

In whose name is the accommodation owned or rented?

CODE ALL THAT APPLY.

IF Hhldr = more than 1 person THEN

HiHNum

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

ENTER PERSON NUMBER.

HRP

The Household Reference Person is:

Name of HRP

- 1 Continue

R

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

CODE RELATIONSHIP HELP<F9>

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

ASK ALL

Proxy

CODE WHETHER INTERVIEW IS TO BE CONDUCTED WITH:

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

ProxRel

IF Proxy = a proxy respondent

INTERVIEWER: ASK OF THE PROXY RESPONDENT

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

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

IF ProxRel = OthRel OR Other non-relative THEN

XProxRel

Please specify relationship to selected respondent.

IF Proxy = a proxy respondent THEN

ProxNam

What is your full name?

IF Proxy = selected respondent THEN

Language

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

IF UNSURE ASK THE FOLLOWING QUESTION

May I ask, is English your first language?

- 1 Yes
- 2 No

2. General health & wellbeing

ASK IF SELECTED RESPONDENT

SF1

How is your health in general?

Would you say your health is...

RUNNING PROMPT

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

SF2

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

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

- 1 Yes
- 2 No

IF SF2 = Yes THEN

SF21

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

RUNNING PROMPT

- 1 a little
- 2 or, a lot?

IF SF2 = No

SF3

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

- 1 Yes
- 2 No

IF SF3 = Yes THEN

SF31

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

RUNNING PROMPT

- 1 a little
- 2 or, a lot?

SF4

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

- 1 Yes
- 2 No

SF5

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

- 1 Yes
- 2 No

SF6

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

- 1 Yes
- 2 No

SF7

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

- 1 Yes
- 2 No

SF8

SHOWCARD A

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

RUNNING PROMPT

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

SF9

SHOWCARD B

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

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

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

SF10

SHOWCARD B

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

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

SF11

SHOWCARD B

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

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

Fullife

SHOWCARD B

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

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

Worn

SHOWCARD B

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

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

Tired

SHOWCARD B

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

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

SF12

SHOWCARD B

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

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

Happy

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

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

CONHOMD

SHOW CARD C

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

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

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

3. Activities of Daily Living (ADL)

ASK ALL

AcDif1

SHOWCARD D

This next section is about practical activities.

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

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

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

AcDif2

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

...getting out and about or using transport?

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

AcDif3

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

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

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

AcDif4

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

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

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

AcDif5

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

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

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

AcDif6

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

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

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

AcDif7

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

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

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

- 3 Yes, a lot of difficulty

AcHelp

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

- 1 Yes
2 No

IF AcHelp = Yes THEN

AcWho

SHOWCARD E

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

CODE ALL THAT APPLY

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

4. Caring responsibilities

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

Care1

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

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

- 1 Yes
- 2 No

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

Care2

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

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

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

IF Care2 = >10 hours a week THEN

Care3

SHOWCARD F

The following questions are about your caring responsibilities.

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

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

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

IF Care2 = >10 hours a week THEN

Care4

SHOWCARD F

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

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

IF Care2 = >10 hours a week THEN

Care5

SHOWCARD F

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

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

5. Health conditions

ASK ALL

Health

SHOWCARD G

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

INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.

PROBE - 'What others?'

CODE ALL THAT APPLY

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

IF Health = Other THEN

HealthX

INTERVIEWER: Enter name of other health condition.

IF Health = RESPONSE THEN

HDoct

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

Did a doctor or other health professional diagnose this condition?

- 1 Yes
- 2 No

IF Health = RESPONSE THEN

HYear

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

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

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

- 1 Yes
- 2 No

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

HFirst

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

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

IF Health = RESPONSE THEN

HTreat

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

INTERVIEWER: 'TREATMENT' INCLUDES PHYSIO AND OTHER THERAPIES.

EXCLUDE MEDICATIONS BOUGHT OVER THE COUNTER.

- 1 Yes
- 2 No

CutDown

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

- 1 Yes
- 2 No

6. Use of psychoactive medications and injections

ASK ALL

Medic

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

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

- 1 Yes
- 2 No

IF Medic = Yes THEN

MediW1

SHOW CARD H

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

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

CODE ALL THAT APPLY

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

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

Mpac1

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

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

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

Mwhy1

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

IF Medic = Yes THEN

MediW2

SHOW CARD J

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

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

CODE ALL THAT APPLY.

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

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

IF Medic = Yes THEN

Mpac2

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

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

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

Mwhy2

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

IF Medic = Yes THEN

MediW3

SHOW CARD K

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

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

CODE ALL THAT APPLY.

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

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

Mpac3

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

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

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

Mwhy3

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

ASK ALL

Inject

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

- 1 Yes
- 2 No

IF Inject = Yes THEN

INJECTWH

SHOW CARD L

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

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

CODE ALL THAT APPLY

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

7. Service use

GP CONSULTATIONS

ASK ALL

DocYear

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

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

- 1 Yes
- 2 No

DocPsyc

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

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

- 1 Yes
- 2 No

IF DocPsyc = Yes THEN

PMatNum

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

INTERVIEWER: HOW MANY MENTAL PROBLEMS DOES THE RESPONDENT HAVE?

ENTER NUMBER OF MENTAL PROBLEMS MENTIONED

IF MORE THAN 6 - TAKE THE 6 MOST IMPORTANT

IF NONE - CODE 0

Range: 0...6

GP diagnosis coding block

(Asked for each diagnosis reported)

IF DocPsyc = Yes THEN

PMat

WHAT IS THE MATTER WITH RESPONDENT?

ENTER ONE OF CONDITIONS/SYMPTOMS RESPONDENT MENTIONED

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

IF DocPsyc = Yes THEN

PICD

CODE FOR COMPLAINT AT PMAT

IF CODE NOT FOUND, ENTER 98 HERE

IF DocPsyc = Yes THEN

PICDDsc

DESCRIPTION OF CODE SELECTED AT PICD.

IF DocYear = Yes THEN

DocTalk

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

INCLUDE CONSULTATIONS FOR ANY REASON.

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.

- 1 Yes
- 2 No

IF DocTalk = Yes THEN

DocWeeks

And during the two weeks ending yesterday, did you/(name of proxy respondent) speak to a GP or family doctor about being anxious or depressed or a mental, nervous or emotional problem?

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT.

- 1 Yes
- 2 No

COUNSELLING

ASK ALL

CnslHav

SHOWCARD M

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

INCLUDE COUNSELLING FOR BEREAVEMENT AND DRINK OR DRUG RELATED PROBLEMS

- 1 Yes
- 2 No

IF CnslHav = Yes THEN

Cnsl

SHOWCARD M

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

CODE ALL THAT APPLY

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

IF Cnsl = Another type of therapy THEN

CnslV

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY.'

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

CnslLng

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

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

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

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

INTERVIEWER: PLEASE CODE

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

IN-PATIENT STAYS

ASK ALL

InStay

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

INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No

IF InStay = Yes THEN

InStayQt

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

INCLUDE SIGHT OR HEARING PROBLEMS. EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No

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

InWhy

Were you in hospital because of...

RUNNING PROMPT

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

OUT-PATIENT VISITS

ASK ALL

OutStay

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

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

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No

IF OutStay = Yes THEN

OutStyQt

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

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

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No

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

OutWhy

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

RUNNING PROMPT

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

DayY

SHOWCARD N

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

COMMUNITY MENTAL HEALTH CENTRE

DAY ACTIVITY CENTRE

SHELTERED WORKSHOP

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

IF DayY = Yes THEN

DayWht

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

CODE ALL THAT APPLY

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

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

DayWOth

What was the other activity?

CC2aY

SHOWCARD P

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

- 1 Yes
- 2 No

IF CC2aY = Yes THEN

CC2Y

SHOWCARD P

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

CODE ALL THAT APPLY

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

MentHos

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

- 1 Yes
- 2 No

8. Self-reported height and weight

ASK IF SELECTED RESPONDENT

Height

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

How tall are you without shoes?

INTERVIEWER: CODE UNIT OF MEASUREMENT.

ESTIMATE IF NOT SURE

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

IF Height = Metres and Centimetres THEN

HTMetres

INTERVIEWER: ENTER METRES

ACCEPT ESTIMATES

Range: 1...3

IF Height = Metres and Centimetres THEN

HTCms

INTERVIEWER: ENTER CENTIMETRES

ACCEPT ESTIMATES

Range: 0...99

IF Height = Feet and Inches THEN

HTFeet

INTERVIEWER: ENTER FEET

ACCEPT ESTIMATES

Range: 3...8

IF Height = Feet and Inches THEN

HTInches

INTERVIEWER: ENTER INCHES

ACCEPT ESTIMATES

Range: 0...11

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

Preg

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

- 1 Yes
- 2 No
- 3 Not Asked

IF Preg = No OR Preg = Not Asked THEN

Weight

What is your current weight, without clothes on?

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

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

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

INTERVIEWER: ENTER KILOGRAMS. ACCEPT ESTIMATES.
Range: 20...300

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

INTERVIEWER: ENTER STONES. ACCEPT ESTIMATES.
Range: 4...50

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

INTERVIEWER: ENTER POUNDS. ACCEPT ESTIMATES.
Range: 0...15

IF Preg = No OR Not Asked THEN
WTAssess

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

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

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

ASK IF SELECTED RESPONDENT

APPETITE AND WEIGHT

Q18

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

- 1 Yes
- 2 No

Q19

Have you lost any weight in the past month?

- 1 Yes
- 2 No/Don't Know

IF Q19 = Yes THEN

Q19a

Were you trying to lose weight or on a diet?

- 1 Yes
- 2 No

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

Q19b

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

Half a stone

or 7 lbs

or 3 1/4 Kg

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

IF Q19 = No/Don't know THEN

Q21

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

- 1 Yes
- 2 No

IF Q19 = No/Don't know THEN

Q22

Have you gained weight in the past month?

Do not include weight gain due to pregnancy.

- 1 Yes
- 2 No/Don't Know

SECTION A - SOMATIC SYMPTOMS

ASK IF SELECTED RESPONDENT

CISRI Intr

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

- 1 Continue

A1

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

- 1 Yes
- 2 No

IF A1 = No THEN

A2

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

- 1 Yes
- 2 No

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

A3

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

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

- 1 Yes
- 2 No

IF A3 = Yes THEN

A4

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

IF RESPONDENT GIVES A RANGE, THEN PLEASE CODE THE LOWER

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

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

A5

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

- 1 Yes
- 2 No

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

A6

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

RUNNING PROMPT

- 1 very unpleasant,
- 2 a little unpleasant,

3 or not unpleasant?

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

A7

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

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

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

A8

SHOW CARD Q

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

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

SECTION B - FATIGUE

ASK IF SELECTED RESPONDENT

B1

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

- 1 Yes
- 2 No

IF B1 = No THEN

B2

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

- 1 Yes
- 2 No

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

B3

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

- 1 Yes
- 2 No

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

B3a

SHOW CARD R

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

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

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

B4

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

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

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

B5

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

- 1 Yes
- 2 No

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

B6

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

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

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

B7

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

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

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

B8

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

- 1 Yes
- 2 No

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

B9

SHOW CARD S

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

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

SECTION C - CONCENTRATION AND FORGETFULNESS

ASK IF SELECTED RESPONDENT

C1

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

- 1 Yes, problems concentrating
- 2 No

C2

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

- 1 Yes
- 2 No

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

C4

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

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

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

C5

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

- 1 Yes
- 2 No/not always

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

C6

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

- 1 Yes
- 2 No

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

C7

(Earlier you said you have been forgetting things).

Have you forgotten anything important in the past seven days?

- 1 Yes
- 2 No

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

C8

SHOW CARD S

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

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

SECTION D - SLEEP PROBLEMS

ASK IF SELECTED RESPONDENT

D1

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

- 1 Yes
- 2 No

IF D1 = No THEN

D2

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

- 1 Yes
- 2 No

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

D3

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

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

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

D4

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

- 1 Yes
- 2 No

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

D4a

SHOW CARD T

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

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

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

D5

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

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

Only include time spent trying to get to sleep.

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

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

D6

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

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

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

D7

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

- 1 Yes
- 2 No

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

D8

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

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

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

D9

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

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

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

D10

SHOW CARD U

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

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

SECTION E - IRRITABILITY

ASK IF SELECTED RESPONDENT

E1

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

- 1 Yes/no more than usual
- 2 No

IF E1 = No THEN

E2

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

- 1 Yes
- 2 No

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

E3

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

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

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

E4

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

CODE VERBATIM

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

E5

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

- 1 Yes
- 2 No

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

E6

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

- 1 Yes
- 2 No

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

E7

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

- 1 Yes
- 2 No

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

E7a

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

- 1 Once
- 2 More than once

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

E8

Do you think this was justified?

- 1 Yes, justified
- 2 No, not justified

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

E9

Do you think this was justified on every occasion?

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

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

E10

SHOW CARD U

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

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

SECTION F - WORRY ABOUT PHYSICAL HEALTH

ASK IF SELECTED RESPONDENT

F1

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

INCLUDE WOMEN WHO ARE WORRIED ABOUT THEIR PREGNANCY

- 1 Yes, worried
- 2 No/concerned

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

F2Route

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

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

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

IF F2Route = No physical health problem THEN

F2

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

- 1 Yes
- 2 No

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

F3

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

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

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

F4

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

- 1 Yes
- 2 No

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

F5

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

RUNNING PROMPT...

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

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

F6

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

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

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

F7

SHOW CARD U

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

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

SECTION G - DEPRESSION

ASK IF SELECTED RESPONDENT

G1

Almost everyone becomes sad, miserable or depressed at times.

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

- 1 Yes
- 2 No

G2

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

- 1 Yes
- 2 No/no enjoyment or interest

IF G1 = Yes THEN

G4

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

- 1 Yes
- 2 No

IF G2 = No THEN

G5

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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

- 1 Yes
- 2 No/no enjoyment or interest

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

G6

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

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

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

G7

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

- 1 Yes
- 2 No

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

G9

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

- 1 Yes, at least once
- 2 No

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

G10

SHOW CARD V

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

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

SECTION H - DEPRESSIVE IDEAS

ASK IF SELECTED RESPONDENT AND DVG11>=1

H1

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

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

PROMPT AS NECESSARY

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

H2

INTERVIEWER PLEASE READ OUT:

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

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

RUNNING PROMPT

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

H3A

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

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

- 1 Yes
- 2 No

H3B

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

- 1 Yes
- 2 No

H3C

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

- 1 Yes
- 2 No

H4

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

- 1 Yes, at least once
- 2 No

H5

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

- 1 Yes
- 2 No

H6

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

- 1 Yes
- 2 No

H8

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

- 1 Yes
- 2 No

H9

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

- 1 Yes
- 2 No

H10

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

- 1 Continue

SECTION I - WORRY

ASK IF SELECTED RESPONDENT

I1

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

- 1 Yes, worrying
- 2 No/concerned

IF I1 = No/concerned THEN

I2

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

- 1 Yes
- 2 No

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

I6INTRO

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

- 1 Continue

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

I6

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

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

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

I7

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

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

- 1 Yes
- 2 No

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

I8

In the past week, has this worrying been:

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

RUNNING PROMPT

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

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

I9

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

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH

- 1 Yes
- 2 No

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

SHOW CARD W

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

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

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

Reason

SHOW CARD X

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

CODE ALL THAT APPLY - DON'T KNOW = 99

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

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

MnReason

SHOW CARD X

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

DON'T KNOW/NO MAIN THING = 99

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

SECTION J - ANXIETY

ASK IF SELECTED RESPONDENT

J1

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

- 1 Yes, anxious or nervous
- 2 No

IF J1 = No THEN

J2

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

- 1 Yes
- 2 No

J3

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

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

- 1 Yes
- 2 No

IF DVJ4 = anxiety and phobia THEN

J5

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

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

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

J6

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

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

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

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

IF DVJ4 = only general anxiety THEN

J7

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

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

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

J8

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

RUNNING PROMPT

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

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

J9

SHOW CARD Y

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

- 1 Yes
- 2 No

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

J9A

SHOW CARD Y

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

CODE ALL THAT APPLY

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

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

J10

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

- 1 Yes
- 2 No

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

J11

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

SHOW CARD Z

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

SECTION K - PHOBIAS

ASK IF SELECTED RESPONDENT AND DVK1 = Others

K2

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

- 1 Yes
- 2 No

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

K3

SHOW CARD BA

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

CODE ALL THAT APPLY

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

IF K3 = Other phobia THEN

XK3

CISR - PHOBIAS

SPECIFY OTHER PHOBIA

IF DVK1 = phobic anxiety in past month THEN

K4

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

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

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

K5

SHOW CARD BB

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

HEART RACING OR POUNDING

HANDS SWEATING OR SHAKING

FEELING DIZZY

DIFFICULTY GETTING YOUR BREATH

BUTTERFLIES IN STOMACH

DRY MOUTH

NAUSEA OR FEELING AS THOUGH YOU WANTED TO VOMIT

- 1 Yes
- 2 No

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

K5A

SHOW CARD BB

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

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

IF DVK1 = phobic anxiety in past month THEN

K6

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

- 1 Yes
- 2 No

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

K7

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

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

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

K8

SHOW CARD BC

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

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

SECTION L – PANIC

ASK IF SELECTED RESPONDENT AND DVK1 = 1 OR 2 THEN

L1

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

- 1 Yes
- 2 No

IF L1 = Yes THEN

L2

How often has this happened in the past week?

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

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

L3

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

RUNNING PROMPT

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

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

L4

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

- 1 Yes
- 2 No

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

L5

Are you relatively free of anxiety between these panics?

- 1 Yes
- 2 No

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

L6

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

- 1 Yes
- 2 No

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

L7

SHOW CARD BC

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

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

SECTION M – COMPULSIONS

ASK IF SELECTED RESPONDENT

M1

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

- 1 Yes
- 2 No

IF M1 = Yes THEN

M2

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

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

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

M3

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

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

M4

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

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

- 1 Yes
- 2 No

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

M5

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

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

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

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

M6

INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3

- 1 Yes
- 2 No

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

M6A

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

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

M7

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

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

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

M8

SHOW CARD BC

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

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

SECTION N - OBSESSIONS

ASK IF SELECTED RESPONDENT

N1

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

- 1 Yes
- 2 No

IF N1 = Yes THEN

N2

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

- 1 Same thought
- 2 Worrying in general

IF N1 = Yes AND N2 = Same thought THEN

N3

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

RECORD VERBATIM

DO NOT PROBE

DO NOT PRESS FOR AN ANSWER

IF N1 = Yes AND N2 = Same thought THEN

N4

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

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

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

N5

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

- 1 Yes
- 2 No

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

N6

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

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

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

N7

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

RUNNING PROMPT

- 1 a quarter of an hour or longer,

2 or was it less than this?

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

N8

SHOW CARD BC

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

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

SECTION O - OVERALL EFFECTS AND MULTIPLE EPISODES OF DEPRESSION

ASK IF SELECTED RESPONDENT

O1

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

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

- 1 Yes
- 2 No

IF O1 = Yes THEN

O1A

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

- 1 Once
- 2 More than once

IF O1 = No THEN

O1B

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

- 1 Yes
- 2 No

AnyDep

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

- 1 Yes
- 2 No

PrevDep

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

INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

- 1 Yes
- 2 No

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

AgeDep

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

INTERVIEWER: INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

INCLUDE ANY CURRENT SPELL OF DEPRESSION.

Range: 4...99

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

YrsDep

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

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

- 1 Yes

2 No

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

TimesD

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

INTERVIEWER: INCLUDE ANY CURRENT SPELL OF DEPRESSION.

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

10. Suicidal thoughts, attempts and self-harm

ASK IF SELECTED RESPONDENT

DSHIntro

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

- 1 Continue

DSH1

Have you ever felt that life was not worth living?

- 1 Yes
- 2 No

IF DSH1 = Yes THEN

DSH1a

Was this....

READ OUT AND CODE FIRST THAT APPLIES

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

DSH2

Have you ever wished that you were dead?

- 1 Yes
- 2 No

IF DSH2 = Yes THEN

DSH2a

Was this...

READ OUT AND CODE FIRST THAT APPLIES

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

DSH3

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

- 1 Yes
- 2 No

IF DSH3 = Yes THEN

DSH3a

Was this...

READ OUT AND CODE FIRST THAT APPLIES

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

DSH4

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

- 1 Yes
- 2 No

IF DSH4 = Yes THEN

DSH4a

Was this...

READ OUT AND CODE FIRST THAT APPLIES

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

IF DSH4 = Yes THEN

DSH4b

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

- 1 Yes
- 2 No

IF DSH4 = Yes AND DSH4b = Yes THEN

DSH4c

Who did you try to get help from?

You may give more than one response.

READ OUT...

CODE ALL THAT APPLY

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

IF DSH4 = Yes AND DSH4c = Someone else THEN

DSH4d

Who was the other person you asked for help?

DSH5

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

- 1 Yes
- 2 No

IF DSH5 = Yes THEN

DSH6

Did you...

READ OUT AND CODE ALL THAT APPLY

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

IF DSH5 = Yes THEN

DSH7

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

- 1 Yes
- 2 No

IF DSH5 = Yes THEN

DSH8

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

- 1 Yes
- 2 No

IF DSH5 = Yes THEN

DSH9

Have you received medical attention for deliberately harming yourself in any of these ways?

INTERVIEWER: MEDICAL ATTENTION MEANS HELP FOR PHYSICAL INJURY, NOT SEEKING PSYCHOLOGICAL HELP.

- 1 Yes
- 2 No

IF DSH5 = Yes THEN

DSH10

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

- 1 Yes
- 2 No

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

DSHExit

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

- 1 Continue

11. Psychosis - PSQ

ASK IF SELECTED RESPONDENT

PSQIntro

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

- 1 Continue

PSQ1

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

- 1 Yes
- 2 No
- 3 Unsure

IF PSQ1 = Yes THEN

PSQ1a

Was there an obvious reason for this?

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ1b

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ1bV

Could you tell me a little more about that?

CODE VERBATIM

PSQ2

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

- 1 Yes
- 2 No
- 3 Unsure

IF PSQ2 = Yes THEN

PSQ2a

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ2aV

How do you explain what happened?

CODE VERBATIM

PSQ3

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

- 1 Yes
- 2 No
- 3 Unsure

IF PSQ3 = Yes THEN

PSQ3a

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ3b

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ3bV

Why do you think this was happening?

CODE VERBATIM

PSQ4

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

- 1 Yes
- 2 No
- 3 Unsure

IF PSQ4 = Yes THEN

PSQ4a

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ4aV

What was going on that felt so strange?

CODE VERBATIM

PSQ5

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

- 1 Yes
- 2 No
- 3 Unsure

IF PSQ5 = Yes THEN

PSQ5a

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

- 1 Yes
- 2 No
- 3 Unsure

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

PSQ5aV

What did the voices say to you?

CODE VERBATIM

12. Attention Deficit Hyperactivity Disorder (ADHD) – ASRS

ASK IF SELECTED RESPONDENT

Intro

SHOWCARD BD

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

- 1 Continue

adhdwrap

SHOWCARD BD

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

Please take your answer from showcard BD

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

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

adhdorg

SHOWCARD BD

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

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

adhdapp

SHOWCARD BD

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

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

adhdavd

SHOWCARD BD

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

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

adhdsit

SHOWCARD BD

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

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

adhdmot

SHOWCARD BD

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

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

13. Work Related Stress (ERI & JCQ)

ASK IF SELECTED RESPONDENT AND DVAGE<=70

Work

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

- 1 Yes
- 2 No

IF Work = Yes THEN

ERIINTRO

SHOWCARD BE

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

- 1 Continue

IF Work = Yes THEN

ERI1

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

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

IF Work = Yes THEN

ERI2

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

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

IF Work = Yes THEN

ERI3

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

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

IF Work = Yes THEN

ERI4

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

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

IF Work = Yes THEN

ERI5

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

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

IF Work = Yes THEN

ERI6

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

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

IF Work = Yes THEN

ERI7

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

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

IF Work = Yes THEN

ERI8a

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

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

IF Work = Yes THEN

ERI8b

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

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

IF Work = Yes THEN

ERI8c

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

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

IF Work = Yes THEN

ERI9

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

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

IF Work = Yes THEN

ERI10

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

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

IF Work = Yes THEN

ERI11

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

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

IF Work = Yes THEN

ERI12

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

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

IF Work = Yes THEN

ERI13

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

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

IF Work = Yes THEN

ERI14

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

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

IF Work = Yes THEN

ERI15

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

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

IF Work = Yes THEN

WORK2

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

SHOWCARD BF

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

- 1 Continue

IF Work = Yes THEN

JCQ1

SHOWCARD BF

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

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

IF Work = Yes THEN

JCQ2

SHOWCARD BF

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

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

IF Work = Yes THEN

JCQ3

SHOWCARD BF

Do you get help and support from your colleagues?

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

IF Work = Yes THEN

JCQ4

SHOWCARD BF

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

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

IF Work = Yes THEN

JCQ5

SHOWCARD BF

Do you get help and support from your line manager?

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

IF Work = Yes THEN

JCQ6

SHOWCARD BF

Is your line manager willing to listen to your problems?

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

14. Smoking – (Fagerstrom Test)

ASK IF SELECTED RESPONDENT

Smokintr

The following questions are about smoking.

- 1 Continue

Cigever

Have you ever smoked a cigarette?

- 1 Yes
- 2 No

IF Cigever = Yes THEN

Cignow

Do you smoke cigarettes at all nowadays?

- 1 Yes
- 2 No

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

QtyWknd

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

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

Range: 0...97

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

QtyWeek

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

PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

Range: 0...97

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

DVCig1

Total Cigarettes smoked

Range: 0...997

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

EasNoSmk

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

RUNNING PROMPT

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

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

GiveUp

Would you like to give up smoking altogether?

- 1 Yes
- 2 No

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

FirstCig

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

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

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

FagForb

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

- 1 Yes
- 2 No

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

FagGive

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

READ OUT

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

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

FagWake

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

- 1 Yes
- 2 No

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

FagIll

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

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

- 1 Yes
- 2 No

15. Drinking [1]

ASK IF SELECTED RESPONDENT

DrinkNow

I'm now going to ask you about drinking.

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

- 1 Yes
- 2 No

IF DrinkNow = No THEN

DrinkAny

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

- 1 Very occasionally
- 2 Never

AUDIT & SAD-QC

START OF SELF COMPLETION

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

DrkIntro

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

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

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

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

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

DrTest

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

Is this the first time you have used a computer?

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

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

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

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

DrTest2

Which of the following hot drinks do like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

- 1 Tea

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

DrkOft

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

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

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

DrAmt

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

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

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

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

LotOften

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

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

IF DrkOft = two or more times a month THEN

NotStop

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

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

IF DrkOft = two or more times a month THEN

FailDrk

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

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

IF DrkOft = two or more times a month THEN

MornDrk

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

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

IF DrkOft = two or more times a month THEN

Guilty

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

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

IF DrkOft = two or more times a month THEN

NoMem

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

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

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

Injured

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

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

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

Advised

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

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

DVAudit

COMPUTED VARIABLE

AUDIT SCORE (computed from DrkOft to Advised)

ASK IF DVAUDIT>=10

woke

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

...you woke up feeling sweaty

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

shook

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

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

violent

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

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

drench

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

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

dread

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

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

fright

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

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

despair

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

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

awoke

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

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

morn

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

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

quick

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

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

shakes

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

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

crave

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

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

quarter

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

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

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

half

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

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

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

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

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

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

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

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

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

Ssweat

Imagine the following situation.

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

(2) You then drink very heavily for two days

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

I would start to sweat

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

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

hshake

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

My hands would shake

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

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

bshake

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

My body would shake

- 1 Not at all,
- 2 slightly,

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

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

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

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

16. Drugs

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

START OF SELF COMPLETION FOR RESPONDENTS NOT COMPLETING THE DRINKING SECTION

DrgIntro

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

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

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

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

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

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

DrgTest

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

Is this the first time you have used a computer?

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

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

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

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

DrgTest2

Which of the following hot drinks do you like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

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

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

DrgIntr2

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

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

- 1 Continue

ADrug

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

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

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

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

ADrug2

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

Please type the numbers of ALL those drugs you have used

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

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

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

YDrug

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

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

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

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

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

YDrug2

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

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

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

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

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

AgeStrt

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

Range: 0...97

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

NumUse

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

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

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

More2wk

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

- 1 Yes
- 2 No

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

Needed

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

- 1 Yes
- 2 No

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

CutDrg

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

- 1 Yes
- 2 No

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

IncDrg

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

- 1 Yes
- 2 No

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

Withdr

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

- 1 Yes
- 2 No

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

UseMB4

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

- 1 Yes
- 2 No

IF UseMB4 = Yes THEN

OftenB4

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

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

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

SDS1Cont

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

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

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

SDS2Not

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

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

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

SDS3Worr

Do you worry about your use of cannabis?

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

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

SDS4Stop

Do you wish you could stop?

- 1 Never-almost never
- 2 Sometimes

- 3 Often
- 4 Always-nearly always

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

How difficult do you find it to go without cannabis?

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

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

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

- 1 Yes
- 2 No

IF OdEver = Yes THEN
OdTimes

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

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

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

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

- 1 Continue

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

InjEver

Have you ever injected drugs?

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

- 1 Yes
- 2 No

IF InjEver = Yes THEN
InjAge

About how old were you when you first injected?

Range: 5...97

IF InjEver = Yes THEN
InjReg

Have you ever injected regularly?

- 1 Yes
- 2 No

IF InjEver = Yes THEN
InjOften

About how many times have you EVER injected?

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

IF InjEver = Yes THEN

InjMB4

Did you inject in the last month?

- 1 Yes
- 2 No

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

InjOftB4

About how often did you inject in the last month?

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

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

TreatInt

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

- 1 Continue

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

TreatOut

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

- 1 Yes
- 2 No

IF TreatOut = Yes THEN

TreatB4

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

- 1 Yes
- 2 No

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

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

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

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

1 Continue

PD73

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

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

PD74

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

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

PD75

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

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

PD76

Does your sense of who you are often change dramatically?

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

PD77

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

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

PD78

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

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

PD79

Have you often done things impulsively?

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

PD80

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

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

PD81

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

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

PD82

Do you have a lot of sudden mood changes?

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

PD83

Do you often feel empty inside?

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

PD84

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

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

PD85

Do you hit people or throw things when you get angry?

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

PD86

Do even little things get you very angry?

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

PD87

When you are under a lot of stress, do you get suspicious of other people or feel especially 'spaced out' as if you were on drugs?

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

PD88

Before you were 15, would you bully or threaten other kids?

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

PD89

Before you were 15, would you start fights?

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

PD90

Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, a knife or a gun?

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

PD91

Before you were 15, did you deliberately torture someone or cause someone physical pain or suffering?

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

PD92

Before you were 15, did you torture or hurt animals on purpose?

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

PD93

Before you were 15, did you rob, mug, or forcibly take something from someone by threatening him or her?

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

PD94

Before you were 15, did you force someone to have sex with you, get undressed, or touch you sexually?

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

PD95

Before you were 15, did you start fires?

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

PD96

Before you were 15, did you deliberately destroy things that weren't yours?

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

PD97

Before you were 15, did you break into houses, other buildings, or cars?

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

PD98

Before you were 15, did you lie a lot or con other people?

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

PD99

Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?

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

PD100

Before you were 15, did you run away and stay away overnight?

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

PD101

Before you were 13, did you often stay out very late, long after the time you were supposed to be home?

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

PD102

Before you were 13, did you often skip school?

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

PD103

Now thinking of the time SINCE you were 15, do you often do things on the spur of the moment without thinking about how it will affect you or other people?

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

PD104

Since you were 15, has there been a period when you had no regular place to live, for at least a month or so?

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

PD105

Have you ever hit or thrown things at your spouse or partner?

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

PD106

Since you were 15, have you ever hit a child, yours or someone else's, so hard that he or she had bruises, or had to stay in bed or see a doctor?

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

PD107

Since you were 15, have you been in any fights?

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

PD107a

Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?

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

IF PD107a = Yes THEN

PD107b

How many times in the last five years?

Range: 1...100

IF PD107a = Yes THEN

PD107c

Were you ever intoxicated with drink or drugs before any of these incidents?

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

IF PD107a = Yes THEN

PD107d

Did any of these incidents involve any of the following people?

PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED

- 1 Spouse or partner
- 2 Girlfriend or boyfriend
- 3 Children
- 4 Other family member
- 5 A friend

- 6 Someone known to you - not a family or friend
- 7 A stranger
- 8 Police
- 9 Other

IF PD107a = Yes THEN

PD107e

Did any of these fights or assaults occur in the following places?

PLEASE ENTER THE NUMBERS OF ALL THE PLACES WHERE THESE FIGHTS OR ASSAULTS OCCURRED.

- 1 In your home
- 2 In someone else's home
- 3 In the street - outdoors
- 4 In a bar or pub
- 5 At your workplace
- 6 In a hospital
- 7 Anywhere else

IF PD107a = Yes THEN

PD107f

Did any of the following things happen as a result of these fights or assaults?

PLEASE ENTER THE NUMBERS OF ALL THE THINGS THAT RESULTED FROM THESE FIGHTS OR ASSAULTS.

- 1 You were injured
- 2 You saw your GP because of your injuries
- 3 You went to hospital because of your injuries
- 4 The other person(s) was injured
- 5 The police became involved
- 6 None of these things

PD108

Since you were 15, have you used a weapon, like a stick, knife, or gun in a fight?

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

PD109

Do you feel guilty or remorseful for previous behaviour such as having hurt, mistreated, or stolen from other people?

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

PD110

Since you were 15 have you done things that are against the law - even if you weren't caught? For example, have you stolen things?

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

PD111

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

- 1 Yes
- 2 No

9 Don't Understand/Does Not Apply

PD112

Since you were 15, have you passed bad cheques?

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

PD113

Since you were 15, have you been paid for sex?

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

PD114

Since you were 15, have you ever used an alias or pretended to be someone else?

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

PD115

Since you were 15, have you often 'conned' others to get what you want?

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

PD116

Since you were 15, did you ever drive a car when you were drunk or high on drugs?

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

18. Social Functioning Questionnaire - (SFQ)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

For the next few statements, please choose the response that comes closest to how you have been over the past two weeks:

- 1 Continue

SFQA

I complete my tasks at work and home satisfactorily.

- 1 Most of the time
- 2 Usually
- 3 Occasionally
- 4 Not at all

SFQB

I find my tasks at work and at home very stressful.

- 1 Most of the time
- 2 Usually
- 3 Occasionally
- 4 Not at all

SFQC

I have no money problems

- 1 No problems at all
- 2 Slight problems only
- 3 Definite problems
- 4 Very severe problems

SFQD

I have difficulties in getting and keeping close relationships.

- 1 Severe difficulties
- 2 Some difficulties
- 3 Occasional difficulties
- 4 No difficulties at all

SFQE

I have problems in my sex life.

- 1 Severe problems
- 2 Moderate problems
- 3 Occasional problems
- 4 No problems at all

SFQF

I get on well with my family and other relatives.

- 1 Yes, always
- 2 Yes, usually
- 3 No, some problems
- 4 No, severe problems

SFQG

I feel lonely and isolated from other people.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

SFQH

I enjoy my spare time.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

19. Asperger syndrome - (Asperger Self Completion Questionnaire)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

The following statements are about the kind of person that you are, and the way you prefer to do things. You might find some of the statements a bit odd, but please answer all them to the best of your ability, even if some of them don't seem to apply to you.

- 1 Continue

ASover

I prefer to do things the same way over and over again.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASsound

I often notice small sounds when others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASpolite

Other people frequently tell me that what I've said is impolite, even though I think it is polite.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASdates

I am fascinated by dates.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASsocsit

I find social situations easy.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASdetail

I tend to notice the details that others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASparty

I would rather go to a party than a library.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASpeople

I find myself drawn more strongly to people than to things.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

AStalk

When I talk, it isn't always easy for others to get a word in edgeways.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASstory

When I'm reading a story, I find it difficult to work out the characters intentions.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASread

I particularly enjoy reading fiction.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASfriend

I find it easy to make new friends.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASlisten

I know how to tell if someone listening to me is getting bored.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASdomore

I find it easy to do more than one thing at once.

- 1 Definitely agree
- 2 Slightly agree

- 3 Slightly disagree
- 4 Definitely disagree

ASphone

When I talk on the phone, I'm not sure when it's my turn to speak.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASface

I find it easy to work out what someone is thinking or feeling just by looking at their face.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASinform

I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASplan

I like to plan any activities I participate in carefully.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASsococc

I enjoy social occasions.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASdob

I am not very good at remembering people's date of birth.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

IF DVAssc >=2 AND DVTotat >=8 THEN

ImpactAS

You've said that you prefer to *(do things the same way each time/plan activities carefully)*.

Are your important daily routines, work or study ever affected by of this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit

4 Not at all

IF DVAsdc >=2 AND DVTTotal >=8 THEN

ImpactAD

You've said that you are particularly good at things like *(noticing small sounds when others do not/remembering details like dates)*.

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

IF DVCnsc >=2 AND DVTTotal >=8 THEN

ImpactCn

You've said that you sometimes have difficulties *(knowing how and when to speak/being told that you are impolite)*.

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

IF DVSSsc >=2 AND DVTTotal >=8 THEN

ImpactSS

You've said that you *(may avoid social situations or find them difficult/find yourself drawn strongly to things)*.

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

IF DVImsc >=2 AND DVTTotal >=8 THEN

ImpactIm

You've said that you *(take a particular interest in facts about things but not in characters in stories)*.

Are your important daily routines, work or study ever affected by this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit
- 4 Not at all

20. Gambling

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Gamb1

The next few questions are about gambling. By 'gambling' we mean things like:

- buying lottery tickets or scratchcards for yourself;
- playing games or making bets for money on the internet (online gambling);
- playing football pools, bingo or fruit machines;
- playing games or making bets with friends for money;
- betting on races and/or with a bookmaker;
- and table games in a casino.

Have you spent any money on any of these things in the last 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Gamb1 = No THEN

Gamb2

Just to check, does that mean that you haven't gambled at all in the last 12 months, or do you gamble very occasionally, perhaps to buy a lottery ticket, scratch card, or play on a fruit machine?

- 1 Very occasionally in last year
- 2 Not at all in the last year

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamPreoc

Are you preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences or planning the next venture, or thinking of ways to get money with which to gamble)?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamDesir

Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamStop

Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF GamStop = Yes THEN

Gamlrrit

Are you restless or irritable when attempting to cut down or stop gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamEscp

Do you gamble as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety or depression?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamLoss

After losing money gambling, do you often return another day to get even?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamLie

Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamIllg

Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamCare

Have you jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN

GamRely

Do you rely on others to provide money to relieve a desperate financial situation caused by gambling?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

21. Post Traumatic Stress Disorder (PTSD) – TSQ and working in Armed Forces

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

PTSDever

The next questions are about traumatic events or experiences that might have happened to you at any time in your life.

The term traumatic event or experience means something like a major natural disaster, a serious automobile accident, being raped, seeing someone killed or seriously injured, having a loved one die by murder or suicide, or any other experience that either put you or someone close to you at risk of serious harm or death.

Has a traumatic event or experience ever happened to you at any time in your life?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF PTSDever = Yes THEN

PTSDlong

How long ago did that traumatic experience happen? If you have experienced more than one, please answer about the most recent

- 1 Within the last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, before the age of 16

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

Consider

Please consider the following reactions that sometimes occur after a traumatic experience. Indicate whether or not you have experienced the following at least twice in the past week.

- 1 Continue

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDmem

Have you experienced, at least twice in the past week:

Upsetting memories or thoughts about the event that have come into your mind against your will

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDdre

Have you experienced, at least twice in the past week:

Upsetting dreams about the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDagai

Have you experienced, at least twice in the past week:

Acting or feeling as though the event were happening again

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDrem

Have you experienced, at least twice in the past week:

Feeling upset by reminders of the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDby

Have you experienced, at least twice in the past week:

Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDasl

Have you experienced, at least twice in the past week:

Difficulty falling or staying asleep

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDirr

Have you experienced, at least twice in the past week:

Irritability or outbursts of anger

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND ((PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDconc

Have you experienced, at least twice in the past week:

Difficulty concentrating

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDdan

Have you experienced, at least twice in the past week:

Heightened awareness of potential dangers to yourself and others

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16)) THEN

PTSDjum

Have you experienced, at least twice in the past week:

Being jumpy or being startled at something unexpected

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

PTSDarm

Have you ever served in the Armed Forces or the Reserve Armed Forces?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF PTSDarm = Yes THEN

PTSDarmf

In what year did you first serve in the Armed Forces?

Please enter the year as numbers for example 1990

Range: 1900...2007

IF PTSDarm = Yes THEN

PTSDarmc

Are you currently serving in the Armed Forces?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF PTSDarm = Yes AND PTSDarmc = Yes THEN

PTSDarmb

Which branch of the Armed Forces (*do/did*) you serve with?

SELECT ALL THAT APPLY.

- 1 Royal Naval Service
- 2 Army
- 3 Royal Air Force
- 4 As a Reservist, Cadet, Territorial Army
- 5 Other

IF PTSDarm = Yes AND PTSDarmc = No THEN

PTSDarmi

In what year did you last serve in the Armed Forces?

Please enter the year as numbers for example 1990

Range: 1900...2007

**IF PTSDarm = Yes AND PTSDever = Yes THEN
PTSDarms**

Was the traumatic event or experience you referred to before...

- 1 ...a military experience,
- 2 ...a non military experience,
- 3 or both?

22. Domestic violence and abuse

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro2

The next questions ask about events you may or may not have experienced SINCE the age of 16. Please include all relevant events, even if they did not seem important to you at the time. Remember that all your answers will be completely confidential, and that the computer will lock them up so that the interviewer cannot see what you have answered.

- 1 Continue

Va

Has a current or previous partner ever prevented you from having your fair share of the household money? (By partner we mean any boyfriend or girlfriend, as well as a husband, wife, or civil partner).

- 1 Yes
- 2 No
- 3 Never been in a relationship

IF Va = Yes THEN

Va12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vb

Has a current or previous partner ever stopped you from seeing friends and (or) relatives?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vb = Yes)) THEN

Vb12

Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vc

Has a current or previous partner ever frightened you, by threatening to hurt you or someone close to you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vc = Yes)) THEN

Vc12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vd

Has a current or previous partner ever pushed you, held or pinned you down or slapped you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vd = Yes)) THEN

Vd12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Ve

Has a current or previous partner ever kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Ve = Yes)) THEN

Ve12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vf

Has a current or previous partner ever choked or tried to strangle you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vf = Yes)) THEN

Vf12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vg

Has a current or previous partner ever threatened you with a weapon, such as a stick or a knife?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vg = Yes)) THEN

Vg12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vh

Has a current or previous partner ever threatened to kill you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vh = Yes)) THEN

Vh12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vi

Has a current or previous partner ever used a weapon against you e.g. a knife?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vi = Yes)) THEN

Vi12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Va = Yes OR No THEN

Vj

Has a current or previous partner ever used some other kind of force against you?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vj = Yes)) THEN

Vj12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

VSa

Since the age of 16, has anyone talked you in a sexual way that made you feel uncomfortable?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF Vsa = Yes THEN

VSa12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

VSb

Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VSb = Yes THEN

VSb12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

VSc

Since the age of 16, has anyone had sexual intercourse with you without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VSc = Yes THEN

VSc12

Has this happened within the past 12 months?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IntroU16

The next few questions are about events you may or may not have experienced BEFORE the age of 16.

- 1 Continue

VBa

Before the age of 16, did anyone talk to you in a sexual way that made you feel uncomfortable?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VBa = Yes THEN

VBaage

How old were you when this first happened?

Range: 0...16

VBb

Before the age of 16, did anyone touch you, or get you to touch them, in sexual way without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VBb = Yes THEN

VBbage

How old were you when this first happened?

Range: 0...16

VBc

Before the age of 16, did anyone have sexual intercourse with you without your consent?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VBc = Yes THEN

VBcage

How old were you when this first happened?

Range: 0...16

VBd

Before the age of 16, were you ever severely beaten by a parent, step-parent or carer?

- 1 Yes
- 2 No
- 9 Don't Understand/Does Not Apply

IF VBd = Yes THEN

VBdage

How old were you when this first happened?

Range: 0...16

23. Suicidal thoughts, attempts and self-harm [2]

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

DSHIntro

The next few questions are being asked again from earlier in the interview.

- 1 Continue

DSHlife

There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings.

Have you ever thought of taking your life, even if you would not really do it?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DSHtry

Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DSHharm

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

TalkToGP

The sorts of things we have asked you about here are very serious and it is important that you talk to someone, for example your GP or The Samaritans, if you find yourself thinking them

- 1 Continue

24. Eating Disorders – SCOFF

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

The next few questions are about food and eating in the last year, that is since *(date)*.

- 1 Continue

eatston

During the last year, have you lost more than one stone in a 3 month period?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

eatfull

Still thinking about the last year... have you made yourself be sick because you felt uncomfortably full?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

eatcont

Still thinking about the last year... did you worry you had lost control over how much you eat?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

eatoth

Still thinking about the last year... did you believe yourself to be fat when others said you were too thin?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

eatlife

Still thinking about the last year... would you say that food dominated your life?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

eatfeel

Still thinking about the last year... did your feelings about food interfere with your ability to work, meet personal responsibilities, and/or enjoy a social life?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

25. Discrimination

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

- 1 Continue

DISeth

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your skin colour or ethnicity?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISsex

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your sex?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISrel

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your religious beliefs?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISAge

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your age?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISmen

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your mental health?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISphy

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of any other health problem or disability?

- 1 Yes
2 No
9 Don't Understand/Does Not Apply

DISsori

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your sexual orientation?

- 1 Yes

- 2 No
- 9 Don't Understand/Does Not Apply

SEXUAL ORIENTATION AND PARTNERSHIPS

Version A

IF Penny = 1 THEN

Sexori

Which statement best describes your sexual orientation? This means sexual feelings, whether or not you have had any sexual partners.

- 1 Entirely heterosexual (attracted to persons of the opposite of sex)
- 2 Mostly heterosexual, some homosexual feelings
- 3 Bisexual (equally attracted to men and women)
- 4 Mostly homosexual, some heterosexual feelings
- 5 Entirely homosexual (attracted to persons of the same sex)
- 6 Other

IF Penny = 1 THEN

Sexpart

Have your sexual partners been...

- 1 only opposite sex
- 2 mainly opposite sex but some same sex partners
- 3 mainly same sex but some opposite sex partners
- 4 only same sex
- 5 or, I have not had a sexual partner

Version B

IF Penny NOT = 1 THEN

Sexdes

Please choose the answer below that best describes how you think of yourself...

- 1 completely heterosexual
- 2 mainly heterosexual
- 3 bisexual
- 4 mainly gay or lesbian
- 5 completely gay or lesbian
- 6 Other

IF Penny NOT = 1 THEN

SexPart2

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse, or any other form of sex). Has your sexual experience been...

- 1 Only with *(women/men)* or a *(woman/man)*, never with a *(man/woman)*
- 2 More often with *(women/men)*, and at least once with a *(man/woman)*
- 3 About equally often with *(women/men)* and *(men/women)*
- 4 More often with *(men/women)*, and at least once with a *(woman/man)*
- 5 Only with *(men/women)* or a *(man/woman)*, never with a *(woman/man)*
- 6 I have never had any sexual experience with anyone at all

Hide

That's the end of the self completion section of the interview.

If you select yes at this question the Self Completion questions will be hidden.

Please hand the computer back to the interviewer and they will introduce the next section.

- 1 Yes
- 2 No

HandBack

INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU.
REMEMBER THAT YOU CAN DEMONSTRATE THAT THE RESPONDENT'S SELFCOMPLETION
DATA HAS BEEN LOCKED.

INTERVIEWER: 5000

Range: 1000...9997

END OF SELF COMPLETION

26. Intellectual Functioning – TICS-M, Animal Naming Test & NART

TELEPHONE INTERVIEW FOR COGNITIVE STATUS

ASK IF SELECTED RESPONDENT AND DVAGE >=60

DemIntr

The next set of questions are used to assess memory and concentration.

Some you may find very easy and some you may find difficult. We're asking everyone these questions, and I hope you don't mind.

First, I'm going to ask you some questions about the date today.

- 1 Continue

PMADAY

What day of the week is it today?

- 1 (Day)
- 2 Anything else/does not know

PMATODAY

What is the date of the month today?

- 1 (Date)
- 2 Anything else/does not know

PMAmonth

What month is it?

- 1 (Month)
- 2 Anything else/does not know

PMAYear

What year is it?

- 1 (Year)
- 2 Anything else/does not know

Season

What season is it?

- 1 Spring
- 2 Summer
- 3 Autumn
- 4 Winter
- 5 Anything else/does not know

dmntage

What is your age?

Range: 0...120

DVAgeQ

DV to calculate if respondent correctly answers age

- 1 Correct
- 2 Incorrect

List1

I'm going to read you a list of 10 words. Please listen carefully and try to remember them.

When I am done, tell me as many words as you can, in any order. Ready?
READ LIST AT A STEADY RHYTHM OF ABOUT 1 WORD PER SECOND
CABIN -- PIPE -- ELEPHANT -- CHEST -- SILK --THEATRE -- WATCH -- WHIP -- PILLOW --
GIANT

Now tell me all the words you can remember.

CODE ALL RECALLED CORRECTLY

IF NO WORDS RECALLED CORRECTLY PRESS ENTER.

- 0 None Remembered
- 1 CABIN
- 2 PIPE
- 3 ELEPHANT
- 4 CHEST
- 5 SILK
- 6 THEATRE
- 7 WATCH
- 8 WHIP
- 9 PILLOW
- 10 GIANT

Subtrct1

Please take 7 away from 100 and then tell me the answer

Range: 1...100

Subtrct2

Now continue to take 7 away from what you have left over until I ask you to stop

ALLOW FOUR MORE SUBTRACTIONS

- WRITE IN SECOND SUBTRACTION

Range: 1...100

Subtrct3

WRITE IN THIRD SUBTRACTION

Range: 1...100

Subtrct4

WRITE IN FOURTH SUBTRACTION

Range: 1...100

Subtrct5

WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP

Range: 1...100

Paper

What do people usually use to cut paper?

- 1 Scissors or shears
- 2 Anything else

Count

Please count backwards from 20 to 1.

- 1 Counted correctly
- 2 Made one or more mistakes

Plant

What is the prickly green plant found in the desert?

- 1 Cactus
- 2 Anything else

Say

Please say 'Methodist Episcopal'

- 1 Said exactly right
- 2 Anything else

Queen

Who is the reigning King or Queen?

- 1 Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd
- 2 Anything else

PM

Who is the prime minister now?

- 1 Correct Surname – Blair/Brown
- 2 Anything else

West

What is the opposite of East?

- 1 West
- 2 Anything else

List2

A little while ago I read out a list of 10 words. How many of those words can you remember now?
CODE ALL RECALLED CORRECTLY.

IF NO WORDS RECALLED CORRECTLY PRESS ENTER.

- 0 None Remembered
- 1 CABIN
- 2 PIPE
- 3 ELEPHANT
- 4 CHEST
- 5 SILK
- 6 THEATRE
- 7 WATCH
- 8 WHIP
- 9 PILLOW
- 10 GIANT

NATIONAL ADULT READING TEST (NART)

ASK IF SELECTED RESPONDENT AND Language = Yes

intnarta

SHOWCARD BG

The next set of questions are about something completely different, and involve reading different words.

First, I would like you to look at this card.

- 1 Continue

intnartb

SHOWCARD BG

Now, I would like you to look at this card

1 Continue

intnart2

SHOWCARD BG

In a moment I will ask you to start reading the words on the card.

Begin with the first word on the top row and go from left to right along the row, and then on to the second row. Please pause after each word - wait until I say OK before going on to the next. Don't worry if you don't recognize a word. Have a guess at how it is said. We will stop before the end of the list.

ALLOW ONLY PRECISE PRONUNCIATIONS. MARK ALL ERRORS OR DON'T KNOWS INCORRECT.

1 Continue

q1

'kawd'

CHORD

- 1 Correct
- 2 Incorrect/don't know

q2

'ake'

ACHE

- 1 Correct
- 2 Incorrect/don't know

q3

'deppo'

DEPOT

- 1 Correct
- 2 Incorrect/don't know

q4

'ile'

AISLE

- 1 Correct
- 2 Incorrect/don't know

q5

'BOO-kay' or 'BO-kay'

BOUQUET

- 1 Correct
- 2 Incorrect/don't know

q6

'sarm'

PSALM

- 1 Correct
- 2 Incorrect/don't know

q7

'KAY-pon'

CAPON

- 1 Correct
- 2 Incorrect/don't know

q8

'di-NIGH'

DENY

- 1 Correct
- 2 Incorrect/don't know

q9

'NAW-zia'

NAUSEA

- 1 Correct
- 2 Incorrect/don't know

q10

'dett'

DEBT

- 1 Correct
- 2 Incorrect/don't know

q11

'KUR-tius'

COURTEOUS

- 1 Correct
- 2 Incorrect/don't know

q12

'RARE-ifie'

RARIFY

- 1 Correct
- 2 Incorrect/don't know

q13

'e-KWIV-oh-kl'

EQUIVOCAL

- 1 Correct
- 2 Incorrect/don't know

q14

'NIGH-eve'

NAIVE

- 1 Correct
- 2 Incorrect/don't know

q15

'KATT-a-koom'

CATACOMB

- 1 Correct
- 2 Incorrect/don't know

q16

'jayld'

GAOLED

- 1 Correct
- 2 Incorrect/don't know

q17

'time'

THYME

- 1 Correct
- 2 Incorrect/don't know

q20

'air'

HEIR

- 1 Correct
- 2 Incorrect/don't know

q23

'RAY-DICKS'

RADIX

- 1 Correct
- 2 Incorrect/don't know

q24

'ASS-ig-neight'

ASSIGNATE

- 1 Correct
- 2 Incorrect/don't know

q25

'high-EIGHT-us'

HIATUS

- 1 Correct
- 2 Incorrect/don't know

q26

'suttl'

SUBTLE

- 1 Correct
- 2 Incorrect/don't know

q27

'PRO-cree-eight'

PROCREATE

- 1 Correct
- 2 Incorrect/don't know

q28

'jist'

GIST

- 1 Correct

2 Incorrect/don't know

q29

'gowdje'

GOUGE

1 Correct

2 Incorrect/don't know

q30

'sue-PER-flu-us'

SUPERFLUOUS

1 Correct

2 Incorrect/don't know

q31

'SIM-illy'

SIMILE

1 Correct

2 Incorrect/don't know

q32

'b'n-arle'

BANAL

1 Correct

2 Incorrect/don't know

q33

'KWAD-rew-ped'

QUADRUPED

1 Correct

2 Incorrect/don't know

q34

'CHELL-ist'

CELLIST

1 Correct

2 Incorrect/don't know

q35

'fa-SARD'

FACADE

1 Correct

2 Incorrect/don't know

q36

'zellat'

ZEALOT

1 Correct

2 Incorrect/don't know

q37

'dram'

DRACHM

- 1 Correct
- 2 Incorrect/don't know

q38

'e-on'

AEON

- 1 Correct
- 2 Incorrect/don't know

q39

'plass-EE-bo'

PLACEBO

- 1 Correct
- 2 Incorrect/don't know

q40

'ab-STEAM-ee-us'

ABSTEMIOUS

- 1 Correct
- 2 Incorrect/don't know

q41

'day-TARNT'

DETENTE

- 1 Correct
- 2 Incorrect/don't know

q42

'ID-I'

IDYLL

- 1 Correct
- 2 Incorrect/don't know

q43

'poo-ER-pur-l'

PUERPERAL

- 1 Correct
- 2 Incorrect/don't know

q44

'a-VERR'

AVER

- 1 Correct
- 2 Incorrect/don't know

q45

'gowsh'

GAUCHE

- 1 Correct

- 2 Incorrect/don't know

q46

'tope-ee-airy'

TOPIARY

- 1 Correct
2 Incorrect/don't know

q47

'le-VI-ath'n'

LEVIATHAN

- 1 Correct
2 Incorrect/don't know

q48

'bee-AT-ifie'

BEATIFY

- 1 Correct
2 Incorrect/don't know

q49

'PRELL-it'

PRELATE

- 1 Correct
2 Incorrect/don't know

q50

'si-DARE-ee-al'

SIDEREAL

- 1 Correct
2 Incorrect/don't know

q51

'de-MAIN'

DEMESNE

- 1 Correct
2 Incorrect/don't know

q52

'SING-k-pea'

SYNCOPE

- 1 Correct
2 Incorrect/don't know

q53

'LAY-bile'

LABILE

- 1 Correct
2 Incorrect/don't know

q54

'kam-pan-EE-lay'

CAMPANILE

- 1 Correct
- 2 Incorrect/don't know

ANIMAL NAMING TEST

ASK IF SELECTED RESPONDENT

Animal1

Now, I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say 'articles of clothing' you could say shirt, tie or hat. Can you think of any other articles of clothing?

- 1 Respondent can name an article of clothing
- 2 Respondent does not understand/cannot name an article of clothing

IF Animal1 = respondent can name an article of clothing THEN

Animal2

That's fine. I want you to name all of the things that belong to another category. That is animals. Any type of animal is okay: farm animals, birds, fish, insects, any kind of animal will do. You will have one minute.

- 1 Continue

IF Animal1 = respondent can name an article of clothing THEN

Animal3

CHECK RESPONDENT UNDERSTANDS THE TEST

PRESS 'ENTER' FOR EACH DIFFERENT ANIMAL NAMED

PRESS '5' TO STOP THE TEST WHEN THE MINUTE IS OVER

Okay, ready, go!

- 5 Stop

27. Stressful life events

ASK IF SELECTED RESPONDENT

Intro

Next, I would like to ask you about things that may have happened to you or problems you may have faced during your life

- 1 Continue

Trauma1

SHOW CARD BH

Looking at the card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7

- 1 Serious illness, injury or assault to yourself
- 2 Serious illness, injury or assault to a close relative
- 3 Death of an immediate family member of yours
- 4 Death of a close family friend or other relative, like an Aunt, cousin or grandparent
- 5 Separation due to marital difficulties, divorce or steady relationship broken down
- 6 Serious problem with a close friend, neighbour or relative
- 7 None of these

IF Trauma1 = NOT None of these THEN

TR1Whn

SHOW CARD BJ

Thinking about the *(name of traumatic event)*.

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, and before the age of 16

Trauma2

SHOW CARD BK

Now looking at this card, could you tell me if you have ever experienced any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7

- 1 Being made redundant or sacked from your job
- 2 Looking for work without success for more than 1 month
- 3 Major financial crisis, like losing the equivalent of 3 months income
- 4 Problem with police involving court appearance
- 5 Something you valued being lost or stolen
- 6 None of these

IF Trauma2 = NOT None of these THEN

TR2Whn

SHOW CARD BL

Thinking about the *(name of traumatic event)*.

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16

- 3 More than 6 months ago, and before the age of 16

Trauma3

SHOW CARD BM

Now looking at this card, could you tell me if you have ever experienced any of these problems or events, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 8

- 1 Bullying
- 2 Violence at work
- 3 Violence in the home
- 4 Sexual abuse
- 5 Being expelled from school
- 6 Running away from your home
- 7 Being homeless
- 8 None of these

IF Trauma3 = NOT None of these THEN

TR3Whn

SHOW CARD BN

Thinking about the (*name of traumatic event*).

When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

- 1 Within last 6 months
- 2 More than 6 months ago, but since the age of 16
- 3 More than 6 months ago, and before the age of 16

28. Parenting

ASK IF SELECTED RESPONDENT

ChldInst

Up to the age of 16 did you spend any time in any kind of institution such as a children's home, borstal, or young offenders unit?

(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)

- 1 Yes
- 2 No

LACare

(May I just check) Were you ever taken into Local Authority Care (that is into a children's home or foster care) as a child up to the age of 16?

- 1 Yes
- 2 No
- 3 Does not apply, e.g. foreign national

MaPaIntro

Now a few questions about you and your parents when you were growing up.

- 1 Continue

BothMaPa

Did you live more or less continuously with both of your natural parents at home until you were 16?

INTERVIEWER: EXPLAIN IF NECESSARY: That is your birth parents.

'YES' TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.

- 1 Yes
- 2 No

IF BothMaPa = No THEN

YNotBoth

Is that because there was ...READ OUT...

- 1 ...a divorce or separation,
- 2 or, a death,
- 3 or, are you adopted,
- 4 or, your parents never lived together,
- 7 or, is there another reason?(IF VOLUNTEERED, SPECIFY AT NEXT QUESTION)

IF BothMaPa = No AND YNOTbBoth = Other reason THEN

XYNotBoth

IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE '7' AND <Enter>

IF BothMaPa = No THEN

MaOrPa

And may I check, [/ after that] did you live more or less continuously with your mother or with your father until you were 16?

- 1 Mother
- 2 Father
- 3 Both Mother and Father equally
- 4 Other relative
- 5 Other (in care, fostered, etc)

AnyChild

Do you have, or have you had, any children of your own that you are the natural [father / mother] of?

Please include any who don't now, or never did, live with you as part of your household.

IF MENTIONED, EXCLUDE MISCARRIAGE/ABORTION/ADOPTED.

- 1 Yes
- 2 No

IF AnyChild = Yes THEN

NoChild

How many children have you had?

(INCLUDE STILLBIRTH/DIED)

Range: 1...97

29. Social support

ASK IF SELECTED RESPONDENT

DLSSInt1

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

- 1 Continue

CloseRel

First of all I would like to ask you about the people that you live with.

How many adults who live with you do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

CloseRI3

Now I would like to ask about people you feel close to who do not live with you.

How many relatives aged 16 or over, who do not live with you, do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

CloseFr

How many friends or acquaintances who do not live with you would you describe as close or good friends?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

IF ((CloseRI3 >= 1) OR (CloseFr >= 1)) THEN

OutSee

Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

DLSSInt2

I would now like you to think about your family and friends. (By family I mean those who live with you as well as those elsewhere).

Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.

- 1 Continue

DLSS1

SHOW CARD BP

There are people I know amongst my family and friends - who do things to make me happy.

- 1 Not true
2 Partly true
3 Certainly true

DLSS2

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel loved.

- 1 Not true
2 Partly true

- 3 Certainly true

DLSS3

SHOWCARD BP

(There are people I know amongst my family and friends) - who can be relied on no matter what happens.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS4

SHOWCARD BP

(There are people I know amongst my family and friends) - who would see that I am taken care of if I needed to be.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS5

SHOWCARD BP

(There are people I know amongst my family and friends) - who accept me just as I am.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS6

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel an important part of their lives.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS7

SHOWCARD BP

(There are people I know amongst my family and friends) - who give me support and encouragement.

- 1 Not true
- 2 Partly true
- 3 Certainly true

30. Religion and spirituality

ASK IF SELECTED RESPONDENT

SpecRel

The next few questions are about religion. Do you have a specific religion?

- 1 Yes
- 2 No

IF SpecRel = Yes THEN

WhatRel

Which religion is that?

INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.

- 1 Roman Catholic
- 2 Protestant Christian
- 3 Other Christian
- 4 Islam
- 5 Hinduism (Jain, Sikh)
- 6 Judaism
- 7 Buddhist
- 8 Other(SPECIFY)

IF SpecRel = Yes AND WhatRel = Other THEN

OthRel

INTERVIEWER: ENTER RELIGION

Relig

By 'religion', we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual beliefs.

Would you say that you have a religious or a spiritual understanding of your life?

CODE ALL THAT APPLY

- 1 Religious
- 2 Spiritual
- 3 Neither

IF Relig = Religious OR Relig = Spiritual THEN

RStrong

SHOW CARD BQ

How strongly do you hold to your religious/spiritual view of life? Please look at this card and tell me the number that best describes your view, from 0 'weakly held' through to 10 'strongly held'.

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

IF Relig = Religious OR Spiritual THEN

ImpPrac

SHOW CARD BR

How important to you is the practice of your belief (e.g. private meditation, religious services) in your day-to-day life? Please look at this card and tell me the number that best describes your view, from 0 'not necessary' through to 10 'essential'

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

IF Relig = Religious OR Spiritual THEN

Praynum

SHOW CARD BS

How often do you attend services or prayer meetings or go to a place of worship?

- 1 Once a week or more
- 2 At least once a month, but less than once a week
- 3 At least once a year, but less than once a month
- 4 Less than once a year
- 5 Never

31. Social capital and participation

ASK IF SELECTED RESPONDENT

LiveIntro

The next few questions are about the area where you live.

- 1 Continue.

Hwlong

How long have you lived in this area?

- 1 Less than one year
- 2 1-5 years
- 3 6-9 years
- 4 10 years or more

IntroAgree

How much do you agree or disagree with the following statements about your area?
By 'around here' we mean anywhere you can walk to, from your home, in 5 minutes.

- 1 Continue.

Belong

SHOWCARD BT

Please look at this card and tell me the answer that best describes your feelings.

I feel like I belong around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Trust

Showcard BT

I trust people around here.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Enjoy

Showcard BT

I enjoy living around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Realhme

Showcard BT

I think of the area around here as a real home not just a place.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree

- 4 Somewhat disagree
- 5 Strongly disagree

Safe

Showcard BT

I feel safe around here in the daytime.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Move

Showcard BT

Given the opportunity I would like to move away from here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Resident

Showcard BT

The area around here is nicely kept by its residents.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Litter

Showcard BT

Litter is a problem around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Graffiti

Showcard BT

Graffiti or vandalism is a problem around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

PropClos

Showcard BT

The properties around here are too close together.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree

- 4 Somewhat disagree
- 5 Strongly disagree

Green

Showcard BT

There are not enough green areas or trees around here.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

IntroActiv

The next few questions are about things that you do in your local area.

- 1 Continue.

ComGrp

How often do you participate in a voluntary or local community group?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

Nschool

How often do you attend an adult education or night school class?

INTERVIEWER PLEASE CODE

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

Leisure

How often do you go to a leisure centre?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

GoLibrar

How often do you go to the library?

INTERVIEWER: PLEASE CODE.

- 1 At least once a month
- 2 At least once a year
- 3 Not in the last year/never

Clubs

SHOWCARD BU

Please look at this show card.

Are you actively involved in any of the following clubs or associations?

CODE ALL THAT APPLY

- 1 Sports or sport supporters club
- 2 Hobby or interest group
- 3 Political party
- 4 Neighbourhood Watch scheme

- 5 Parent Teacher Association
- 6 Tenants' group
- 7 Residents' group
- 8 Neighbourhood council
- 9 Religious group
- 10 Other local group
- 11 None of these

32. Socio demographics

ASK IF SELECTED RESPONDENT OR PROXY

Origin

SHOW CARD BV

To which of the groups listed on this card do you consider you belong?

- 1 White – British
- 2 White – Irish
- 3 Any other white background
- Mixed:
- 4 Mixed - White and Black Caribbean
- 5 Mixed - White and Black African
- 6 Mixed - White and Asian
- 7 Any other mixed background
- Asian or Asian British:
- 8 Asian or Asian British – Indian
- 9 Asian or Asian British – Pakistani
- 10 Asian or Asian British – Bangladeshi
- 11 Any other Asian/Asian British background
- Black or Black British:
- 12 Black or Black British – Caribbean
- 13 Black or Black British – African
- 14 Any other Black/Black British background
- Chinese or other ethnic group:
- 15 Chinese
- 16 Any other (please describe)

IF Origin = Any other THEN

XOrigin

Please describe.

AnyQuals

Have you got any qualifications of any sort?

- 1 Yes
- 2 No

IF AnyQuals = Yes THEN

HiQuals

SHOWCARD BW

Please look at this card and tell me whether you have passed any of the qualifications listed.

Look down the list and tell me the first one you come to that you have passed.

INTERVIEWER: FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>

- 1 Degree level qualification
- 2 Teaching qualification or HNC/HND, BEC/TEC Higher, BTEC Higher or NVQ level 4
- 3 'A'Levels/SCE Higher or ONC/OND/BEC/TEC not higher or City & Guilds Advanced
Final Level NVQ level 3
- 4 'O'Level passes (Grade A-C if after 1975) or City & Guilds Craft/Ord level or GCSE
(Grades A-C) or NVQ level 2
- 5 CSE Grades 2-5 GCE 'O'level (Grades D & E if after 1975) GCSE (Grades D, E, F, G)
or NVQ level 1
- 6 CSE ungraded
- 7 Other qualifications (specify)
- 8 No qualifications

**IF (AnyQuals = Yes) AND (HiQuals = Other qualifications) THEN
OthQuals**

What other qualification do you have?

INTERVIEW CHECK THAT THIS QUALIFICATION CANNOT BE CODED AT HiQuals

- IF NOT PLEASE ENTER A SHORT DESCRIPTION OR TITLE

ASK IF SELECTED RESPONDENT

Wrking

Did you do any paid work in the 7 days ending Sunday the *(date)*, either as an employee or as self-employed? (HELP<F9>)

- 1 Yes
- 2 No

IF Wrking = No THEN

SchemeET

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

IF ((Wrking = No) AND (SchemeET = 2 OR LILO1 =1))THEN

JbAway

Did you have a job or business that you were away from? HELP<F9>

- 1 Yes
- 2 No
- 3 Waiting to take up a new job/business already obtained

IF JbAway = Yes THEN

JbReas

What was the main reason you were away from work (last week)? (HELP<F9>)

- 1 On leave/holiday
- 2 A mental, nervous or emotional problem
- 3 A physical health problem
- 4 Attending a training course away from the workplace
- 5 Laid off/short time
- 6 Personal/family reason
- 7 Other reasons

IF JbAway = No OR Waiting to take up a new job/business already obtained THEN

OwnBus

Did you do any unpaid work in that week for any business that you own? (HELP<F9>)

- 1 Yes
- 2 No

IF ((JbAway = No OR Waiting to take up a new job/business already obtained) AND (OwnBus = No)) THEN

RelBus

...or that a relative owns? HELP<F9>

- 1 Yes
- 2 No

**IF (Wrking = No AND SchemeET = No AND JbAway = No AND RelBus = No) THEN
Looked**

Thinking of the 4 weeks ending Sunday the (date), were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)

- 1 Yes
- 2 No
- 3 Waiting to take up a new job or business already obtained

IF Wrking = No AND SchemeET = No AND ((Looked = Yes OR Waiting to take up a new job or business already obtained)) AND JbAway = Waiting to take up a new job/business already obtained THEN

StartJ

If a job or a place on a government scheme had been available in the week ending Sunday the (date), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

**IF Wrking = No AND SchemeET = No AND ((Looked = No) OR (StartJ = No)) THEN
YInAct**

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)

- 1 Student
- 2 Looking after the family/home
- 3 Temporarily sick or injured
- 4 Long-term sick or disabled
- 5 Retired from paid work
- 6 None of these

Everwk

Have you ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

IF Everwk = Yes THEN

DtJbL

When did you leave your last PAID job?

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

IF Everwk = Yes THEN

IndD

...CURRENT OR LAST JOB

What/Did (does/did the firm) organisation you (work/worked) for mainly make or do (at the place where you) (work/worked)? HELP<F9>

DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC.
AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

IF Everwk = Yes THEN

OccT

JOBTITLE CURRENT OR LAST JOB

What [is / was / Was] your (main) job ([in the week ending Sunday the] [DMDLSUN / DTJBL /])?
HELP<F9>

IF Everwk = Yes THEN

OccD

CURRENT OR LAST JOB

What skills or qualifications are needed for that job?

INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

IF Everwk = Yes THEN

Stat

(Are) you working as an employee or (are/were) you self-employed HELP<F9>?

- 1 Employee
- 2 Self-employed

IF Everwk = Yes AND Stat = Employee THEN

Manage

(Do) you have any managerial duties, or (are/were) you supervising any other employees?

INTERVIEWER: ASK OR RECORD. HELP<F9>

- 1 Manager
- 2 Foreman/supervisor
- 3 Not manager/supervisor

IF Everwk = Yes AND Stat = Employee THEN

EmpNo

How many employees (are/were) there at the place where you (work/worked)? HELP<F9>

- 1 1-24
- 2 25 or more

IF Everwk = Yes AND Stat = Self-employed THEN

Solo

(Are /were) you working on your own or (do/did) you have employees?

- 1 on own/with partner(s) but no employees
- 2 with employees

IF Everwk = Yes AND Stat = Self-employed AND Solo = with employees THEN

SENo

How many people (do/did) you employ at the place where you (work/worked)? HELP<F9>

- 1 1-24
- 2 25 or more

IF Everwk = Yes THEN

FtPtWk

In your (main) job (are/were) you working: HELP<F9>

- 1 full time
- 2 or part time?

IF Everwk = Yes AND FtPtWk = part time THEN

PTWkHour

How many hours (do/did) you work normally per week?

Range: 0...50

IF Stat = Employee THEN

EmpStY

In which year did you start working continuously for your current employer? HELP<F9>

Range: 1900...2007

IF Stat = Self-employed THEN

SEmpStY

In which year did you start working continuously as a self-employed person? HELP<F9>

Range: 1900...2007

IF Stat = Self-employed THEN

JobstM

and which month in (year) was that?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

IF YInAct <> Retired from paid work THEN

NotWk

Is the reason that you are not working at present...

RUNNING PROMPT - CODE FIRST THAT APPLIES

- 1 the way you have been feeling makes it impossible for you to do any kind of paid work
- 2 a physical health problem makes it impossible for you to do any kind of paid work
- 3 you have not found a suitable job
- 4 or, because you do not want or need a paid job at the moment?
- 5 other

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment THEN

WkShel

May I just check, would you be able to do some kind of sheltered or part-time work if it were available, or is this impossible?

- 1 Could do sheltered work
- 2 Could do part-time work
- 3 Impossible to do work

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) THEN

LookNow

(May I just check) Are you looking for a job at the moment?

- 1 Yes
- 2 No

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No THEN

LookAtAl

Have you looked for a job at all (since you last worked?)

- 1 Yes

2 No

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAI = No THEN

LookNot

Why have you not looked for a job?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation
- 2 No suitable jobs: due to health problems
- 3 Other

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND LookNow = No AND LookAtAI = Yes THEN

LookStop

Why have you stopped looking for jobs?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation
- 2 No suitable jobs: due to health problems
- 3 Other

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN

DiffJob

Do you think that the way you have been feeling over the past month makes it more difficult for you than for other people to find a job?

- 1 Yes
- 2 No

If YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) THEN

HrsWork

Thinking about the hours you would like to work, would you prefer to work full-time or part-time?

- 1 Full-time
- 2 Part-time
- 3 Qualified answer

IF YInAct <> Retired from paid work AND NotWk <> because you do not want or need a paid job at the moment AND ((WkShel = could do sheltered work) OR (WkShel = could do part-time work)) AND ((LookNow = Yes) OR (LookStop = response)) AND HrsWork <> Full-time THEN

HrsWeek

About how many hours a week would you want to work?

Range: 1...60

HHIntro

INTERVIEWER: THE NEXT QUESTIONS ARE ABOUT THE EMPLOYMENT STATUS OF THE HOUSEHOLD REFERENCE PERSON.

ASK WHOEVER IS AVAILABLE WHO WOULD BE BEST ABLE TO ANSWER THE QUESTIONS (*Name*), now a few questions about your employment status.

- 1 Continue

Wrking2

Did you do any paid work in the 7 days ending Sunday the *(date)*, either as an employee or as self-employed? (HELP<F9>)

- 1 Yes
- 2 No

IF Wrking2 = No THEN

SchemeE2

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

IF Wrking2 = No AND SchemeE2 = No THEN

JbAway2

Did you have a job or business that you were away from? HELP<F9>

- 1 Yes
- 2 No
- 3 Waiting to take up a new job/business already obtained

IF Wrking2 = No AND SchemeE2 = No AND JbAway2 = Yes THEN

JbReas2

What was the main reason you were away from work (last week)? (HELP<F9>)

- 1 On leave/holiday
- 2 A mental, nervous or emotional problem
- 3 A physical health problem
- 4 Attending a training course away from the workplace
- 5 Laid off/short time
- 6 Personal/family reason
- 7 Other reasons

IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN

OwnBus2

Did you do any unpaid work in that week for any business that you own? (HELP<F9>)

- 1 Yes
- 2 No

IF Wrking2 = No AND SchemeE2 = No AND ((JbAway2 = No) OR (JbAway2 = Waiting to take up a new job/business already obtained)) AND OwnBus2 = No THEN

RelBus2

...or that a relative owns?

- 1 Yes
- 2 No

IF Wrking2 = No AND SchemeE2 = No AND RelBus2 = No AND JbAway2 = No THEN

Looked2

Thinking of the 4 weeks ending Sunday the *(date)*, were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? (HELP<F9>)

- 1 Yes
- 2 No
- 3 Waiting to take up a new job or business already obtained

IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = Yes) OR (Looked2 = Waiting to take up a new job or business already obtained) OR (JbAway2 = Waiting to take up a new job/business already obtained)) THEN

StartJ2

If a job or a place on a government scheme had been available in the week ending Sunday the (date), would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF Wrking2 = No AND SchemeE2 = No AND ((Looked2 = No) OR (StartJ2 = No)) THEN

YInAct2

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks? (HELP<F9>)

- 1 Student
- 2 Looking after the family/home
- 3 Temporarily sick or injured
- 4 Long-term sick or disabled
- 5 Retired from paid work
- 6 None of these

Everwk2

Have you ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

IF Everwk2 = Yes THEN

DtJbL2

When did you leave your last PAID job?

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

HELP<F9>

IF Everwk2 = Yes THEN

IndD

[NAME]

CURRENT OR LAST JOB

What did the firm/organisation worked for mainly make or do (at the place where you worked)?

HELP<F9>

IF Everwk2 = Yes THEN

OccD

[NAME]

CURRENT OR LAST JOB

What did you mainly do in your job?

IF Everwk2 = Yes THEN

SpecQuals

[NAME]

CURRENT OR LAST JOB

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

IF Everwk2 = Yes THEN

Stat2

[NAME]

CURRENT OR LAST JOB

Were you working as an employee or were you self-employed HELP<F9>?

- 1 Employee
- 2 Self-employed

IF Everwk2 = Yes THEN

Manage2

[NAME]

CURRENT OR LAST JOB

Did you have any managerial duties, or were you supervising any other employees?

ASK OR RECORD HELP<F9>

- 1 Manager
- 2 Foreman/supervisor
- 3 Not manager/supervisor

IF Everwk2 = Yes THEN

EmpNo2

[NAME]

CURRENT OR LAST JOB

How many employees were there at the place where you worked? HELP<F9>

- 1 1 to 24
- 2 25 or more

IF EmpNo2 = Yes THEN

Benefits

SHOW CARD BX

Looking at the card, are you at present receiving any of these state benefits in your own right, that is, where you are the named recipient?

CODE ALL THAT APPLY

- 1 Child Benefit
- 2 One Parent Benefit
- 3 Guardian's Allowance
- 4 Invalid Care Allowance
- 5 Retirement pension (National Insurance) or old person's pension
- 6 Widow's pension or allowance (National Insurance)
- 7 War disablement pension
- 8 Severe disablement allowance (and related allowances)
- 9 Disability working allowance
- 10 None of these

CareBen

SHOW CARD BY

And looking at this card, are you at present receiving any of the state benefits shown on this card - either in your own name, or on behalf of someone else in the household?

CODE ALL THAT APPLY

- 1 Care component of disability living allowance
- 2 Mobility component of disability living allowance
- 3 Attendance Allowance
- 4 Disability Living Allowance - unsure if care and/or mobility components
- 5 None of these

IncBen

SHOW CARD BZ

Now looking at this card, are you at present receiving any of these benefits in your own right, that is where you are the named recipient?

CODE ALL THAT APPLY

- 1 Jobseekers Allowance
- 2 Income support
- 3 Working Tax Credit/ Child Tax Credit (not lump sum)
- 4 Incapacity Benefit
- 5 Statutory sick pay
- 6 Industrial injury disablement benefit
- 7 None of these

IF Sex = Female AND DVage < 50 THEN

Matern

SHOW CARD CA

Are you receiving either of the things shown on this card, in your own right?

CODE ALL THAT APPLY

- 1 Maternity Allowance
- 2 Statutory Maternity Pay from your employer or former employer
- 3 None of these

Other

SHOW CARD CB

In the last 6 months have you received any of the things shown on this card, in your own right?

CODE ALL THAT APPLY

- 1 Working Tax Credit/ Child Tax Credit (lump sum)
- 2 A grant from the Social Fund for funeral expenses
- 3 Grant from the Social Fund for maternity expenses
- 4 A Community Care grant from the Social Fund
- 5 Back to work bonus
- 6 Widows payment (Lump Sum)
- 7 Any National Insurance or State benefit not mentioned earlier
- 8 None of these

HBen

Some people qualify for Housing Benefit, that is, a rent rebate or allowance.

Do you or does anyone else in your household receive Housing Benefit, either directly or by having it paid to you or on your behalf? (HLP<F9>)

- 1 Yes
- 2 No

SrcInc

SHOW CARD CC

(In addition to any benefits you mentioned) Do you receive income from any of the sources mentioned on this card?

CODE ALL THAT APPLY

- 1 Earnings from employment or self-employment
- 2 Pension from former employer
- 3 Interest from savings, shares etc.
- 4 Other kinds of regular allowance from outside the household
- 5 Other sources e.g. rent
- 6 None of these

Gross4

SHOW CARD CD

Could you please look at this card and tell me which group represents your own personal gross income from all sources mentioned?

By gross income, I mean income from all sources before deductions for income tax and National Insurance

Range: 1...32

IF Gross4 = 32 THEN

G4High

SHOW CARD CE - High Earnings section

Could you please look at this second card and tell me which group represents your own personal gross income from all sources mentioned?

Range: 1...60

IF NumAdult > 1 AND Gross4 < 32 THEN

Gross4a

SHOW CARD CD

Could you look at the card again and tell me which group represents your household's gross income from all sources?

(By gross income, I mean income from all sources before deductions for income tax and National Insurance)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE.

Range: 1...32

IF Gross4a = 32 OR Gross4 = 32 THEN

G4aHigh

SHOW CARD CE - High Earnings section

Could you please look at this second card again and tell me which group represents your household's gross income from all sources mentioned?

(By gross income, I mean income from all sources before deductions for income tax and National Insurance)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

Range: 1...60

33. Details of the property

IF Proxy = selected respondent THEN

HsngPr

I would now like to ask you some questions about your accommodation

INTERVIEWER: RESPONDENT SHOULD ANSWER ABOUT THEMSELVES. WHERE THE RESPONDENT IS RESPONSIBLE FOR THE HOUSEHOLD ANSWERS ALSO REFER TO THE OVERALL HH FINANCES.

- 1 Continue

IF Proxy = selected respondent THEN

Ten1

In which of these ways do you/this household occupy this accommodation?

SHOW CARD CF (HELP<F9>)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

- 1 Own outright
- 2 Buying it with the help of a mortgage or loan
- 3 Pay part rent and part mortgage (shared ownership)
- 4 Rent it
- 5 Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
- 6 Squatting

IF Proxy = selected respondent THEN

Tied

Does the accommodation go with the job of anyone in the household?

- 1 Yes
- 2 No

IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free)) THEN

LLord

Who is your landlord? (HELP<F9>)

CODE FIRST THAT APPLIES

- 1 The local authority/council/New Town Development/ Scottish Homes
- 2 A housing association or co-operative or charitable trust
- 3 Employer (organisation) of a household member
- 4 Another organisation
- 5 Relative/friend (before you lived here) of a household member
- 6 Employer (individual) of a household member
- 7 Another individual private landlord

IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free)) THEN

Furn

Is the accommodation provided: (HELP<F9>)

- 1 furnished
- 2 partly furnished (eg carpets and curtains only)
- 3 or unfurnished?

IF Proxy = selected respondent THEN

SepBed

How many separate bedrooms do you have here/in your home?

INTERVIEWER: INCLUDE ONLY ROOMS TO WHICH RESPONDENT HAS ACCESS.

BEDROOMS INCLUDE BOXROOMS AND BEDROOMS NOT CURRENTLY USED AS BEDROOMS

Range: 0...15

IF Proxy = selected respondent THEN

Built

SHOWCARD CG

When was this property first built? Please give your best estimate.

ANSWER ABOUT THE PART OF THE PROPERTY THAT IS USED BY THE DWELLING UNIT.

GIVE THE DATE WHEN IT WAS FIRST BUILT. IF NOT SURE, GET BEST ESTIMATE.

- 1 Before 1900
- 2 1900 – 1949
- 3 1950 – 1976
- 4 1977 – 1989
- 5 1990 – 2002
- 6 2003 or later

IF Proxy = selected respondent THEN

Glaze

SHOW CARD CH

Are there any double- or triple-glazed windows in your home? This means factory-made sealed units.

- 1 Yes, all windows
- 2 Yes, most windows
- 3 Yes, about half of the windows
- 4 Yes, a few of the windows
- 5 No

IF Proxy = selected respondent THEN

Mould

Have you had any mould in your home over the last 12 months?

INSIDE THE PROPERTY ONLY.

- 1 Yes
- 2 No

IF Proxy = selected respondent AND Mould = Yes THEN

Mould

SHOWCARD CJ In which of these rooms have you had mould?

- 1 Living room
- 2 Kitchen
- 3 Bathrooms, toilets or shower rooms
- 4 Adult's bedrooms
- 5 Children's bedrooms
- 6 All rooms

IF Proxy = selected respondent THEN

TypHeat

SHOWCARD CK

What types of heating do you have in this house?

INTERVIEWER: PROBE: WHAT OTHERS?

CODE ALL THAT APPLY

- 1 Central heating
- 2 Night storage heater/s
- 3 Fixed room heater/fire (Gas or electric)
- 4 Open fire/s or stove/s

- 5 Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
- 6 Other
- 7 No heating

IF Proxy = selected respondent AND TypHeat = Central heating THEN

Central

SHOWCARD CL

What types of central heating do you use here/in your home?

CODE ALL THAT APPLY

- 1 Gas boiler with radiators
- 2 Oil boiler with radiators
- 3 Solid fuel boiler with radiators
- 4 Night (electric) storage heaters
- 5 Gas fired warm air heating
- 6 Oil fired warm air heating
- 7 Under-floor heating

IF Proxy = selected respondent AND TypHeat = Portable heaters THEN

Portab

SHOWCARD CM

What types of portable heaters do you use here/in your home?

CODE ALL THAT APPLY.

- 1 Portable electric heaters
- 2 Portable oil-filled heaters
- 3 Portable bottled gas heaters
- 4 Portable paraffin heaters

IF Proxy = selected respondent THEN

UseHeat

SHOWCARD CN

What is the main type of heating you use in your living room in winter?

INTERVIEWER ADD IF NECESSARY: THE ROOM WHICH IS USED REGULARLY AS THE LIVING ROOM BY THE PEOPLE WHO LIVE HERE, WHERE YOU WATCH TV ETC.

CODE ALL THAT APPLY

- 1 Central heating
- 2 Night storage heater/s
- 3 Fixed room heater/fire (Gas or electric)
- 4 Open fire/s or stove/s
- 5 Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
- 6 Other
- 7 No heating

IF Proxy = selected respondent THEN

HmWarm

In winter are you able to keep your home warm enough?

- 1 Yes
- 2 No

IF Proxy = selected respondent AND HmWarm = No THEN

PartWarm

Which parts of your home are not warm enough in winter?

CODE ALL THAT APPLY

- 1 Living room
- 2 Kitchen
- 3 Bathrooms, toilets or shower rooms

- 4 Adult's bedrooms
- 5 Children's bedrooms
- 6 Other Room
- 7 All rooms

IF Proxy = selected respondent AND HmWarm = No THEN

FriendW

In the last year have you ever felt reluctant to invite friends or family to your home because of difficulties keeping it warm?

- 1 Yes
- 2 No

IF Proxy = selected respondent THEN

UsedLess

In the last year, have you ever used less gas, electricity or other fuel than you needed to because you were worried about cost?

(You may choose 3 out of the possible answers).

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 Other Fuel
- 4 None of these

IF Proxy = selected respondent THEN

Discon

In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?

(You may choose 3 out of the possible answers).

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 SPONTANEOUS - Other Fuel
- 4 None of these

IF Proxy = selected respondent THEN

InDebt

SHOWCARD CP

Have there been times during the past year when you were seriously behind in paying within the time allowed for any of these items?

CODE ALL THAT APPLY

- 1 Rent
- 2 Gas
- 3 Electricity
- 4 Water
- 5 Goods on hire purchase
- 6 Mortgage repayments
- 7 Council Tax
- 8 Credit card payments
- 9 Mail order catalogue payments
- 10 Telephone/mobile phone
- 11 Other loans
- 12 TV Licence
- 13 Road Tax
- 14 Social Fund Loan
- 15 Child Support or Maintenance
- 16 None of these

IF Proxy = selected respondent THEN

Borrow

SHOWCARD CQ

And have there been times during the past year when you have had to borrow money from pawnbrokers or money lenders, excluding banks or building societies, or from friends and family in order to pay for your day-to-day needs?

CODE ALL THAT APPLY

- 1 Pawnbroker
- 2 Money lender
- 3 Friend(s)
- 4 Family
- 5 None of these

EndInt

THIS IS THE END OF THE MAIN PART OF RESPONDENTS INTERVIEW

- 1 Continue

INTERVIEWER THEN SEEKS TO ESTABLISH:

- CONSENT TO FLAG RESPONDENT ON THE NHS CENTRAL REGISTER
- CONSENT TO BE CONTACTED FOR A PHASE TWO INTERVIEW
- CONSENT TO BE CONTACTED FOR FURTHER NATCEN RESEARCH
- HELPLINES LEAFLET AND CARD ARE OFFERED TO RESPONDENT
- PROVIDE INCENTIVE VOUCHER AND GET RECEIPT SIGNED

Phase two questionnaire structure

SCAN - Schedule for Clinical Assessment in Neuropsychiatry version 2.1.

ADOS - Autism Diagnostic Observation Schedule.

SCID-II - Structured Clinical Interview for DSM-IV.

Adult Psychiatric Morbidity Survey

2007

Showcards and Coding Frames

A survey carried out on behalf of the Information Centre

National Centre for Social Research
University of Leicester

CARD A

- 1. Not at all**
- 2. A little bit**
- 3. Moderately**
- 4. Quite a bit**
- 5. Extremely**

CARD B

- 1. All of the time**
- 2. Most of the time**
- 3. A good bit of the time**
- 4. Some of the time**
- 5. A little of the time**
- 6. None of the time**

CARD C

- 1. Strongly disagree**
- 2. Moderately disagree**
- 3. Slightly disagree**
- 4. Slightly agree**
- 5. Moderately agree**
- 6. Strongly agree**

CARD D

- 1. No, no difficulty at all**
- 2. Yes, some difficulty**
- 3. Yes, a lot of difficulty**

CARD E

1. No one
2. Spouse/cohabitee
3. Brother/sister (incl. In-law)
4. Son/daughter (incl. In-law)
5. Parent (incl. In-law)
6. Grandparent (incl. In-law)
7. Grandchild (incl. In-law)
8. Other relative
9. Boyfriend/girlfriend
10. Friend
11. CPN/nurse
12. Occupational therapist
13. Social worker
14. Home care worker/home help
15. Voluntary worker
16. Landlord/landlady
17. Paid domestic help
18. Paid nurse
19. Bank manager
20. Solicitor
21. Other person

CARD F

- 1. Strongly agree**
- 2. Slightly agree**
- 3. Slightly disagree**
- 4. Strongly disagree**

CARD G

1. **Cancer**
2. **Diabetes**
3. **Epilepsy/ fits**
4. **Migraine or frequent headache**
5. **Dementia or Alzheimer's Disease**
6. **Anxiety, depression or other mental health issue**
7. **Cataracts/ eyesight problems (even if corrected with glasses or contacts)**
8. **Ear/ hearing problems (even if corrected with a hearing aid)**
9. **Stroke**
10. **Heart attack/ angina**
11. **High blood pressure**
12. **Bronchitis/ emphysema**
13. **Asthma**
14. **Allergies**
15. **Stomach ulcer or other digestive problems**
16. **Liver problems**
17. **Bowel/ colon problems**
18. **Bladder problems/ incontinence**
19. **Arthritis**
20. **Bone, back, joint or muscle problems**
21. **Infectious disease**
22. **Skin problems**
23. **Other, please specify**

24. None of these

CARD H

1. **Largactil (chlorpromazine)**
2. **Stelazine (trifluoperazine)**
3. **Haldol, Serance (haloperidol)**
4. **Risperdal (risperidone)**
5. **Zyprexa (olanzapine)**
6. **Clozaril (clozapine)**
7. **Priadel (lithium carbonate)**
8. **Dolmatil (sulpiride)**
9. **Seroquel (quetiapine)**
10. **Abilify (aripiprazole)**
11. **None of these**

CARD J

1. **Prozac (fluoxetine)**
2. **Lustral (sertraline)**
3. **Seroxat (paroxetine)**
4. **Efexor (venlafaxine)**
5. **Nardil (phenelzine)**
6. **Manerix (moclobemide)**
7. **Tryptizol (amitriptyline)**
8. **Tofranil (imipramine)**
9. **Anafranil (clomipramine)**
10. **Prothiaden (dothiepin)**
11. **Sinequan (doxepin)**
12. **Cipralmil (citalopram)**
13. **Zispin (mirtazapine)**
14. **None of these**

CARD K

1. **Valium (diazepam)**
2. **Ativan (lorazepam)**
3. **Librium (chlordiazepoxide)**
4. **Planpak (temazepam)**
5. **Mogadon (nitrazepam)**
6. **Buspar (buspirone)**
7. **Ritalin (methylphenidate)**
8. **Strattera (atomoxetine)**
9. **None of these**

CARD L

- 1. Depixol (flupenthixol decanoate)**
- 2. Modecate (fluphenazine decanoate)**
- 3. Haldol (haloperidol decanoate)**
- 4. Clopixol (zuclopenthixol decanoate)**
- 5. Risperdal consta (risperidone)**
- 6. None of these**

CARD M

- 1. Psychotherapy, psychoanalysis, individual or group therapy**
- 2. Behaviour or cognitive therapy**
- 3. Art, music or drama therapy**
- 4. Social skills training**
- 5. Marital or family therapy**
- 6. Sex therapy**
- 7. Counselling**
- 8. Another type of therapy**

CARD N

- 1. Community mental health centre**
- 2. Day activity centre**
- 3. Sheltered workshop**

CARD P

- 1. Psychiatrist**
- 2. Psychologist**
- 3. Community psychiatric nurse (CPN)**
- 4. Community learning difficulty nurse**
- 5. Other nursing services**
- 6. Social worker**
- 7. Self-help/ support group**
- 8. Home help/ home care worker**
- 9. Outreach worker/ family support**

CARD Q

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD R

- 1. Problems with sleep**
- 2. Medication**
- 3. Physical illness**
- 4. Working too hard**
- 5. Stress, worry or other psychological reason**
- 6. Physical exercise**
- 7. Other**

CARD S

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD T

- 1. Noise**
- 2. Shift work/ too busy to sleep**
- 3. Illness/ discomfort**
- 4. Worry/ thinking**
- 5. Needing to go to the toilet**
- 6. Having to do something (e.g. look after baby)**
- 7. Tired**
- 8. Medication**
- 9. Other**

CARD U

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD V

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years but less than 5 years**
- 6. 5 years but less than 10 years**
- 7. 10 years or more**

CARD W

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD X

- 1. Members of the family**
- 2. Relationship with spouse/ partner**
- 3. Relationships with friends**
- 4. Housing**
- 5. Money/bills**
- 6. Own physical health (inc. pregnancy)**
- 7. Own mental health**
- 8. Work or lack of work**
- 9. Legal difficulties**
- 10. Political issues/ the news**
- 11. Exams**
- 12. Other**
- 13. Don't know/ no main thing**

CARD Y

- 1. Heart racing or pounding**
- 2. Hands sweating or shaking**
- 3. Feeling dizzy**
- 4. Difficulty getting your breath**
- 5. Butterflies in stomach**
- 6. Dry mouth**
- 7. Nausea or feeling as though you wanted to vomit**

CARD Z

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD BA

- 1. Crowds or public places**
- 2. Enclosed spaces**
- 3. Social situations**
- 4. Sight of blood or injury**
- 5. Specific single cause**
- 6. Other (specify)**

CARD BB

- 1. Heart racing or pounding**
- 2. Hands sweating or shaking**
- 3. Feeling dizzy**
- 4. Difficulty getting your breath**
- 5. Butterflies in stomach**
- 6. Dry mouth**
- 7. Nausea or feeling as though you wanted to vomit**

CARD BC

- 1. Less than 2 weeks**
- 2. 2 weeks but less than 6 months**
- 3. 6 months but less than 1 year**
- 4. 1 year but less than 2 years**
- 5. 2 years or more**

CARD BD

- 1. Never**
- 2. Rarely**
- 3. Sometimes**
- 4. Often**
- 5. Very often**

CARD BE

1. **Strongly agree**
2. **Slightly agree**
3. **Slightly disagree**
4. **Strongly disagree**

CARD BF

- 1. Often**
- 2. Sometimes**
- 3. Seldom**
- 4. Never / almost never**

CARD BG

chord

aisle

capon

debt

equivocal

ache

bouquet

deny

courteous

naive

depot

psalm

nausea

rarify

catacomb

gaoled

radix

subtle

gouge

banal

thyme

assignate

procreate

superfluous

quadruped

heir

hiatus

gist

simile

cellist

facade

aeon

détente

aver

leviathan

zealot

placebo

idyll

gauche

beatify

drachm

abstemious

puerperal

topiary

prelate

sidereal

labile

demesne

campanile

syncope

CARD BH

- 1. Serious illness, injury or assault to yourself**
- 2. Serious illness, injury or assault to a close relative**
- 3. Death of an immediate family member of yours**
- 4. Death of a close family friend or other relative, like an aunt, cousin or grandparent**
- 5. Separation due to marital difficulties, divorce or steady relationship broken down**
- 6. Serious problem with a close friend, neighbour or relative**
- 7. None of these**

CARD BJ

- 1. Within last 6 months**
- 2. More than 6 months ago, but since the age of 16**
- 3. More than 6 months ago, and before the age of 16**

CARD BK

- 1. Being made redundant or sacked from your job**
- 2. Looking for work without success for more than 1 month**
- 3. Major financial crisis, like losing the equivalent of 3 months income**
- 4. Problem with police involving court appearance**
- 5. Something you valued being lost or stolen**
- 6. None of these**

CARD BL

- 1. Within last 6 months**
- 2. More than 6 months ago, but since the age of 16**
- 3. More than 6 months ago, and before the age of 16**

CARD BM

- 1. Bullying**
- 2. Violence at work**
- 3. Violence in the home**
- 4. Sexual abuse**
- 5. Being expelled from school**
- 6. Running away from your home**
- 7. Being homeless**
- 8. None of these**

CARD BN

- 1. Within last 6 months**
- 2. More than 6 months ago, but since the age of 16**
- 3. More than 6 months ago, and before the age of 16**

CARD BP

- 1. Not true**
- 2. Partly true**
- 3. Certainly true**

CARD BQ

Weakly held

Strongly held

0 1 2 3 4 5 6 7 8 9 10

CARD BR

Not necessary

Essential

0 1 2 3 4 5 6 7 8 9 10

CARD BS

- 1. Once a week or more**
- 2. At least once a month, but less than once a week**
- 3. At least once a year, but less than once a month**
- 4. Less than once a year**
- 5. Never**

CARD BT

- 1. Strongly agree**
- 2. Somewhat agree**
- 3. Neither agree nor disagree**
- 4. Somewhat disagree**
- 5. Strongly disagree**

CARD BU

- 1. Sports or sport supporters club**
- 2. Hobby or interest group**
- 3. Political party**
- 4. Neighbourhood watch scheme**
- 5. Parent Teacher Association**
- 6. Tenants' group**
- 7. Residents' group**
- 8. Neighbourhood council**
- 9. Religious group**
- 10. Other local group**

11. None of these

CARD BV

- 1. White – British**
- 2. White – Irish**
- 3. Any other white background**
- 4. Mixed – White and Black Caribbean**
- 5. Mixed – White and Black African**
- 6. Mixed – White and Asian**
- 7. Any other mixed background**
- 8. Asian or Asian British – Indian**
- 9. Asian or Asian British – Pakistani**
- 10. Asian or Asian British – Bangladeshi**
- 11. Any other Asian/Asian British background**
- 12. Black or Black British – Caribbean**
- 13. Black or Black British – African**

14. Any other Black/Black British background

15. Chinese

16. Other

CARD BW

- 1. Degree (or degree level qualification) or NVQ Level 5**
- 2. Higher educational qualification below degree level or NVQ Level 4**
- 3. A levels or highers or ONC/OND/BEC/TEC or NVQ Level 3 or BTEC National or GNVC (Advance Level)**
- 4. O level/GCSE grade A-C or CSE grade 1 or Standard Grade level 1-3 or NVQ Level 2 or BTEC First or GNVC (Intermediate level)**
- 5. CSE grades 2-5 or GCSE grade D-G or Standard Grade level 4-6 or NVQ Level 1 or GNVC (Foundation Level)**
- 6. CSE Ungraded**
- 7. Other qualifications (specify)**

8. No formal qualifications

CARD BX

- 1. Child Benefit**
- 2. One Parent Benefit**
- 3. Guardian's Allowance**
- 4. Invalid Care Allowance**
- 5. Retirement pension (National Insurance) or old person's pension**
- 6. Widow's pension or allowance (National Insurance)**
- 7. War disablement pension**
- 8. Severe disablement allowance (and related allowances)**
- 9. Disability working allowance**

10. None of these

CARD BY

- 1. Care component of Disability Living Allowance**
- 2. Mobility component of Disability Living Allowance**
- 3. Attendance Allowance**
- 4. Disability Living Allowance – unsure if Care and/or Mobility components**
- 5. None of these**

CARD BZ

- 1. Jobseekers Allowance**
- 2. Income support**
- 3. Working tax credit/ Child tax credit (not received in a lump sum)**
- 4. Incapacity Benefit**
- 5. Statutory sick pay**
- 6. Industrial injury disablement benefit**
- 7. None of these**

CARD CA

- 1. Maternity Allowance**
- 2. Statutory Maternity Pay from your employer or former employer**
- 3. Neither of these**

CARD CB

- 1. Working tax credit/ Child tax credit (paid in a lump sum)**
- 2. A grant from the Social Fund for funeral expenses**
- 3. A grant from the Social Fund for maternity expenses**
- 4. A Community Care grant from the Social Fund**
- 5. Back to work bonus**
- 6. Widows payment (lump sum)**
- 7. Any National Insurance or State benefit not mentioned earlier**
- 8. None of these**

CARD CC

- 1. Earnings from employment or self-employment**
- 2. Pension from former employer**
- 3. Interest from savings, shared etc.**
- 4. Other kinds of regular allowance from outside the household**
- 5. Other sources e.g. rent**
- 6. None of these**

CARD CD

WEEKLY	MONTHLY	ANNUAL
1. Less than £10	Less than £43	Less than £520
2. £10 less than £19	£43 less than £85	£520 less than £1,039
3. £20 less than £29	£86 less than £129	£1,040 less than £1,559
4. £30 less than £39	£130 less than £172	£1,560 less than £2,079
5. £40 less than £49	£173 less than £216	£2,080 less than £2,599
6. £50 less than £59	£217 less than £259	£2,600 less than £2,119
7. £60 less than £69	£260 less than £302	£3,120 less than £3,639
8. £70 less than £79	£303 less than £346	£3,640 less than £4,159
9. £80 less than £89	£347 less than £389	£4,160 less than £4,679
10. £90 less than £99	£390 less than £432	£4,680 less than £5,199
11. £100 less than £119	£433 less than £519	£5,200 less than £6,239
12. £120 less than £139	£520 less than £606	£6,240 less than £7,279
13. £140 less than £159	£606 less than £692	£7,280 less than £8,319
14. £160 less than £179	£693 less than £779	£8,320 less than £9,359
15. £180 less than £199	£780 less than £866	£9,360 less than £10,399
16. £200 less than £219	£867 less than £952	£10,400 less than £11,399
17. £220 less than £239	£953 less than £1,039	£11,440 less than £12,479
18. £240 less than £259	£1,040 less than £1,126	£12,480 less than £13,519
19. £260 less than £279	£1,127 less than £1,212	£13,520 less than £14,559
20. £280 less than £299	£1,213 less than £1,299	£14,560 less than £15,559
21. £300 less than £319	£1,300 less than £1,386	£15,600 less than £16,639
22. £320 less than £339	£1,387 less than £1,472	£16,640 less than £17,679
23. £340 less than £359	£1,473 less than £1,559	£17,680 less than £18,719
24. £360 less than £379	£1,560 less than £1,646	£18,720 less than £19,759
25. £380 less than £399	£1,647 less than £1,732	£19,760 less than £20,799
26. £400 less than £449	£1,733 less than £1,949	£20,800 less than £23,399
27. £450 less than £499	£1,950 less than £2,166	£23,400 less than £25,999
28. £500 less than £549	£2,167 less than £2,382	£26,000 less than £28,599
29. £550 less than £599	£2,383 less than £2,599	£28,600 less than £31,199
30. £600 less than £649	£2,600 less than £2,816	£31,200 less than £33,799

31. £650 less than £699	£2,817 less than £3,032.....	£33,800 less than £36,399
32. £700 or more	£3,033 or more	£36,400 or more

CARD CE

1.	£36,400 to £36,999	31.	£130,000 to £134,999
2.	£37,00 to £37,999	32.	£135,000 to £139,999
3.	£38,000 to £38,999	33.	£140,000 to £144,999
4.	£39,000 to £39,999	34.	£145,000 to £149,999
5.	£40,000 to £40,999	35.	£150,000 to £154,999
6.	£41,000 to £41,999	36.	£155,000 to £159,999
7.	£42,000 to £42,999	37.	£160,000 to £164,999
8.	£43,000 to £43,999	38.	£165,000 to £169,999
9.	£44,000 to £44,999	39.	£170,000 to £174,999
10.	£45,000 to £45,999	40.	£175,000 to £179,999
11.	£46,000 to £46,999	41.	£180,000 to £184,999
12.	£47,000 to £47,999	42.	£185,000 to £189,999
13.	£48,000 to £48,999	43.	£190,000 to £194,999
14.	£49,000 to £49,999	44.	£195,000 to £199,999
15.	£50,000 to £54,999	45.	£200,000 to £209,999
16.	£55,000 to £59,999	46.	£210,000 to £219,999
17.	£60,000 to £64,999	47.	£220,000 to £229,999
18.	£65,000 to £69,999	48.	£230,000 to £239,999
19.	£70,000 to £74,999	49.	£240,000 to £249,999
20.	£75,000 to £79,999	50.	£250,000 to £259,999
21.	£80,000 to £84,999	51.	£260,000 to £269,999
22.	£85,000 to £89,999	52.	£270,000 to £279,999
23.	£90,000 to £94,999	53.	£280,000 to £289,999
24.	£95,000 to £99,999	54.	£290,000 to £299,999
25.	£100,000 to £104,999	55.	£300,000 to £319,999
26.	£105,000 to £109,999	56.	£320,000 to £339,999

27.	£110,000 to £114,999	57.	£340,000 to £359,999
28.	£115,000 to £119,999	58.	£360,000 to £379,999
29.	£120,000 to £124,999	59.	£380,000 to £399,999
30.	£125,000 to £129,999	60.	£400,000 or more

CARD CF

- 1. Own outright**
- 2. Buying it with the help of a mortgage or loan**
- 3. Pay part rent and part mortgage (shared ownership)**
- 4. Rent it**
- 5. Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)**
- 6. Squatting**

CARD CG

- 1. Before 1900**
- 2. 1900 – 1949**
- 3. 1950 – 1976**
- 4. 1977 – 1989**
- 5. 1990 – 2002**
- 6. 2003 – later**

CARD CH

1. **Yes, all windows**
2. **Yes, most windows**
3. **Yes, about half of the windows**
4. **Yes, a few of the windows**
5. **No**

CARD CJ

- 1. Living room**
- 2. Kitchen**
- 3. Bathrooms, toilets or shower rooms**
- 4. Adult's bedrooms**
- 5. Children's bedrooms**
- 6. All rooms**

CARD CK

- 1. Central heating**
- 2. Night storage heater/s**
- 3. Fixed room heater/fire (Gas or electric)**
- 4. Open fire/s or stove/s**
- 5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)**
- 6. Other**
- 7. No heating**

CARD CL

- 1. Gas boiler with radiators**
- 2. Oil boiler with radiators**
- 3. Solid fuel boiler with radiators**
- 4. Night (electric) storage heaters**
- 5. Gas fired warm air heating**
- 6. Oil fired warm air heating**
- 7. Under-floor heating**

CARD CM

- 1. Portable electric heaters**
- 2. Portable oil-filled heaters**
- 3. Portable bottled gas heaters**
- 4. Portable paraffin heaters**

CARD CN

- 1. Central heating**
- 2. Night storage heater/s**
- 3. Fixed room heater/fire (Gas or electric)**
- 4. Open fire/s or stove/s**
- 5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)**
- 6. Other**
- 7. No heating**

CARD CP

- 1. Rent**
- 2. Gas**
- 3. Electricity**
- 4. Water**
- 5. Goods on hire purchase**
- 6. Mortgage repayments**
- 7. Council tax**
- 8. Credit card payments**
- 9. Mail order catalogue payments**
- 10. Telephone/mobile phone**
- 11. Other loans**
- 12. TV Licence**
- 13. Road tax**
- 14. Social Fund loan**
- 15. Child support or Maintenance**
- 16. None of these**

CARD CQ

1. Pawnbroker
2. Money lender
3. Friend(s)
4. Family
5. None of these

CODING LIST FOR PICD

Code	Condition/Symptom
01	Accoustic neuroma
	After effect - cancer (nes)
	Cancer (any site)
	Carcinoma (any site)
	Colostomy - for cancer
	Cyst (any site)
	Cystic hygroma
	Disease - Hodgkin's
	Growth (any site)
	Hodgkin's disease
	Hysterectomy - for cancer
	Leukaemia
	Lump (any site)
	Lymphoma
	Mass (any site)
	Mastectomy (nes)
	Neoplasm (any site)
	Neurofibromatosis
	Neuroma - accoustic
	Removal - for cancer (nes)
02	Diabetes
	Hyperglycemia
03	Addison's disease
	AIDS carrier
	AIDS
	Beckwith-Wiedemann Syndrome
	Coeliac disease
	Cushing's syndrome
	Cystic fibrosis
	Deficiency - hormone
	Disease - Addison's
	Disease - Coeliac
	Disease - Graves
	Disease - Hashimoto's
	Dwarfism
	Fibrosis - cystic
	Fluid - retention
	Gilbert's syndrome
	Goitre
	Gout
	Graves
	Hashimoto's disease
	HIV positive
	Hormone deficiency
	Hypercalcemia

Code	Condition/Symptom
03	Hypopotassaemia
	Malacia
	Myxoedema (nes)
	Obesity
	Oedema
	Overactive thyroid
	Phenylketonuria
	Retention - fluid
	Retention - water
	Rickets
	Syndrome - Beckwith-Wiedemann
	Syndrome - Cushing's
	Syndrome - Gilbert's
	Thyroid
	Thyrotoxicosis
	Underactive thyroid
	Water - retention
	Wilson's disease
04	Agoraphobia
	Anxiety
	Attack - panic
	Autism
	Breakdown - nervous
	Catalepsy
	Concussion syndrome
	Confused (mental)
	Dementia - senile
	Depression
	Dyslexia
	Forgetfulness
	Hyperactive child
	Impediment - speech(nes)
	Nerves (nes)
	Nervous breakdown
	Nervous trouble
	Neurasthenia
	Panic attacks
	Phobia
	Post traumatic stress disorder
	Senile dementia
	Speech impediment -(nes)
	Stammer
	Stress
	Syndrome - Concussion
	Trouble - nervous
05	Down's syndrome
	Handicap - mental
	Mental handicap
	Mental retardation
	Mongol

A survey carried out on behalf of the Information Centre

National Centre for Social Research
University of Leicester

CODING LIST FOR PICD

	Retardation - mental
Code	Condition/Symptom
05	Subnormal
	Syndrome - Down's
06	Blackouts
	Convulsions
	Epilepsy
	Febrile convulsions
	Fit - Jacksonian
	Fit -(nes)
	Grand mal
	Jacksonian fit
	Petit mal
07	Ache - head
	Headaches
	Migraine
08	Abcess - brain
	Alzheimer's disease
	Ataxia - Friedreich's
	Bell's Palsy
	Brain damage
	Carpal tunnel syndrome
	Cerebral palsy
	Damage - brain
	Disease - Alzheimer's
	Disease - degenerative brain
	Disease - motor neurone
	Disease - Parkinson's
	Disseminated sclerosis
	Dystrophy - muscular
	Dystrophy - myotonic
	Encephalomyelitis - myalgic
	Feeling - loss of (in extremities)
	Fluid - on brain
	Friedreich's ataxia
	Guillain-Barre syndrome
	Handicap - physical - spasticity
	Huntington's chorea
	Hydrocephalus
	Injury - brain
	Leucodystrophy - metachromatic
	Loss of - feeling (in extremity)
	ME
	Metachromatic leucodystrophy
	Microcephaly
	Motor neurone disease
	MS
	Multiple sclerosis
	Muscular dystrophy
	Myalgic encephalomyelitis
	Myasthenia gravis
	Myotonic dystrophy

	Narcolepsy
Code	Condition/Symptom
08	Nerve - removal (in limb)
	Nerve - trapped
	Neuralgia - trigeminal
	Neuralgia -(nes)
	Neuritis
	Neuropathy
	Numbness (in extremity)
	Palsy - Bell's
	Palsy - cerebral
	Paralysis - agitans
	Paralysis -(nes)
	Paraplegia
	Parkinson's disease
	Partially paralysed -(nes)
	Pins and needles in limb
	Post viral syndrome (ME)
	Removal - nerve (in limb)
	Restless legs
	Sciatica
	Sclerosis - disseminated
	Sclerosis - multiple
	Shingles
	Spastic -(nes)
	Spina bifida
	Syndrome - Carpal tunnel
	Syndrome - Guillain-Barre
	Syndrome - post viral (ME)
	Syringomyelia
	Trapped nerve
09	Absence - eye
	Bad eyesight
	Blindness -(nes)
	Blurred vision
	Cataract
	Detached retina
	Eyesight - bad
	Eyesight - poor
	Hardening - lens
	Implant - lens
	Lens - hardening
	Lens - implant
	Loss of - eye
	Myopia
	Partially sighted
	Poor eyesight
	Restriction - vision
	Retina - detached
	Retina - scarred
	Scarred retina
	Short sighted

CODING LIST FOR PICD

Code	Condition/Symptom
09	Trouble - eye (nes)
	Tunnel vision
	Vision - blurred
	Vision - restricted
10	Vision - tunnel
	Astigmatism
	Blindness - colour
	Blindness - night
	Buphthalmos
	Colobola
	Colour blind
	Conjunctivitis
	Cornea - scarred
	Corneal ulcer
	Double vision
	Dry eye syndrome
	Duanes syndrome
	Eye - dry
	Eye - infection
	Eye - lazy
	Eye - light sensitive
	Eye - sty
	Eye - watery
	Floater-eye
	Glaucoma
	Haemorrhage - eye
	Infection - eye
	Injury - eye
	Iritis
	Lazy eye
	Night blindness
	Retinitis pigmentosa
	Scarred cornea
	Squint
	Sty on eye
	Syndrome - dry eye
	Syndrome - Duanes syndrome
	Trouble - tear duct
	Ulcer - corneal
	Vision - double
	Watery eye
11	Deaf and dumb
	Deafness - conductive
	Deafness - nerve
	Deafness -(nes)
	Dumb - and deaf
	Hearing - poor
	Noise - deafness
	Otosclerosis
	Poor hearing
12	Ear - noises in

Code	Condition/Symptom
12	Noise -in ear
13	Tinnitus
	Balance problem - due to inner ear
	Disease - Meniere's
	Ear - causing balance problems
	Labyrinthitis
	Loss of - balance inner ear
	Meniere's disease
14	Vertigo
	Vestibulitis
	Ache - ear
	Discharge - ear
	Ear - drum - perforated (nes)
	Ear - glue
	Earache
	Eustachian tube - disorder of
	Glue ear
	Infection - ear
	Mastoiditis
	Otitis media
	Perforated - eardrum (nes)
	Problem - ear (nes)
	Problem - inner ear (nes)
15	Problem - middle ear
	Trouble - ear (nes)
	Tube - Eustachian (disorder)
	Apoplexy
	Brain haemorrhage
	Cerebral embolism
	Cerebral haemorrhage
	Cerebral thrombosis
	Cerebro-vascular accident
	Embolism - cerebral
	Haemorrhage - cerebral
	Hemiplegia
16	Impediment - speech, due to stroke
	Partially paralysed - due to stroke
	Speech impediment - due to stroke
	Stroke
	Thrombosis - cerebral
	Angina
17	Attack - heart
	Coronary thrombosis
	Heart - attack
	Myocardial infarction
	Thrombosis - coronary
18	Blood - pressure high
	Blood - pressure(nes)
	High blood pressure
	Hypertension
	Aorta replacement

CODING LIST FOR PICD

	Aortic stenosis
Code	Condition/Symptom
18	Asthma - cardiac
	Atrial fibrillation
	Balance problem -(nes)
	Cardiac diffusion
	Cardiac problem
	Chest pains (nes)
	Cholesterol - high
	Cholesterol - too much in blood
	Diffusion - cardiac
	Disease - heart
	Disease - Ischaemic heart
	Disease - valvular heart
	Dizziness
	Failure - heart
	Fibrillation - atrial
	Fibrillation - ventricular
	Giddiness
	Hardening - arteries in heart
	Heart - complaint
	Heart - disease
	Heart - failure
	Heart - murmur
	Heart - trouble
	High cholesterol
	Hole in heart
	Implant - pacemaker
	Ischaemic heart disease
	Loss of - balance (nes)
	Mitral stenosis
	Murmur - heart
	Pacemaker implant
	Pain - chest (nes)
	Palpitations
	Pericarditis
	Problem - cardiac
	Replacement - aorta
	Sick sinus syndrome
	Sinus - sick, syndrome
	St Vitus dance
	Stenosis - aortic
	Stenosis - mitral
	Syndrome - sick sinus
	Syndrome - Wolff-Parkinson-White
	Tachycardia
	Tired heart
	Trouble - heart
	Valvular heart disease
	Ventricular fibrillation
	Weak heart
	Wolff-Parkinson-White syndrome

19	Haemorrhoids
Code	Condition/Symptom
19	Piles
	Varicose veins - Anus
20	Eczema - varicose
	Phlebitis
	Ulcer - varicose
	Varicose eczema
	Varicose ulcer
	Varicose veins - Lower Extremities
	Varicose veins -(nes)
21	Arterial thrombosis
	Arteriosclerosis (nes)
	Artificial arteries (nes)
	Blocked artery (nes)
	Blood - Clot (nes)
	Blood - pressure low
	Circulation - poor
	Claudication - intermittent
	Disease - Raynaud's
	Disease - Takayasu's
	Embolism - pulmonary
	Gangrene
	Hardening - arteries (nes)
	Hypersensitive to cold
	Hypotension
	Intermittent claudication
	Low blood pressure
	Polyarteritis Nodosa
	Poor circulation
	Pulmonary embolism
	Raynaud's disease
	Sclerosis - arterial (nes)
	Swollen legs (nes)
	Syndrome - Wright's
	Takayasu disease
	Telangiectasia (nes)
	Thrombosis - arterial
	Thrombosis -(nes)
	Varicose veins - Oesophagus
	Wright's syndrome
22	Bronchiectasis
	Bronchitis
	Chronic bronchitis
	Emphysema
23	Allergic asthma
	Allergy - causing asthma
	Asthma - allergic
	Asthma - bronchial
	Asthma -(nes)
	Rhinitis - allergic
24	Allergic rhinitis

CODING LIST FOR PICD

	Hayfever
Code	Condition/Symptom
25	Abcess - larynx
	Adenoid problems
	Allergy - animal fur (nes)
	Allergy - dust (nes)
	Asbestosis
	Bad chest
	Breathless -(not anaemia, angina, hole i
	Bronchial trouble
	Byssinosis
	Catarrh
	Chest infection
	Chest trouble (nes)
	Cold (common)
	Collapse -lung
	Cough -(nes)
	Croup
	Damage - lung
	Fibrosis - lung
	Fit - coughing
	Fluid - on lung
	Industrial respiratory disease
	Infection - chest
	Infection - throat
	Loss of - lung
	Lung - collapsed
	Lung - complaint (nes)
	Lung - damaged (nes)
	Lung - farmer's
	Lung - pigeon fancier's
	Lung - problems (nes)
	Nasal polyps
	Paralysis - vocal cords
	Pharyngitis
	Pigeon fancier's lung
	Pleurisy
	Pneumoconiosis
	Polyp - nasal
	Problem - adenoid
	Problem - lung (nes)
	Rhinitis -(nes)
	Sinus - trouble
	Sinusitis
	Sore throat
	Throat - (nes)
	Throat - infection
	Throat - irritation
	Throat - sore
	Tonsillitis
	Trouble - sinus
	Trouble - throat- (nes)

	Ulcer - Lung
Code	Condition/Symptom
25	Weak chest
	Wheezy (nes)
26	Abdominal hernia
	Abdominal rupture
	Double hernia
	Duodenal ulcer
	Gastric ulcer
	Hernia - abdominal
	Hernia - diaphragm
	Hernia - double
	Hernia - hiatus
	Hernia - inguinal
	Hernia - umbilical
	Hernia -(nes)
	Hiatus hernia
	Peptic ulcer
	Rupture - abdominal
	Rupture -(nes)
	Ulcer - duodenal
	Ulcer - gastric
	Ulcer - peptic
	Ulcer - stomach
	Ulcer -(nes)
27	Abdominal trouble
	Acid stomach
	Allergy - food
	Artesia - biliary
	Biliary artesia
	Cirrhosis - liver
	Difficulty - swallowing
	Disease - liver
	Dyspepsia
	Food allergy
	Gall bladder problems
	Gallstone
	Gullet - twisted
	Heart - burn
	Ileostomy
	Indigestion
	Inflammation - duodenum
	Liver disease
	Liver problems
	Nervous stomach
	Pancreas problems
	Problem - gall bladder
	Problem - liver
	Problem - pancreas
	Stomach trouble (nes)
	Stone - gall bladder
	Swallowing - difficulty

CODING LIST FOR PICD

	Throat - difficulty swallowing
Code	Condition/Symptom
27	Trouble - abdominal
	Trouble - stomach
	Trouble - throat - difficulty swallowing
	Weakness in intestines
28	Appendix (grumbling)
	Bowel - incontinent
	Bowel - inflamed
	Bowel - irritable
	Bowel - polyp
	Colitis - ulcerative
	Colitis -(nes)
	Colon trouble
	Colostomy -(nes)
	Constipation
	Crohn's disease
	Diarrhoea
	Disease - Crohn's
	Disease - Hirschsprung's
	Diverticulitis
	Encopresis
	Enteritis
	Faecal incontinence
	Hirschsprung's disease
	Incontinence - bowels
	Incontinence - faecal
	Inflammation - bowel
	Irritable bowel
	Polyp - bowel
	Spastic - colon
	Trouble - colon
29	Cleft palate
	Gingivitis
	Hare lip
	Impacted wisdom tooth
	Loss of - sense of taste
	Mouth ulcer
	Taste - no sense of
	Teeth
	Tongue ulcer
	Ulcer - mouth
	Ulcer - tongue
30	Absence - kidney
	Chronic renal failure
	Cystic kidney
	Damage - kidney
	Double kidney
	Failure - renal
	Good pasture's syndrome
	Horseshoe kidney
	Kidney - cystic

	Kidney - horseshoe
Code	Condition/Symptom
30	Kidney - stone
	Kidney - trouble
	Laurence - Moon(-Biedl) syndrome
	Loss of - kidney
	Nephritis
	Pyelonephritis
	Renal failure
	Renal TB
	Stone - kidney
	Syndrome - Good pasture's
	Syndrome - Laurence-Moon(-Biedl)
	TB - renal
	Trouble - kidney
	Tube - kidney (damage)
	Uraemia
31	Cystitis
	Infection - urinary tract
	Urinary tract infection
	Urine infection
32	Bed Wetting
	Bladder complaint
	Bladder problems
	Bladder restriction
	Eneuresis
	Incontinence - bladder
	Incontinence - urine
	Incontinence -(nes)
	Problem - bladder
	Restriction - bladder
	Trouble - water (nes)
	Water - trouble (nes)
	Weak bladder
33	Abcess - breast
	Cracked nipple
	Damage - testicles
	Disease - Pelvic inflamm (Female)
	Dysmenorrhea
	Endometriosis
	Gynaecological problems
	Hysterectomy -(nes)
	Impotence
	Infertility
	Mastitis
	Menopause
	Nipple - cracked
	Pelvic inflamm. disease (female)
	Period problems
	Premenstrual tension
	Problem - gynaecological
	Problem - period

CODING LIST FOR PICD

	Prolapse - womb
Code	Condition/Symptom
33	Prolapse -(nes,if female)
	Prostate gland trouble
	Syndrome - Turner's
	Testicles - damaged
	Trouble - prostate gland
	Turner's syndrome
	Vaginitis
	Vulvitis
34	Arthritis - Rheumatoid
	Arthritis -(any site)
	Disease - Still's
	Fibrositis
	Osteo-arthritis
	Polymyalgia rheumatica
	Rheumatism
	Rheumatoid arthritis
	Still's disease
35	Ache - back
	Back ache
	Back trouble
	Cervical spondylitis
	Curvature - spine
	Damage - spine (excl paralysis)
	Disc trouble
	Disease - Schuermann's
	Dislocation - disc
	Dislocation - neck
	Dislocation - spine
	Fracture (nes) - disc
	Fracture (nes) - neck
	Fracture (nes) - spine
	Inflammation - spinal joint
	Injury - neck (excl paralysis)
	Injury - spine (excl paralysis)
	Laminectomy (nes)
	Lumbago
	Pain - back
	Prolapse - intervertebral disc
	Schuermann's disease
	Scoliosis
	Spondylitis
	Spondylosis
	Trouble - back
	Worn disc
36	Absence - limb
	Ache - Arm
	After effect - polio
	Bad leg
	Brittle bones
	Broken - limb

	Broken - nose
Code	Condition/Symptom
36	Broken - rib
	Bunion
	Bursitis
	Cartilage problem
	Chondrodystrophia
	Claw hand
	Club foot
	Collapse -Knee cap
	Contraction - Dupuytren's
	Contraction - Sinews
	Cramp - limb
	Deviated septum
	Difficulty - walking (nes)
	Disease - Paget's
	Disease - Perthe's
	Disease - Schlatter's
	Disease - Sever's
	Dislocation - other site
	Disseminated lupus
	Dupuytren's contraction
	Flat feet
	Fracture (nes) - other site
	Frozen shoulder
	Handicap - physical (nes)
	Hip infection
	Hip replacement (nes)
	Housemaid's knee
	Infection - hip
	Inflammation - tendon
	Injury - limb
	Knee problem
	Ligament - torn
	Limp (nes)
	Loss of - limb
	Malformed jaw
	Muscle - torn
	Muscle - wastage (nes)
	Myotonia (nes)
	Osteomyelitis
	Osteoporosis
	Paget's disease
	Pain - joint
	Perthe's disease
	Physically handicapped (nes)
	Pierre Robin syndrome
	Polio (nes)
	Problem - cartilage
	Removal - knee cap
	Replacement - hip (nes)
	Schlatter's disease

CODING LIST FOR PICD

	Sclerosis - systemic
Code	Condition/Symptom
36	Sever's disease
	Sjorgrens syndrome
	Syndrome - Pierre Robin
	Syndrome - Sjorgrens
	Systemic sclerosis
	TB - hip
	TB - limb
	Tendinitis
	Tennis elbow
	Tenosynovitis
	Torn ligament
	Torn muscle
	Wastage - muscle
	Weak legs
37	Aspergillosis
	Athlete's foot
	Behcet syndrome
	Candida
	Cough - Whooping
	Disease - venereal
	Fungal infection of nail
	Glandular fever
	Hepatitis (viral)
	Herpes
	Infection - fungal of nail
	Malaria
	Ringworm
	Sarcoidosis
	Syndrome - Behcet
	TB - abdomen
	TB - pulmonary
	Tetanus
	Thrush
	Toxoplasmosis (nes)
	Typhoid fever
	Venereal disease
	Whooping cough
38	Anaemia - pernicious
	Anaemia - sickle cell
	Anaemia -(nes)
	Blood - condition
	Blood - deficiency
	Blood - thickening
	Christmas disease
	Deficiency - blood
	Disease - Christmas
	Disease - Sickle cell
	Haemophilia
	Pernicious anaemia
	Polychaemia

	Purpura (nes)
Code	Condition/Symptom
38	Removal - lymph gland (nes)
	Removal - spleen
	Sickle cell anaemia
	Sickle cell disease
	Thalassaemia
39	Abcess - groin
	Acne
	Allergy - skin
	Angio-oedema
	Birthmark
	Boils
	Bulosa
	Burned arm (nes)
	Callous
	Carbuncle
	Cellulitis (nes)
	Chilblains
	Corn
	Dermatitis
	Eczema -(nes)
	Epidermolysis
	Impetigo
	Ingrown toenail
	Irritation of skin
	Leaf rash
	Pilonidal sinusitis
	Psoriasis
	Rash - leaf
	Rash - skin (nes)
	Sinus - pilonidal
	Skin - irritation (nes)
	Skin - rash (nes)
	Skin - ulcer
	Stevens - Johnson syndrome
	Syndrome - Stevens - Johnson
	Ulcer - limb (nes)
	Ulcer - skin
	Verruca
	Wart
40	Adhesions (nes)
	Alopecia
	Baldness
	Bleeding - Nose
	Dumb -(nes)
	Fainting (nes)
	Hair - falling out (nes)
	Insomnia
	Loss of - sense of smell
	Nose bleeds
	Sleep walking

CODING LIST FOR PICD

	Smell - no sense of
Code	Condition/Symptom
40	Travel sickness
41	After effect - meningitis (nes)
	Age (old) (nes)
	Allergic reaction (nes)
	Allergy - drugs (nes)
	Allergy -(nes)
	Swollen glands (nes)
	Tiredness
60	Addiction - drug
	Drug addiction
61	Addiction - alcohol
	Alcoholism
62	Anorexia nervosa
	Bulimia
70	Personality disorder
80	Auditory hallucinations
	Bipolar affective disorder
	Catatonic schizophrenia
	Chronic schizophrenia
	Hallucinations
	Hearing voices
	Hebephrenic schizophrenia
	Hypomania
	Mania
	Manic depression

	Manic depressive psychosis
	Manic depressive
	Mental illness
	Mentally disturbed
	Mild psychosis
	Mild schizophrenia
	Mood swings
	Neuroleptic
	Paranoia
	Paranoid schizophrenia
	Psychosis
	Psychotic related disorder
	Psychotic tendencies
	Schizo-affective disorder
	Schizophrenia
	Schizophrenic affective disorder
	Severe depression
	Simple schizophrenia
	Voices
81	Psychosis - alcohol-induced
	Psychosis - drug-induced
98	None of these
99	Can't remember
	Don't know
	Not known