

Adult psychiatric morbidity in England, 2007

Results of a household survey

Appendices and Glossary

Edited by Sally McManus, Howard Meltzer, Traolach Brugha, Paul Bebbington, Rachel Jenkins

A survey carried out for The NHS Information Centre for health and social care
by the National Centre for Social Research
and the Department of Health Sciences, University of Leicester

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Contents

Appendices

A	Assessment of psychiatric disorders – additional detail	7
B	Comorbidity analysis – additional detail	19
C	Derived variables used in the main report	23
D	Phase one questionnaire and phase two contents	35
E	Fieldwork documents	111
F	Publications using data from the psychiatric morbidity survey series	151

Glossary of survey terms and definitions	161
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Contents

For most of the disorders and behaviours covered in this report the methods section of the relevant chapter fully describes the assessment variables and process. Additional details are provided in this Appendix for three chapters. These are where the number of questions involved in the scoring was too great to list in the substantive chapter or where detailed algorithms were involved.

A1 Common mental disorders (Chapter 2)

A2 Antisocial and borderline personality disorders (Chapter 6)

A3 Alcohol misuse and dependency (Chapter 9)

A1 Common mental disorders

The process of assessment of common mental disorder (CMD) is given in the methods section of Chapter 2. The information below supplements this description with details of the items and the combinations required for:

- calculation of CIS-R symptom scores;
- calculation of total CIS-R scores;
- algorithms for production of ICD-10 diagnoses; and
- grouping ICD-10 diagnoses into broad categories.

A1.1 Calculation of CIS-R symptom scores

Calculation of symptom score for somatic symptoms

Score one for each of:

- Noticed ache or pain/discomfort for four days or more in the past seven days.
- Ache or pain/discomfort lasted more than three hours on any day in the past week/on that day.
- Ache or pain/discomfort has been very unpleasant in the past week.
- Ache or pain/discomfort has bothered you when you were doing something interesting in the past week.

Calculation of symptom score for fatigue

Score one for each of:

- Felt tired/lacking in energy for four days or more in the past seven days.
- Felt tired for more than three hours in total on any day in past week.
- Felt so tired/lacking in energy that you've had to push yourself to get things done on at least one occasion during the past week.
- Felt tired/lacking in energy when doing things you enjoy or used to enjoy at least once during past week.

Calculation of symptom score for concentration and forgetfulness

Score one for each of:

- Noticed problems with concentration/memory for four days or more in the past week.
- Could not always concentrate on a TV programme, read a newspaper article or talk to someone without mind wandering in past week.
- Problems with concentration actually stopped you from getting on with things you used to do or would like to do.
- Forget something important in past seven days.

Calculation of symptom score for sleep problems

Score one for each of:

- Had problems with sleep for four nights or more out of past seven.
- Spent at least a quarter of an hour trying to get to sleep on the night with least sleep in the past week.
- Spent at least one hour trying to get to sleep on the night with the least sleep.
- Spent three or more hours trying to get to sleep on four nights or more in the past week.
- Slept at least for a quarter of an hour longer than usual sleeping on the night you slept longest.
- Slept for one hour or more longer than usual sleeping on the night you slept longest.
- Slept for more than three hours longer than usual on four nights or more in past week.

Calculation of symptom score for irritability

Score one for each of:

- Felt irritable or short tempered/angry on four days or more.
- Felt irritable or short tempered/angry for more than one hour on any day in past week.
- Felt so irritable or short tempered/angry that you wanted to shout at someone in past week (even if you hadn't actually shouted).

- Had arguments, rows or quarrels or lost your temper with someone in past seven days and felt it was unjustified on at least one occasion.

Calculation of symptom score for worry about physical health

Score one for each of:

- Worried about physical health/serious physical illness on four days or more in past seven days.
- Felt that you had been worrying too much, in view of actual health.
- Worrying had been very unpleasant in past week.
- Not able to take mind off health worries at least once by doing something else in past week.

Calculation of symptom score for depression

Score one for each of:

- Unable to enjoy or take an interest in things as much as usual in past week.
- Felt sad, miserable or depressed/unable to enjoy or take an interest in things on four days or more in the past week.
- Felt, sad, miserable or depressed/unable to enjoy or take an interest in things for more than three hours in total on any day in past week.
- When sad, miserable or depressed you did not become happier when something nice happened, or when in company.

Calculation of symptom score for depressive ideas

Score one for each of:

- Felt guilty or blamed yourself when things went wrong when it hasn't been your fault at least once in past seven days.
- Felt that you are not as good as other people during past week.
- Felt hopeless, for instance about your future, during the past seven days.
- Felt that life isn't worth living in past week.
- Thought of killing yourself in the past week.

Calculation of symptom score for worry

Score one for each of:

- Been worrying about things other than physical health on four or more days out of past seven days.
- Have been worrying too much in view of your circumstances.
- Worrying has been very unpleasant in past week.
- Have worried for more than three hours in total on any of past seven days.

Calculation of symptom score for anxiety

Score one for each of:

- Felt generally anxious/nervous/tense on four or more of past seven days.
- Anxiety/nervousness/tension has been very unpleasant in past week.
- When anxious/nervous/tense, have had one or more of following symptoms:
 - heart racing or pounding;
 - hands sweating or shaking;
 - feeling dizzy;
 - difficulty getting your breath;
 - butterflies in your stomach;
 - dry mouth; or
 - nausea or feeling as though you wanted to vomit.
- Felt anxious/nervous/tense for more than three hours in total in any one of past seven days.

Calculation of symptom score for phobias

Score one for each of:

- Felt nervous/anxious about (situation/thing) four or more times in past seven days.

- On occasions when felt anxious/nervous/tense, had one or more of the following symptoms:
 - heart racing or pounding;
 - hands sweating or shaking;
 - feeling dizzy;
 - difficulty getting your breath;
 - butterflies in your stomach;
 - dry mouth; or
 - nausea or feeling as though you wanted to vomit.
- Avoided situation or thing because it would have made you anxious/nervous/tense once in past seven days.
- Avoided situation or thing four times or more because it would have made you anxious, nervous or tense.

Calculation of symptom score for panic

Score one for each of:

- Anxiety or tension got so bad you got in panic (e.g. felt that you might collapse or lose control unless you did something about it) once in past week.
- Anxiety or tension got so bad you got in panic more than once.
- Feelings of panic have been very unpleasant or unbearable in past week.
- This panic/worst of these panics lasted longer than 10 minutes.

Calculation of symptom score for compulsions

Score one for each of:

- Found yourself doing things over again (that you had already done) on four days or more in past week.
- Have tried to stop repeating behaviour/doing these things over again during past week.
- Repeating behaviour/doing these things over again made you upset or annoyed with yourself in past week.
- Repeated behaviour three or more times during past week.

Calculation of symptom score for obsessions

Score one for each of:

- Unpleasant thoughts or ideas kept coming into your mind on four days or more in past week.
- Tried to stop thinking any of these thoughts in past week.
- Became upset or annoyed with yourself when you have had these thoughts in past week.
- Longest episode of having such thoughts was a quarter of an hour or longer.

A1.2 Calculation of total CIS-R scores

The total CIS-R score used in this report was obtained by summing the symptom scores described above. This total score reflects the overall severity of neurotic symptoms and can range from zero to 57. For the presentation of data in this report the scores are grouped into four groups: 0 – 5; 6 – 11; 12 – 17; 18 and over. A score of 12 and over indicates significant levels of neurotic symptoms and can be considered the threshold score for assigning an assessment of neurotic disorder. A score of 18 and over suggests a level of symptoms likely to require treatment.

A1.3 Algorithms for production of ICD-10 diagnoses

The common mental disorders reported in Chapter 2 were also produced from the CIS-R schedule (reproduced as part of the questionnaire in Appendix D). The production of the six categories of disorder shown in Chapter 2 occurred in two stages: first, the respondents' responses to the CIS-R were used to produce specific ICD-10 diagnoses of neurosis. This was done by applying the algorithms described below. Second, the range of ICD-10 diagnoses were grouped together to produce the six categories used in the calculation of prevalence. No hierarchical rules were applied.

F32.00 Mild depressive episode without somatic symptoms

1. Symptom duration ≥ 2 weeks
2. *Two or more* from:
 - Depressed mood
 - Loss of interest
 - Fatigue
3. *Two or three* from:
 - Reduced concentration
 - Reduced self-esteem
 - Ideas of guilt
 - Pessimism about future
 - Suicidal ideas or acts
 - Disturbed sleep
 - Diminished appetite
4. Social impairment
5. *Fewer than four* from:
 - Lack of normal pleasure /interest
 - Loss of normal emotional reactivity
 - A.M. waking ≥ 2 hours early
 - Loss of libido
 - Diurnal variation in mood
 - Diminished appetite
 - Loss of $\geq 5\%$ body weight
 - Psychomotor agitation
 - Psychomotor retardation

F32.01 Mild depressive episode with somatic symptoms

1. Symptom duration ≥ 2 weeks
2. *Two or more* from:
 - Depressed mood
 - Loss of interest
 - Fatigue
3. *Two or three* from:
 - Reduced concentration
 - Reduced self-esteem
 - Ideas of guilt
 - Pessimism about future
 - Suicidal ideas or acts
 - Disturbed sleep
 - Diminished appetite
4. Social impairment
5. *Four or more* from:
 - Lack of normal pleasure/interest
 - Loss of normal emotional reactivity
 - A.M. waking ≥ 2 hours early
 - Loss of libido
 - Diurnal variation in mood

- Diminished appetite
- Loss of $\geq 5\%$ body weight
- Psychomotor agitation
- Psychomotor retardation

F32.10 Moderate depressive episode without somatic symptoms

1. Symptom duration ≥ 2 weeks

2. *Two or more* from:

- Depressed mood
- Loss of interest
- Fatigue

3. *Four or more* from:

- Reduced concentration
- Reduced self-esteem
- Ideas of guilt
- Pessimism about future
- Suicidal ideas or acts
- Disturbed sleep
- Diminished appetite

4. Social impairment

5. *Fewer than four* from:

- Lack of normal pleasure /interest
- Loss of normal emotional reactivity
- A.M. waking ≥ 2 hours early
- Loss of libido
- Diurnal variation in mood
- Diminished appetite
- Loss of $\geq 5\%$ body weight
- Psychomotor agitation
- Psychomotor retardation

F32.11 Moderate depressive episode with somatic symptoms

1. Symptom duration ≥ 2 weeks

2. *Two or more* from:

- Depressed mood
- Loss of interest
- Fatigue

3. *Four or more* from:

- Reduced concentration
- Reduced self-esteem
- Ideas of guilt
- Pessimism about future
- Suicidal ideas or acts
- Disturbed sleep
- Diminished appetite

4. Social impairment

5. *Four or more* from:

- Lack of normal pleasure /interest
- Loss of normal emotional reactivity
- A.M. waking ≥ 2 hours early
- Loss of libido
- Diurnal variation in mood
- Diminished appetite
- Loss of $\geq 5\%$ body weight
- Psychomotor agitation
- Psychomotor retardation

F32.2 Severe depressive episode

1. *All three* from:

- Depressed mood
- Loss of interest
- Fatigue

2. *Four or more* from:

- Reduced concentration
- Reduced self-esteem
- Ideas of guilt
- Pessimism about future
- Suicidal ideas or acts
- Disturbed sleep
- Diminished appetite

3. Social impairment

4. *Four or more* from:

- Lack of normal pleasure /interest
- Loss of normal emotional reactivity
- A.M. waking ≥ 2 hours early
- Loss of libido
- Diurnal variation in mood
- Diminished appetite
- Loss of $\geq 5\%$ body weight
- Psychomotor agitation
- Psychomotor retardation

F40.00 Agoraphobia without panic disorder

1. Fear of open spaces and related aspects: crowds, distance from home, travelling alone
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥ 2
5. No panic attacks

F40.01 Agoraphobia with panic disorder

1. Fear of open spaces and related aspects: crowds, distance from home, travelling alone
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥ 2
5. Panic disorder (overall panic score ≥ 2)

F40.1 Social phobias

1. Fear of scrutiny by other people: eating or speaking in public etc.
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥ 2

F40.2 Specific (isolated) phobias

1. Fear of specific situations or things, e.g. animals, insects, heights, blood, flying etc.
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥ 2

F41.0 Panic disorder

1. Criteria for phobic disorders not met
2. Recent panic attacks
3. Anxiety-free between attacks
4. Overall panic score ≥ 2

F41.1 Generalised anxiety disorder

1. Duration ≥ 6 months
2. Free-floating anxiety
3. Autonomic overactivity
4. Overall anxiety score ≥ 2

F41.2 Mixed anxiety and depressive disorder

1. (Sum of scores for each CIS-R section) ≥ 12
2. Criteria for other categories not met

F42 Obsessive-compulsive disorder

1. Duration ≥ 2 weeks
2. At least one act /thought resisted
3. Social impairment
4. Overall scores: obsession score=4, or compulsion score=4, or obsession + compulsion scores ≥ 6

A1.4 Grouping ICD-10 diagnoses into broad categories

Depression

As with the preceding survey, F32.00 and F32.01 were grouped to produce mild depressive episode (i.e. with or without somatic symptoms). F32.10 and F32.11 were similarly grouped to produce moderate depressive episode. Mild depressive episode, moderate depressive episode and severe depressive episode (F32.2) were then combined to produce the final category of depressive episode.

All phobias

The ICD-10 phobic diagnoses F40.00, F40.01, F40.1 and F40.2, were combined into one category of phobia. This is in line with the preceding surveys.

Categories for analysis

This process produced six categories of CMD for analysis:

- Mixed anxiety and depressive disorder;

- Generalised anxiety disorder;
- Depressive episode;
- All phobias;
- Obsessive compulsive disorder; and
- Panic disorder.

A2 Antisocial and borderline personality disorders

Full details of the assessment of borderline personality disorder (BPD) and antisocial personality disorder (ASPD) are given in the methods section of Chapter 6. The tables below supplement this description with details of the phase one items used to produce the personality disorder screening scores, which informed the assignment of phase two sampling fractions.

Phase one SCID-II self-completion screen

The question names shown in the tables below (e.g. 'pd73', 'pd74') refer to the question names used in the phase one questionnaire (reproduced in Appendix D). These are the questions used to assess each diagnostic criterion for BPD, conduct disorder and adult antisocial personality. A diagnosis of ASPD required both conduct disorder and adult antisocial personality to be present.

BPD: scored items in the SCID-II self-completion (phase one)

1	Frantic efforts to avoid real or imagined abandonment	pd73
2	A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation	pd74
3	Identity disturbance: markedly and persistently unstable self-image or sense of self	All of pd75, pd76, pd77, pd78
4	Impulsivity in at least 2 areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating)	pd79
5	Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour	pd80 and pd81
6	Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability or anxiety, usually lasting a few hours and only rarely more than a few days)	pd82
7	Chronic feelings of emptiness	pd83
8	Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights)	2+ of pd84, pd85, pd86
9	Transient, stress-related paranoid ideation or severe dissociative symptoms	pd87

Conduct disorder: scored items in the SCID-II self-completion (phase one)

1	Before age 15 often bullied, threatened or intimidated others	pd88
2	Before age 15 often initiated physical fights	pd89
3	Before age 15 has used a weapon that can cause serious harm to others (e.g. a bat, brick, broken bottle, knife or gun)	pd90
4	Before age 15 has been physically cruel to people	pd91
5	Before age 15 has been physically cruel to animals	pd92
6	Before age 15 has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery)	pd93
7	Before age 15 has forced someone into sexual activity	pd94
8	Before age 15 has deliberately engaged in fire setting with the intention of causing serious damage	pd95
9	Before age 15 has deliberately destroyed other's property (other than by fire setting)	pd96
10	Before age 15 has broken into someone else's house, building or car	pd97
11	Before age 15 often lies to obtain goods or favours or to avoid obligations (i.e. cons others)	pd98
12	Before age 15 has stolen items of non trivial value without confronting a victim (e.g. shoplifting, stealing but without breaking and entering, forgery)	pd 99
13	Before age 15 has run away from home overnight at least twice while living in parental home or parental surrogate home (or once without returning for a lengthy period)	pd100
14	Before age 13 often stayed out at night despite parental prohibitions	pd101
15	Before age 13 often truant from school	pd102

Adult antisocial personality: scored items in the SCID-II self-completion (phase one)

1	Since age 15 failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest	2+ of pd110, pd111, pd112, pd113
2	Deceitfulness, as indicated by repeated lying use of aliases or conning others for profit or pleasure	pd114 and pd115
3	Impulsivity or failure to plan ahead	pd103 and/or pd104
4	Irritability and aggressiveness, as indicated by repeated physical fights or assaults	2+ of pd105, pd106, pd107, pd108
5	Reckless disregard for safety of self or others	pd116
6	Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations	ynact = 6
7	Lacks remorse as indicated by being indifferent to, or rationalising having hurt, mistreated or stolen from another	pd109

A3 Alcohol misuse and dependence

Details of the assessment of alcohol misuse and dependence are given in the methods section of Chapter 9. The information given below provides additional detail on the questions and scoring of the tools used to assess for alcohol misuse and dependence.

A3.1 Scoring the Alcohol Use Disorders Identification Test (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT) was used for the assessment of alcohol misuse. This provides a score based on a series of questions covering different aspects of drinking behaviour as shown below.

1. How often do you have a drink containing alcohol?
 - Never (0)
 - Monthly or less (1)
 - Two to four times a month (2)
 - Two to three times a week (3)
 - Four or more times a week (4)

2. How many drinks containing alcohol do you have in a typical day when you are drinking?
 - 1 or 2 (0)
 - 3 or 4 (1)
 - 5 or 6 (2)
 - 7 to 9 (3)
 - 10 or more (4)

3. How often do you have six or more drinks on any one occasion?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 - Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - Daily or almost daily (4)

9. Have you or someone else been injured because of your drinking?
 - No (0)
 - Yes, but not in the last year (2)
 - Yes, during the last year (4)

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

No (0)

Yes, but not in the last year (2)

Yes, during the last year (4)

Scoring

The total score is computed across all 10 items and the threshold score to indicate hazardous drinking behaviour was deemed to be 8.

A3.2 Assessment of alcohol dependence using the SADQ-C

People who scored 10 or more on the AUDIT questionnaire then completed the Severity of Alcohol Dependence Questionnaire – Community (SADQ-C). This was completed using computer assisted self interviewing. The SADQ-C is comprised of 20 questions, the exact wording of which can be found in the survey questionnaire reproduced in Appendix D. It is a modified version of the SAD-Q, which was used in the APMS 2000 survey.

Responses to each question are given a score from 0 to 3. A total score is then computed by adding the scores for all items. An assessment of level of alcohol dependence is then made based on the total score as follows:

- Score 0 to 3 = no dependence;
- Score 4 to 19 = mild dependence;
- Score 20 to 34 = moderate dependence; and
- Score 35 to 60 = severe dependence.

People who did not complete the SADQ-C because they had an AUDIT score of less than 10 were assessed as having no dependence and assigned an SADQ-C score of zero.

B1.1 About Latent Class Analysis

Latent class analysis (LCA) is a statistical technique for finding subtypes of related cases (latent classes) from multivariate categorical data. The analysis fits a model to the data that (a) identifies a given number of latent classes, and (b) generates probabilities, for each respondent, of their being in each class (one probability per class). Respondents are then assigned to the class for which they have the highest probability. In this way, as with cluster analysis, it divides individual cases in a dataset into discrete non-overlapping groups.

Applied to the APMS dataset, LCA allows us to investigate whether there are discrete groups of people who share recognisable combinations of psychiatric conditions. Once groups such as these are found, the analysis generates a probability for each respondent of their being in each class and assigns them to the class for which they have the highest probability of membership. Once this is done it is straightforward to relate membership of each class to respondents' answers to these and other survey questions.

The data was modelled using the package Latent GOLD. A typical analysis involved fitting several models with different numbers of classes. It was then possible to write SPSS syntax to compare different models – for example to compare a model containing five classes with one containing six. This allowed us to identify the most useful model.

In Chapter 12 we describe the findings of the LCA modelling.

B1.2 Modelling the data

Fifteen binary variables were used as input to the LCA. They each defined the presence/absence of one of the following conditions:

- Generalised anxiety disorder in the past week;
- Mixed anxiety/depressive disorder in the past week;
- Obsessive compulsive disorder in the past week;
- Depressive episode in the past week;
- Panic disorder or any phobia in the past week;
- Alcohol dependency in the past six months;
- Drug dependency in the past year;
- Psychotic disorder in the past year;
- Borderline personality disorder (BPD) in the past year;
- Antisocial personality disorder (ASPD) in the past year;
- Posttraumatic stress disorder (PTSD) in the past week;
- Attention deficit hyperactivity disorder (ADHD) in the past six months;

- Eating disorder in the past year;
- Problem gambling in the past year; and
- Suicide attempt in the past year.

This dataset is sparse: there are 2^{15} (32,768) possible patterns of answers but only 7,404 respondents, the majority of whom have no psychiatric conditions, therefore only a small proportion of the possible response patterns are attained. A consequence of this is that many of the standard test statistics produced by LCA packages to evaluate and compare models with different number of classes are not valid. We therefore had to rely more heavily on subjective criteria in choosing the number of classes for our final model.

B1.3 Dealing with missing cases

LCA does not allow cases with any missing data to be used in the modelling. Of the 7,404 respondents in total, just over 85% (6,346 respondents) had complete data (i.e. were non-missing on all fifteen analysis variables). The remaining respondents were missing data for between one and seven conditions (with most respondents missing either on one or two conditions with decreasing frequency thereafter so that only a handful were missing on six or seven conditions).

In some types of multivariate analysis losing 15 percent of your sample might not be considered problematic in drawing adequate conclusions about relationships in a dataset. However, in this case it was clear that the removal of cases with missing values would reduce the available response patterns thereby compromising our search for patterns of comorbidity.

Respondents had missing values for a variety of reasons such as: being a partial respondent (i.e. not completing the full interview, including those who did not do the self-completion component), or responding 'don't know' or refusing to answer a question required for a diagnostic outcome.

It was decided that those with missing values on four or more conditions (26 respondents in total) should be excluded from the analysis, whilst reasonable steps should be taken to replace the missing values on the remaining cases.

While there are many possible approaches to imputing missing data, any approach which predicts the presence, rather than absence of a condition, would be difficult to defend. We felt it more prudent to err on the side of assuming the absence of a condition where information was missing. Therefore, where a condition has very low prevalence in the data - for example, BPD and ASPD - it seemed reasonable to recode a missing value as 'not present'. However, we needed to find an appropriate prevalence 'cut-off' for applying this rule.

In replacing missing values in this way, there is clearly a trade-off between including more cases on the one hand and imputing 'incorrectly' on the other. A cut-off of one percent seemed to achieve an ideal balance between these two competing criteria: there was little to be gained - in terms of the number of additional respondents - by increasing this cut-off to two percent, while decreasing it to 0.5 percent would have involved losing nearly 400 extra cases.

The following conditions had a prevalence of less than one percent:

- BPD;
- ASPD;
- Suicide attempt;
- Problem gambling;
- Psychosis; and
- ADHD.

Therefore we replaced all missing values on these variables with zero, indicating absence of the condition. Additionally, although its prevalence was around 3 percent, we also replaced some of the missing values on PTSD in the same manner. This was done for respondents who answered 'don't know' to the question on whether they had had a major trauma, on the assumption that if they did not know whether or not they had had one, then they had probably not.

Replacing missing values where possible in this way increased the percentage of our sample available for LCA from 85% to 99% of all respondents.

B1.4 Identifying the number of classes

As part of a latent class analysis we need to identify the number of classes. In practice, it is unlikely that there will be a single 'correct' model so it is usual to consider a range of possible models containing different numbers of classes and choose the most appropriate using some criteria.

A general approach to statistical model fitting is to try to balance the fit and the parsimony of a model – generally if two models fit a data set equally well the one with fewer parameters will be chosen. Under this principle, in LCA, if a model with $k+1$ classes fits the data just as well as one with k classes the k -class model will be chosen.

LCA software packages such as Latent GOLD provide the analyst with statistics to help in the choice of the correct number of classes in the data. In particular it provides several goodness-of-fit statistics to help decide on an appropriate model; a formal hypothesis test can also be performed to see if a $k+1$ -class model is an improvement on a k -class model.

However, as mentioned above the p -values calculated by the package are not valid when analysing a dataset as sparse as the APMS data. Furthermore, the size of the dataset (15 variables) is large enough to mean that the significance tests might not be very powerful. Even when classes display a large difference on one or two variables the overall significance test will be found to be "not significant" if the classes are similar on the other variables.

This means that rather than choosing a model on the basis of the p -values obtained from a formal hypothesis test, we used a more informal method of assessment.

First, Latent GOLD was used to fit models with varying numbers of classes, in this case those with between two and eight classes. Goodness-of-fit statistics were then examined for each of the models. These statistics allowed us to rule out certain models as having too poor a fit to be considered, and also gave an approximate upper limit for the number of classes that needed to be considered.

The choice between these was then made on the basis of several less formal considerations:

- The most important of these was interpretability of the classes. A model with k interpretable classes was preferred to one with $(k+1)$ classes where one or more of the classes was not recognisable in clinical terms.
- We assigned respondents to clusters (using modal assignment) and examined how the composition of the clusters changed as we moved from one solution (with k clusters) to the next ($k+1$ clusters). This allowed us to examine the stability of the models and to understand how new clusters formed and from which clusters in the previous solution.
- We considered the sizes of the clusters. In this case we expected to have one or two relatively small groups comprising those with multiple conditions. However, a model with several very small groups would be neither stable nor interpretable.
- We examined membership probabilities, in particular the probability that a respondent belongs to the cluster to which he/she has been assigned. Ideally each individual would have a fitted probability of 1 of being in their assigned group but in reality this figure is lower.

We found that all clusters in all models with up to six clusters were interpretable but once seven clusters was reached, the “new” cluster was not recognisable. We also found that when we looked at the seven cluster solution, the new cluster which appeared was much less robust than the rest in terms of the average probability of membership. Again this suggested that a six cluster solution was more appropriate for the data.

When we looked at the change in the composition of cluster membership we found that each successive solution added a new cluster from the remnants of one or more of the previous clusters but apart from this the remaining clusters were relatively stable. The six cluster solution produced a new cluster (not present in the five cluster solution), which, although very small, clearly represents those individuals with very high levels of co-morbidity who would otherwise be subsumed into cluster four. For this reason, having ruled out the seven cluster solution, six clusters was preferred to five.

B1.5 Classifying individuals and describing classes

Once a working model has been chosen, the analyst will usually try to relate membership of each class with the respondent’s answers to each question and thus describe each class.

One method of doing this is to examine the parameter estimates obtained by the model. Latent GOLD estimates the probability associated with each class for its answers to each question. For example, a member of cluster four has a 22% probability of having alcohol dependency, whereas a member of cluster two has only a 5% probability of this. Thus, cluster four will be more associated with alcohol dependency than cluster two.

Another method is to examine the responses rather than the parameters. This method requires respondents to be assigned to their modal class and hence does not take into account the uncertainty concerning class membership.

Either of these methods can be used to help describe classes. The first method has the advantage that it does not require that individuals are assigned to clusters. On the other hand, the second method might be preferable as its class labels are based on descriptions of a real sample rather than estimates of parameters (many of which could have quite large standard errors).

We used the first method when comparing the interpretability of solutions with different numbers of classes. However, once we had chosen our final solution we assigned respondents to clusters and treated the resulting variable like any other analysis variable when comparing the characteristics of each cluster.

Contents

- C1 Socio-demographic variables
- C2 Neurotic symptoms and common mental disorders
- C3 Trauma and posttraumatic stress disorder
- C4 Suicidal thoughts, suicide attempts and self-harm
- C5 Psychosis
- C6 Antisocial and borderline personality disorders
- C7 Attention deficit hyperactivity disorder
- C8 Eating disorders
- C9 Alcohol misuse and dependence
- C10 Drug use and dependence
- C11 Gambling behaviour
- C12 Psychiatric comorbidity
- C13 Methods and other variables
- C14 Psychoactive medication currently used
- C15 Talking therapies and service use
- C16 Variables accounting for survey method

Detailed and current documentation for all the archived variables will be available from the UK Data Archive when the APMS 2007 dataset is deposited (see www.data-archive.ac.uk/).

C1 SOCIO-DEMOGRAPHIC VARIABLES

RESPSEX	Sex of selected respondent
	Label
Value	Label
1	Male
2	Female
AGE10YR	Age of selected respondent in 10 year age bands
	Label
Value	Label
1	16 - 24
2	25 - 34
3	35 - 44
4	45 - 54
5	55 - 64
6	65 - 74
7	75+
AGE20YR	Age of selected respondent in 20 year age bands
	Label
Value	Label
1	16 - 34
2	35 - 54
3	55 - 74
4	75+
ETHNIC4	Ethnic origin of selected respondent in four categories
	Label
Value	Label
1	White
2	Black
3	South Asian (Indian, Pakistani or Bangladeshi)
4	Mixed or other
EDQUAL5	Highest educational qualification of selected respondent in five categories (plus no qualifications)
	Label
Value	Label
1	Degree
2	Teaching, HND, nursing
3	A Level
4	GCSE or equivalent
5	Foreign or other
6	No qualifications
RESMARDF	Marital status of selected respondent
	Label
Value	Label
1	Married
2	Cohabiting
3	Single
4	Widowed
5	Divorced
6	Separated
DVLO3A	ILO employment status of selected respondent in three categories
	Label
Value	Label
1	In Employment
2	Unemployed
3	Economically Inactive

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

GOR06	Government Office Region
	Label
Value	Label
1	North East
2	North West
3	Yorkshire and Humber
4	East England
5	East Midlands
6	West Midlands
7	London
8	South West
9	South East
NEWSHA	Strategic Health Authorities (new)
	Label
Value	Label
1	North East
2	North West
3	Yorkshire & The Humber
4	East Midlands
5	West Midlands
6	East of England
7	London
8	South West
9	South East Coast
10	South Central

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C2 NEUROTIC SYMPTOMS AND COMMON MENTAL DISORDERS

CISRFOUR	CIS-R score in four groups	
	Value	Label
	1	0–5
	2	6–11
	3	12–17
	4	18 and over
PANIC	Panic disorder in past week	
	Value	Label
	0	not present
GAD	Generalised anxiety disorder in past week	
	Value	Label
	1	present
MADD	Mixed anxiety/depressive disorder in past week	
	Value	Label
	0	not present
OCD	Obsessive compulsive disorder in past week	
	Value	Label
	1	present
PHOB	Any phobia in past week	
	Value	Label
	0	not present
DEP	Depressive episode in past week	
	Value	Label
	0	not present
NEUROTIC	Any neurotic disorder in past week	
	Value	Label
	1	Present
NOSYMP	Any neurotic symptoms in past week	
	Value	Label
	0	Has symptoms
NUMDIS	Number of CMD in past week	
	1	No symptoms

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C3

TRAUMA AND POSTTRAUMATIC STRESS DISORDER

PTSDEVER	Major traumatic event experienced in lifetime	
	Value	Label
	1	Yes
MAJORT16	Major traumatic event experienced since the age of 16	
	Value	Label
	1	Yes
	2	No
PTSDCOM	TSQ (Trauma Screening Questionnaire) total score	
	Value	Label
PTSDPOS	TSQ Score 6 or more: screen positive for probable PTSD	
	Value	Label
	1	Yes
	2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C4 SUICIDAL THOUGHTS, SUICIDE ATTEMPTS AND SELF-HARM

SUICTHWK	Thought about suicide in past week (face to face question)
Value	
Label	
0	No
1	Yes
SUICTHYR	Thought about suicide in past year (face to face question)
Value	
Label	
0	No
1	Yes
SUICTHIF	Thought about suicide ever (face to face question)
Value	
Label	
0	No
1	Yes
DSHLIFE	Thought about suicide ever (self-completion question)
Value	
Label	
0	No
1	Yes
SUICATWK	Attempted suicide in past week (face to face question)
Value	
Label	
0	No
1	Yes
SUICATYR	Attempted suicide in past year (face to face question)
Value	
Label	
0	No
1	Yes
SUICATIF	Attempted suicide ever (face to face question)
Value	
Label	
0	No
1	Yes
DSHTRY	Attempted suicide ever (self-completion question)
Value	
Label	
0	No
1	Yes
DSH4C6	Received help from friends/family/neighbours following last suicide attempt
Value	
Label	
0	No
1	Yes
DSH4C7	Received help from hospital/specialist medical/psychiatric service following last suicide attempt
Value	
Label	
0	No
1	Yes
DSH4C8	Received help from community/local authority service following last suicide attempt
Value	
Label	
0	No
1	Yes
DSH4C8	Received help from helpline/voluntary organisation following last suicide attempt
Value	
Label	
0	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

DSH4C10	Received help from someone else following last suicide attempt
Value	
Label	
0	No
1	Yes
DSH5	Ever self-harmed (face to face question)
Value	
Label	
0	No
1	Yes
DSHHARM	Ever self-harmed (self-completion)
Value	
Label	
0	No
1	Yes
DSH9	Sought help from medical services following (last) occasion of self-harm
Value	
Label	
0	No
1	Yes
DSH10	Sought help from psychiatric services following (last) occasion of self-harm
Value	
Label	
0	No
1	Yes

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C5 PSYCHOSIS

PSYCPROB Probable psychosis: approach consistent with 2000 survey
Value
0 No probable psychosis
1 Probable psychosis

PSYCDIS Psychotic disorder: psychotic episode in past year present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (PSYCDIS_WT)
Value
0 No psychotic disorder
1 Psychotic disorder

PSYCDIS_WT Weighting variable to use with PSYCHDIS

C6

ANTISOCIAL AND BORDERLINE PERSONALITY DISORDERS

BDPDPH2 Borderline personality disorder present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (BDPD_WT)
Value
1 Present
2 Absent

BDPD_WT Weighting variable to use with BDPDPH2

ASPDPH2 Antisocial personality disorder present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (ASPD_WT)
Value
1 Present
2 Absent

ASPD_WT Weighting variable to use with ASPDPH2

C7 ATTENTION DEFICIT HYPERACTIVITY DISORDER

DVADHD1		Score on the ASRS screen (0-6)
Value	Label	
1	0	
2	1	
3	2	
4	3	
5	4	
6	5	
7	6	

DVADHD2		ASRS Grouped score
Value	Label	
1	0 - 1	
2	2 - 3	
3	4 - 5	
4	6	

DVADHD4		Possible ADHD present or not (threshold score 4+)
Value	Label	
1	0 - 3	
2	4 or more	

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C8 EATING DISORDERS

SCOFF2		Eating disorders threshold score
Value	Label	
1	0 or 1 SCOFF score	
2	2+ SCOFF score	

EDIMPACT		SCOFF score 2+ and food interferes with life
Value	Label	
1	SCOFF score 2+ and food interferes with life	
2	Not present	

BIMIGP4		Grouped BMI based on self-reported height and weight
Value	Label	
1	Less than 18.5	
2	18.5 to less than 25	
3	25 to less than 30	
4	30 or more	

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C9 ALCOHOL USE	
AUDITSC	Score on AUDIT (drinking) questions
AUDITGP	Grouped audit score
Value	Label
1	0–7
2	8–15
3	16–40
DRINKPROB	Drink problem (score >8) present
Value	Label
1	Has problem (score 8+)
2	No problem
SADQCSC	Score on SADQ-C (Severity of Alcohol Dependence Questionnaire – Community version)
SADQGP	Grouped score on SADQ-C
Value	Label
1	no dependence
2	mild dependence
3	moderate dependence
4	severe dependence
AUDSAD2	Combined AUDIT and SADQ-C in 3 groups
Value	Label
1	No hazardous alcohol use
2	Hazardous use but no dependency
3	Alcohol dependency

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C10 DRUG USE	
CANNEVER	Ever used cannabis
Value	Label
1	Yes
2	No
CANNYEAR	Used cannabis in past year
Value	Label
1	Yes
2	No
CANNDPSC	Cannabis dependence score
CANNDEP	Dependent on cannabis or not
Value	Label
1	Yes
2	No
CANNDEP2	Dependent on cannabis based on score of 2+
Value	Label
1	Yes
2	No
AMPHEVER	Ever used amphetamines
Value	Label
1	Yes
2	No
AMPHYEAR	Used amphetamines in past year
Value	Label
1	Yes
2	No
AMPHDPSC	Amphetamine dependence score
AMPHDEP	Dependent on amphetamines or not
Value	Label
1	Yes
2	No
COCAEVER	Ever used cocaine
Value	Label
1	Yes
2	No
COCAYEAR	Used cocaine in past year
Value	Label
1	Yes
2	No
COCADEP	Dependent on cocaine or not
Value	Label
1	Yes
2	No
CRACEVER	Ever used crack
Value	Label
1	Yes
2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

CRACYEAR	Used crack in past year
Value	Label
1	Yes
2	No
CRACDPSC	Crack dependence score
CRACDEP	Dependent on crack or not
Value	Label
1	Yes
2	No
ECSTEVEER	Ever used ecstasy
Value	Label
1	Yes
2	No
ECSTYEAR	Used ecstasy in past year
Value	Label
1	Yes
2	No
ECSTDPC	Ecstasy dependence score
ECSTDPEP	Dependent on ecstasy or not
Value	Label
1	Yes
2	No
HEROEVEER	Ever used heroin
Value	Label
1	Yes
2	No
HEROYEAR	Used heroin in past year
Value	Label
1	Yes
2	No
ACIDEVEER	Ever used acid
Value	Label
1	Yes
2	No
ACIDYEAR	Used acid in past year
Value	Label
1	Yes
2	No
MUSHEVEER	Ever used magic mushrooms
Value	Label
1	Yes
2	No
MUSHYEAR	Used magic mushrooms in past year
Value	Label
1	Yes
2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

METHEVEER	Ever used methadone
Value	Label
1	Yes
2	No
METHYEAR	Used methadone in past year
Value	Label
1	Yes
2	No
HEMEDPSC	Heroin / methadone dependence score
HEMEDEP	Dependent on heroin / methadone or not
Value	Label
1	Yes
2	No
TRANVEER	Ever used tranquillisers
Value	Label
1	Yes
2	No
TRANYEAR	Used tranquillisers in past year
Value	Label
1	Yes
2	No
TRANDPSC	Tranquilliser dependence score
TRANDEP	Dependent on tranquillisers or not
Value	Label
1	Yes
2	No
AMYLEVEER	Ever used amyl nitrite
Value	Label
1	Yes
2	No
AMLYYEAR	Used amyl nitrite in past year
Value	Label
1	Yes
2	No
ANABEVEER	Ever used anabolic steroids
Value	Label
1	Yes
2	No
ANABYEAR	Used anabolic steroids in past year
Value	Label
1	Yes
2	No
GLUEVEER	Ever used glues, solvents, gas, aerosols
Value	Label
1	Yes
2	No
GLUEYEAR	Used glue in past year
Value	Label

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

1	Yes
2	No

GLUEDPSC	
Glue dependence score	

GLUEDEP	
Dependent on glue or not	
Value	Label
1	Yes
2	No

DRUGEVER	
Ever used any drug	
Value	Label
1	Yes
2	No

DRUGYEAR	
Used any drug in past year	
Value	Label
1	Yes
2	No

DRUGDEP	
Dependent on any drug or not	
Value	Label
1	Yes
2	No

DRUGDEP2	
Drug dependency with cannabis separate	
Value	Label
1	Dependent on cannabis only
2	Dependent on other drug with or without cannabis
3	No dependency

C11 GAMBLING BEHAVIOUR	
-------------------------------	--

GAMYR	
Gambled in the past year	
Value	Label
1	Yes
2	No

DSMSCGR	
DSM gambling score grouped	
Value	Label
0	0
1	1 – 2
2	3 – 4
3	5+

DSMPROB	
Whether a problem gambler (meets 3 or more DSM-IV criteria)	
Value	Label
0	Non problem gambler
1	Problem gambler (3+ criteria)

DSMPATH	
Whether a probable pathological gambler (meets 5 or more DSM-IV criteria)	
Value	Label
0	Non pathological gambler
1	Pathological gambler (5+ criteria)

C12 PSYCHIATRIC COMORBIDITY	
NUMDIAG	Number of conditions meet criteria for (using the disorder thresholds specified in the comorbidity chapter – Chapter 12)
NUMDIAG4	Number of conditions meet criteria for – grouped (using the disorder thresholds specified in the comorbidity chapter – Chapter 12)
Value	Label
0	None
1	1 condition
2	2 conditions
3	3 or more conditions
LCA	Assigned latent classes
Value	Label
1	'Unaffected'
2	'Moderate internalising'
3	'Cotymia'
4	'Comorbid internalising'
5	'Externalising'
6	'Highly comorbid'
CLUSTER1	Membership of Cluster 1 - Unaffected
Value	Label
0	No
1	Yes
CLUSTER2	Membership of Cluster 2 - Moderate internalising
Value	Label
0	No
1	Yes
CLUSTER3	Membership of Cluster 3 - Cotymia
Value	Label
0	No
1	Yes
CLUSTER4	Membership of Cluster 4 - Comorbid internalising
Value	Label
0	No
1	Yes
CLUSTER5	Membership of Cluster 5 - Externalising
Value	Label
0	No
1	Yes
CLUSTER6	Membership of Cluster 6 - Highly comorbid
Value	Label
0	No
1	Yes

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C13 PSYCHOACTIVE MEDICATION

MEDPSYC	Drugs used in the treatment of psychosis (currently taken)
Value	Label
1	Yes
2	No
MEDDEP	Antidepressants (currently taken)
Value	Label
1	Yes
2	No
MEDHYP	Hypnotics (currently taken)
Value	Label
1	Yes
2	No
MEDANXI	Anxiolytics (currently taken)
Value	Label
1	Yes
2	No
MEDADD	Drugs used in the treatment of ADHD (two types, currently taken)
Value	Label
1	Yes
2	No
ANYMED	Current use of any psychoactive medication
Value	Label
1	Yes
2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C14 TALKING THERAPIES AND SERVICE USE

DOC2WKS	Spoken with GP in past two weeks about a mental or emotional problem
Value	
Label	
1	Yes
2	No
DOCPSYC	Spoken with GP in past year about a mental or emotional problem
Value	
Label	
1	Yes
2	No
INQTRMEN	Inpatient stay in past quarter for a mental or emotional problem
Value	
Label	
1	Yes
2	No
OUTQTRME	Outpatient visit in past quarter for a mental or emotional problem
Value	
Label	
1	Yes
2	No
PSYCTHER	Currently having psychotherapy, psychoanalysis, individual or group therapy
Value	
Label	
1	Yes
2	No
COGOTHER	Currently having behaviour or cognitive therapy
Value	
Label	
1	Yes
2	No
ARTTHER	Currently having art, music or drama therapy
Value	
Label	
1	Yes
2	No
SOCTRAIN	Currently having social skills training
Value	
Label	
1	Yes
2	No
MARITHER	Currently having marital or family therapy
Value	
Label	
1	Yes
2	No
SEXTHER	Currently having sex therapy
Value	
Label	
1	Yes
2	No
COUNSEL	Currently having counselling
Value	
Label	
1	Yes
2	No
OTHOTHER	Currently having other therapy for a mental or emotional problem
Value	
Label	
1	Yes
2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

ANYTHER	Currently having any counselling or therapy
Value	
Label	
1	Yes
2	No
TRTMNT	Currently in receipt of any medication, counselling, or therapy treatment
Value	
Label	
1	Yes
2	No
DAYCOMMYR	Used a day activity centre in past year
Value	
Label	
1	Yes
2	No
PSYTRTYR	Seen a psychiatrist in the past year
Value	
Label	
1	Yes
2	No
PSYLGTYR	Seen a psychologist in past year
Value	
Label	
1	Yes
2	No
CPNYR	Seen a community psychiatric nurse in past year
Value	
Label	
1	Yes
2	No
CLDNYR	Seen a community learning difficulty nurse in past year
Value	
Label	
1	Yes
2	No
OTHNSEYR	Used other nursing services in past year
Value	
Label	
1	Yes
2	No
SOCWRKYR	Seen a social worker in past year
Value	
Label	
1	Yes
2	No
SFHELPHYR	Used self help/support group in past year
Value	
Label	
1	Yes
2	No
HMHELPHYR	Used home help/home care worker in past year
Value	
Label	
1	Yes
2	No
OREACHYR	Used outreach worker/family support in past year
Value	
Label	
1	Yes
2	No

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

ANYCCAR		Any community care service in past year
Value	Label	
1	Yes	
2	No	
ANYHLCA		Received any health care for mental health or emotional reason (past year from GP, past quarter from hospital)
Value	Label	
1	Yes	
2	No	
ANYDACA		Received any day care service in past year
Value	Label	
1	Yes	
2	No	

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

C-15 VARIABLES ACCOUNTING FOR SURVEY METHOD

WT_INTS1	Survey weight for phase one data
POINT	Primary sampling unit
STRATA	Stratification variable

APMS 2007 | APPENDIX C: DERIVED VARIABLES USED IN THE MAIN REPORT

Phase one questionnaire and phase two contents

D

Contents

Phase one questionnaire

Phase two contents

APMS 2007: phase one questionnaire and
phase two contents

PHASE ONE

1. Household information

StartDat

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

ASK FOR EACH PERSON THE HOUSEHOLD:

Name

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

Sex

- 1 Male
- 2 Female

Birth

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

IF Birth = Don't know OR Refusal THEN

AgeIf

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

DVage

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

IF DVage >=16 THEN

MarStat

CODE FIRST THAT APPLIES.

What is *name/your* legal marital status?

Are you/is HELP<F9>

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

IF (DVage>=16) AND (No. in Household>1) AND (MarStat = Not married) THEN
LiveWith
May I just check, are you living with someone in the household as a couple? HELP<F9>
This would include as a same sex couple.

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

Respdnt

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

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

Hhldr

In whose name is the accommodation owned or rented?
CODE ALL THAT APPLY.

IF Hhldr = more than 1 person THEN

HhNum

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

Fulfill**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

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

HFfirst

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

MedicWh1

SHOW CARD H

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

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

CODE ALL THAT APPLY

- 1 Largactil (chlorpromazine)
- 2 Stelazine (trifluperazine)
- 3 Haldol, Serenace (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 (MedicWh1 = Yes) THEN

Mpack1

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 Mpack = 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

MedicWh2

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 Trypizol (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

Mpack2

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 Mpack2 = 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

MedicWh3

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 (MedicWh3 = Yes) THEN

Mpack3

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 Mpack3 = Packet seen - drug coded correctly OR Packet Not Seen THEN

Mwhy3

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

ASK ALL

Inject

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

- 1 Yes
- 2 No

IF Inject = Yes THEN

INJECTWH

SHOW CARD L

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

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

CODE ALL THAT APPLY

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

IF INJECTWH = Yes THEN

Minjwhy3

What condition do you take (name of injection) for?

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/SYMBOLS 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

CnsIHav

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 CnsIHav = Yes THEN

CnsI

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 CnsI = Another type of therapy THEN

CnsIV

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY'.

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

CnsLug

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 CnsI = Psychotherapy, psychoanalysis, individual or group therapy THEN

CnsITak

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

InStayQtr

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 (InStayQtr = 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
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

CISRIntr

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

- 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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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 INFORMANT'S 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 INFORMANT'S OWN WORDS IF POSSIBLE
In the past week have you been able to enjoy or take an interest in things as much as usual?
1 Yes
2 No/no enjoyment or interest

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

- 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

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
MainReason
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 - PHOBIA

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?

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 ((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

adhdscit

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

ENDING (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

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

THANK YOU. THE
SHOWCARD BF

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

- 1

IF Work = Yes THEN

JJCQ1

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

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

JJCQ6

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

DVCigt1

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

DrkOf

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

LoOfen

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 DrkOf = two or more times a month THEN

NoStop

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 DrkOf = two or more times a month THEN

FailDrk

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

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

IF DrkOfst = two or more times a month THEN

MornDrk

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

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

IF DrkOfst = two or more times a month THEN

Guilty

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

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

IF DrkOfst = two or more times a month THEN

NoMem

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

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

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

Injured

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

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

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

Advised

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

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

DVAudit

COMPUTED VARIABLE

AUDIT SCORE (computed from DrkOfst to Advised)

ASK IF DVAUDIT>=10

woke

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

...you woke up feeling sweaty

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

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

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, sometimes,
- 2 often,
- 3 or always, or nearly always?
- 4

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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)

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

- 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

DrkIntro2

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-COMLETE, 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 (DrkIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN

DrkTest

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 ((DrkIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN

DrkTest2

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 (DrkIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers) THEN

DrkIntro

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 (YDrug2 = glues, solvents, gas or aerosols OR methadone or physseptone 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 physseptone 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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

IF (InjEver = Yes) AND (InjMB4 = Yes) THEN
InjORB4

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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 'comed' others to get what you want?

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

PD116

Since you were 15, did you ever drive a car when you were drunk or high on drugs?

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

18. Social Functioning Questionnaire - (SFQ)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

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

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

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

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

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

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

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

SFQG
I feel lonely and isolated from other people.

1 Very much
2 Sometimes
3 Not often
4 Not at all

SFQH
I enjoy my spare time.
1 Very much
2 Sometimes
3 Not often
4 Not at all

19. Asperger syndrome - (Asperger Self Completion Questionnaire)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro

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

1 Continue

ASover

I prefer to do things the same way over and over again.

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

ASsound

I often notice small sounds when others do not.

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

ASpolite

Other people frequently tell me that what I've said is impolite, even though I think it is polite.

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

ASdates

I am fascinated by dates.

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

ASsocsit

I find social situations easy.

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

ASdetail

I tend to notice the details that others do not.

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

ASparty

I would rather go to a party than a library.

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

ASpeople

I find myself drawn more strongly to people than to things.

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

AStalk

When I talk, it isn't always easy for others to get a word in edgeways.

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

ASstory

When I'm reading a story, I find it difficult to work out the characters intentions.

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

ASread

I particularly enjoy reading fiction.

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

ASfriend

I find it easy to make new friends.

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

ASlisten

I know how to tell if someone listening to me is getting bored.

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

ASdomore

I find it easy to do more than one thing at once.

- 1 Definitely agree
- 2 Slightly agree

- 3 Slightly disagree
- 4 Definitely disagree

ASphone

When I talk on the phone, I'm not sure when it's my turn to speak.

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

ASface

I find it easy to work out what someone is thinking or feeling just by looking at their face.

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

ASinform

I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).

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

ASplan

I like to plan any activities I participate in carefully.

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

ASsococc

I enjoy social occasions.

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

ASdob

I am not very good at remembering people's date of birth.

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

IF DVASsc >=2 AND DVTtotal >=8 THEN

ImpactAS

You've said that you prefer to (do things the same way each time/plan activities carefully).

Are your important daily routines, work or study ever affected by of this?

- 1 To a great extent
- 2 To some extent
- 3 A little bit

- 4 Not at all

IF DVASdc >=2 AND 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

GambProc

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

GambDesir

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

GambStop

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 GambStop = Yes THEN

GamlrIt

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

GambEscp

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

GambLoss

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

GambLie

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

Gamlilg

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

GambCare

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

GambRely

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 PTSDgain

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 PTSDasi

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 PTSDcon

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

eat3stf

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

eattoth

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

DISori

Have you been unfairly treated in the last 12 months, that is since *(date)*, because of your sexual orientation?

- 1 Yes

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

- 2No
- 9Don'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.

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

IF Penny = 1 THEN

Sexpart

Have your sexual partners been...

- 1only opposite sex
- 2mainly opposite sex but some same sex partners
- 3mainly same sex but some opposite sex partners
- 4only same sex
- 5or, 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...

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

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...

- 1Only with (women/men) or a (woman/man), never with a (man/woman)
- 2More often with (women/men), and at least once with a (man/woman)
- 3About equally often with (women/men) and (men/women)
- 4More often with (men/women), and at least once with a (woman/man)
- 5Only with (men/women) or a (man/woman), never with a (woman/man)
- 6I 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.

- 1Yes
- 2No

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

AGE

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.

109

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

110

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'

q8	CAPON	Correct
	1	Incorrect/don't know
q9	'di-NIGH'	Correct
	DENY	Incorrect/don't know
q10	'NAW-zia'	Correct
	NAUSEA	Incorrect/don't know
q11	'dett'	Correct
	DEBT	Incorrect/don't know
q12	'KUR-tius'	Correct
	COURTEOUS	Incorrect/don't know
q13	'RARE-ifle'	Correct
	RARIFY	Incorrect/don't know
q14	'e-KWIV-oh-kl'	Correct
	EQUIVOCAL	Incorrect/don't know
q15	'NIGH-eve'	Correct
	NAIVE	Incorrect/don't know
q16	'KATT-a-koom'	Correct
	CATACOMB	Incorrect/don't know

q16	'javid'	Correct
	GAOLED	Incorrect/don't know
q17	'time'	Correct
	THYME	Incorrect/don't know
q18	'air'	Correct
	HEIR	Incorrect/don't know
q19	'RAY-DICKS'	Correct
	RADIX	Incorrect/don't know
q20	'ASS-ig-neight'	Correct
	ASSIGNATE	Incorrect/don't know
q21	'high-EIGHT-us'	Correct
	HIATUS	Incorrect/don't know
q22	'suiit'	Correct
	SUBTLE	Incorrect/don't know
q23	'PRO-cree-eight'	Correct
	PROCREATE	Incorrect/don't know
q24	'jist'	Correct
	GIST	Correct

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

2	Incorrect/don't know
q25	
'goudje'	
GOUGE	
1	Correct
2	Incorrect/don't know
q26	
'sue-PER-flu-us'	
SUPERFLUOUS	
1	Correct
2	Incorrect/don't know
q27	
'SIM-illy'	
SIMILE	
1	Correct
2	Incorrect/don't know
q28	
'b'n-arle'	
BANAL	
1	Correct
2	Incorrect/don't know
q29	
'KWAD-rew-ped'	
QUADRUPEL	
1	Correct
2	Incorrect/don't know
q30	
'CHELL-ist'	
CELLIST	
1	Correct
2	Incorrect/don't know
q31	
'fa-SARD'	
FACADE	
1	Correct
2	Incorrect/don't know
q32	
'zeilat'	
ZEALOT	
1	Correct
2	Incorrect/don't know

115

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

q33	
'dram'	
DRACHM	
1	Correct
2	Incorrect/don't know
q34	
'e-on'	
AEON	
1	Correct
2	Incorrect/don't know
q35	
'glass-EE-bo'	
PLACEBO	
1	Correct
2	Incorrect/don't know
q36	
'ab-STEAM-ae-us'	
ABSTEMIOUS	
1	Correct
2	Incorrect/don't know
q37	
'day-TARNT'	
DETENTE	
1	Correct
2	Incorrect/don't know
q38	
'ID-I'	
IDYLL	
1	Correct
2	Incorrect/don't know
q39	
'poo-ER-pur-I'	
PUERPERAL	
1	Correct
2	Incorrect/don't know
q40	
'a-VERR'	
AVER	
1	Correct
2	Incorrect/don't know
q41	
'gowsh'	
GAUCHE	
1	Correct

116

- 2 Incorrect/don't know
- q42

'tope-ee-airy'

TOPIARY

1 Correct

2 Incorrect/don't know
- q43

'le-V-ath'n'

LEVIATHAN

1 Correct

2 Incorrect/don't know
- q44

'bee-AT-ife'

BEATIFY

1 Correct

2 Incorrect/don't know
- q45

'PRELL-it'

PRELATE

1 Correct

2 Incorrect/don't know
- q46

'siDARE-ee-al'

SIDEREAL

1 Correct

2 Incorrect/don't know
- q47

'de-MAIN'

DEMESNE

1 Correct

2 Incorrect/don't know
- q48

'SING-k-pea'

SYNCOPE

1 Correct

2 Incorrect/don't know
- q49

'LAY-bile'

LABILE

1 Correct

2 Incorrect/don't know

Q50

- 'kam-pan-EE-lay'
- CAMPANILE
- 1 Correct
- 2 Incorrect/don't know

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

TR1Wnn

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

TR2Wnn

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

TR3Wnn

SHOW CARD BN

Thinking about the (name of traumatic event):

When did that happen?

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

RECENT ONE

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

28. Parenting

ASK IF SELECTED RESPONDENT

ChildInst

Up to the age of 16 did you spend any time in any kind of institution such as a children's home, borstal, or young offenders unit?
(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)

- 1 Yes
- 2 No

LACare

(May I just check) Were you ever taken into Local Authority Care (that is into a children's home or foster care) as a child up to the age of 16?

- 1 Yes
- 2 No
- 3 Does not apply, e.g. foreign national

MaPaintro

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

- 1 Continue

BothMaPa

Did you live more or less continuously with both of your natural parents at home until you were 16?
INTERVIEWER: EXPLAIN IF NECESSARY: That is your birth parents.
'YES' TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.

- 1 Yes
- 2 No

IF BothMaPa = No THEN

YNotBoth

Is that because there was ...READ OUT...

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

IF BothMaPa = No AND YNOTbBoth = Other reason THEN

XYNotBoth

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

IF BothMaPa = No THEN

MaOrPa

And may I check, [/ after that] did you live more or less continuously with your mother or with your father until you were 16?

- 1 Mother
- 2 Father
- 3 Both Mother and Father equally
- 4 Other relative
- 5 Other (in care, fostered, etc)

AnyChild

Do you have, or have you had, any children of your own that you are the natural [father / mother] of?

Please include any who don't now, or never did, live with you as part of your household.

IF MENTIONED, EXCLUDE MISCARRIAGE/ABORTION/ADOPTED.

- 1 Yes
- 2 No

IF AnyChild = Yes THEN

NoChild

How many children have you had?

(INCLUDE STILLBIRTH/DIED)

Range: 1...97

29. Social support

ASK IF SELECTED RESPONDENT

DLSSInt1

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

- 1 Continue

CloseRel

First of all I would like to ask you about the people that you live with.

How many adults who live with you do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

CloseRI3

Now I would like to ask about people you feel close to who do not live with you.

How many relatives aged 16 or over, who do not live with you, do you feel close to?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

CloseFr

How many friends or acquaintances who do not live with you would you describe as close or good friends?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

IF (CloseRI3 >= 1) OR (CloseFr >= 1) THEN

OutSee

Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?

INTERVIEWER: IF NONE ENTER '0'

Range: 0...97

DLSSInt2

I would now like you to think about your family and friends. (By family I mean those who live with you as well as those elsewhere).

Here are some comments people have made about their family and their friends. For each statement, please say whether it is not true, partly true or certainly true for you.

- 1 Continue

DLSS1

SHOW CARD BP

There are people I know amongst my family and friends - who do things to make me happy.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS2

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel loved.

- 1 Not true
- 2 Partly true

- 3 Certainly true

DLSS3

SHOWCARD BP

(There are people I know amongst my family and friends) - who can be relied on no matter what happens.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS4

SHOWCARD BP

(There are people I know amongst my family and friends) - who would see that I am taken care of if I needed to be.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS5

SHOWCARD BP

(There are people I know amongst my family and friends) - who accept me just as I am.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS6

SHOWCARD BP

(There are people I know amongst my family and friends) - who make me feel an important part of their lives.

- 1 Not true
- 2 Partly true
- 3 Certainly true

DLSS7

SHOWCARD BP

(There are people I know amongst my family and friends) - who give me support and encouragement.

- 1 Not true
- 2 Partly true
- 3 Certainly true

30. Religion and spirituality

ASK IF SELECTED RESPONDENT

SpecRel

The next few questions are about religion. Do you have a specific religion?

- 1 Yes
- 2 No

IF SpecRel = Yes THEN

WhatRel

Which religion is that?

INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.

- 1 Roman Catholic
- 2 Protestant Christian
- 3 Other Christian
- 4 Islam
- 5 Hinduism (Jain, Sikh)
- 6 Judaism
- 7 Buddhist
- 8 Other(SPECIFY)

IF SpecRel = Yes AND WhatRel = Other THEN

OthRel

INTERVIEWER: ENTER RELIGION

Relig

By 'religion', we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual beliefs.

Would you say that you have a religious or a spiritual understanding of your life?

CODE ALL THAT APPLY

- 1 Religious
- 2 Spiritual
- 3 Neither

IF Relig = Religious OR Relig = Spiritual THEN

RStrong

SHOW CARD BQ

How strongly do you hold to your religious/spiritual view of life? Please look at this card and tell me the number that best describes your view, from 0 'weakly held' through to 10 'strongly held'.

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

IF Relig = Religious OR Spiritual THEN

ImpPrac

SHOW CARD BR

How important to you is the practice of your belief (e.g. private meditation, religious services) in your day-to-day life? Please look at this card and tell me the number that best describes your view, from 0 'not necessary' through to 10 'essential'

INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.

Range: 0...10

IF Relig = Religious OR Spiritual THEN

Praynum

SHOW CARD BS

How often do you attend services or prayer meetings or go to a place of worship?

- 1 Once a week or more
- 2 At least once a month, but less than once a week
- 3 At least once a year, but less than once a month
- 4 Less than once a year
- 5 Never

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

Realhime

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

127

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

- 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

128

- 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

GoLibrary

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
- 4 Mixed:
- 5 Mixed - White and Black Caribbean
- 6 Mixed - White and Black African
- 7 Mixed - White and Asian
- 8 Any other mixed background
- 9 Asian or Asian British:
- 10 Asian or Asian British – Indian
- 11 Asian or Asian British – Pakistani
- 12 Asian or Asian British – Bangladeshi
- 13 Any other Asian/Asian British background
- 14 Black or Black British:
- 15 Black or Black British – Caribbean
- 16 Black or Black British – African
- 17 Any other Black/Black British background
- 18 Chinese or other ethnic group:
- 19 Chinese
- 20 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

Working

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 Working = No THEN

SchemeET

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

IF (Working = 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
YnAct
 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
 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
FlPWk
 In your (main) job (are/were) you working: HELP<F9>
 1 full time
 2 part time?

IF Everwk = Yes AND FlPWk = part time THEN
PTWkHours
 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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

LookAtAI

Have you looked for a job at all (since you last worked?)

- 1 Yes
- 2 No

135

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

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>)

136

- 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 = No 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 Wrking = No AND SchemeET = No AND 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 Wrking = No AND SchemeET = No AND (JbAway = No) OR (JbAway = 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 Wrking = No AND SchemeET = No AND (JbAway = No) OR (JbAway = Waiting to take up a new job/business already obtained) AND OwnBus = No THEN**RelBus**

...or that a relative owns?

- 1 Yes
- 2 No

IF Wrking = No AND SchemeET = No AND RelBus = No AND JbAway = 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 (Looked = Waiting to take up a new job or business already obtained) OR (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**YnAct**

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

Everwtk

Have you ever had a paid job, apart from casual or holiday work?

- 1 Yes
- 2 No

IF Everwtk = Yes THEN**DrJbl**

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 Everwtk = 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 Everwtk = Yes THEN****OccD**

[NAME]

CURRENT OR LAST JOB

What did you mainly do in your job?

IF Everwtk = Yes THEN**SpecQuals**

[NAME]

CURRENT OR LAST JOB

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

IF Everwk = Yes THEN
Stat
[NAME]
CURRENT OR LAST JOB
Were you working as an employee or were you self-employed HELP<F9>?
1 Employee
2 Self-employed

IF Everwk = Yes THEN
Manage
[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 Everwk = Yes THEN
EmpNo
[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 EmpNo = 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

139

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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

140

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
HsgPr
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 stoves/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 stoves/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

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

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.

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Appendix E

Fieldwork documents

E

Contents

Advance letter

Survey leaflet

Showcards

Consent to NHS Register

Helplines leaflet

Helplines card

Thank you letter



Operations Department
Kings House 101-135 Kings Road
Brentwood Essex CM14 4LX
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A Company Limited by Guarantee Registered in England No. 4382418 Charity No. 1091788

Dear Resident,

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

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

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

In our work we rely on people's voluntary co-operation. Your help will give everyone a better understanding of the experiences and needs of people in our society. The success of the study depends on the participation of as many of those selected as possible. As a token of our appreciation all participants receive a £5 high street voucher. If you would like to know more about the study in advance of an interviewer calling, please call 0800 652 4572, or write to me at the above address.

Yours sincerely,

Joanne Phillipson
Project Controller

Your interviewer on this study will be

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

Who do we want to interview?
One person aged 16 or over, selected at random at each address.

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

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

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

How is the information used?

- The study will be used by the NHS to look at how the stresses and strains of everyday life affect people's health and wellbeing.
- The NHS uses this information to help plan health services and to identify key priorities for public health.

"The National Study of Health and Wellbeing is a valued and well respected resource for health professionals and academic researchers"

Professor Terry Brugha
School of Medicine
University of Leicester

- The results of this study can help in the development of policies and to make sure that services, help and support are available for people who need them.
- By comparing results with earlier studies it is also possible to see where progress has been made and where improvements are still needed.

Who can I contact about the study?

We hope that you have found this leaflet interesting, and that it shows the importance of the study.

If you would like to talk to someone about this study, please telephone NatCen on freephone 0800 652 4572 and ask for Joanne Phillipson (Project Controller) or Bryan Mason (Deputy Project Controller).

National Centre for Social Research (Research)
35 Northampton Square
London
EC1V 0AX

National Centre for Social Research (Operations)
Kings House, 101 – 135 Kings Road
Brentwood
Essex
CM14 4LX

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Charity No. 1091768

We hope that you will take part in the National Study of Health and Wellbeing 2006/7.

We rely on your voluntary contribution in making the study a success.

Thank you very much for helping us.

The National Study of Health and Wellbeing 2006/7

On behalf of the NHS
Information Centre
for Health &
Social Care



What is the study about?

The National Study of Health and Wellbeing 2006/7 is part of an important program on the health and wellbeing of the nation.

The study is designed to look at:

- How the stresses and strains of everyday life affect people's health.
- What people do for help or support when they need it.
- Changes in health over time. The results of this study can be compared with similar studies carried out in 1993 and 2000.

Who is carrying out the study?

- The **National Centre for Social Research** (NatCen) is carrying out this study on behalf of the NHS Information Centre.
- The study is conducted in collaboration with the School of Medicine at the **University of Leicester**.

Why is the study important?

Information collected from this study will be used by the NHS and Department of Health:

- To get a clear up to date picture of the nation's health.
- To develop policies and plan services.
- To make sure people with health problems get the help they need.

Who takes part in the survey?

- We would like to interview around 8,500 adults aged 16 and over across England. Addresses are selected at random from a file the Post Office use to deliver mail and we then seek to interview all adults at each address.
- We interview a large number of people to make sure that we get a good mix of people and all groups of people are represented in the study e.g. men and women of all ages.

What does the study involve?

An experienced NatCen interviewer will interview everyone who agrees to take part in the study. The interviewer will call at your home and carry out an interview using a laptop computer. The interview can be carried out at a time that suits you. Questions are about health and wellbeing and use of health services like the GP, nurse and hospital.

Is the study confidential?

Yes. Any information given to us will be treated in strictest confidence. The results will be not be used in any way in which they can be associated with you.

Reports from the study show information about groups of people (e.g. men and women, adults aged 16-24) not individuals.

Did you know...?

(Findings from: *The National Study of Health and Wellbeing, 2000*)

- Sleep problems, fatigue, irritability and worry were most commonly reported by men and women.
- Irritability among women was found to gradually decline with age.
- 1 in 10 elderly people reported symptoms of worry.
- About a quarter of adults with an emotional problem were receiving treatment of some kind.
- More women than men reported having a phobia.

Where can I get further information about this study?

Further information about the National Study of Health and Wellbeing 2006/7 can be found on the survey website:

www.healthandwellbeingsurvey.org

Information about the National Centre for Social Research, who are carrying out the interviews on this study, can be found at:

www.natcen.ac.uk

Where can I get further information about earlier studies?

Findings from the previous surveys are published in a series of special reports and are available on the following websites:

Department of Health

www.dh.gov.uk

NHS Information Centre for Health & Social Care
www.ic.nhs.uk



P2550

**The National Study of
Health and Wellbeing**

SHOWCARDS

SFS

CARD A

- 1. Not at all
- 2. A little bit
- 3. Moderately
- 4. Quite a bit
- 5. Extremely

SF9, SF10, SF11,
Fullife, Worn, Tired
SF12

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

CONHOMD

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

Care3 – Care5

CARD F

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

Health

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

CARD J

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

MedicWh3

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

INJECTWH

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

CC2AY, CC2Y

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

A8

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

B3a

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

B9, C8

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

D4a

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

E10, F7

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

G10, I10

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

I10

Reason,
MNIReason

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

J9, J9A,

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)

K5, K5A

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

K8, L7, M8, N8

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

Adhdwrap, adhdorg, adhdapp,
adhdavd, adhdsit, adhdmot

CARD BD

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

ERIINTRO, ERII –ERI15

CARD BE

1. **Strongly agree**
2. **Slightly agree**
3. **Slightly disagree**
4. **Strongly disagree**

Work2, JCQ1 – JCQ6

CARD BF

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

Intmar2,
q1-q50

CARD BG

chord	ache	depot
aisle	bouquet	psalm
capon	deny	nausea
debt	courteous	rarify
equivocal	naive	catacomb
gaoled	thyme	heir
radix	assignate	hiatus
subtle	procreate	gist
gouge	superfluous	simile
banal	quadruped	cellist
facade	zealot	drachm
aeon	placebo	abstemious
détente	idyll	puerperal
aver	gauche	topiary
leviathan	beatify	prelate
sidereal	demesne	syncope
labile	campanile	

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

Trauma2

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

TR2Whn

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 BQ

Weakly held

Strongly held

0 1 2 3 4 5 6 7 8 9 10

CARD BP

DLSS1, DLSS2, DLSS3, DLSS4,
DLSS5, DLSS6, DLSS7

- 1. Not true
- 2. Partly true
- 3. Certainly true

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 BR

Not necessary

Essential

0 1 2 3 4 5 6 7 8 9 10

Belong - Green

CARD BT

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

Clubs

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 highsers or ONC/OND/BEC/TEC or NVQ Level 3 or BTEC National or GNVQ (Advance Level)
4. O level/GCSE grade A-C or CSE grade 1 or Standard Grade level 1-3 or NVQ Level 2 or BTEC First or GNVQ (Intermediate level)
5. CSE grades 2-5 or GCSE grade D-G or Standard Grade level 4-6 or NVQ Level 1 or GNVQ (Foundation Level)
6. CSE Ungraded
7. Other qualifications (specify)
8. No formal qualifications

Benefits

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

CareBen

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

IncBen

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

Matern

CARD CA

1. Maternity Allowance

2. Statutory Maternity Pay from your employer or former employer

3. Neither of these

Other

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

SrcInc

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 £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

Ten1

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

Built

CARD CG

1. Before 1900
2. 1900 – 1949
3. 1950 – 1976
4. 1977 – 1989
5. 1990 – 2002
6. 2003 – later

Glaze

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

Moult

CARD CJ

1. Living room
2. Kitchen
3. Bathrooms, toilets or shower rooms
4. Adult's bedrooms
5. Children's bedrooms
6. All rooms

TypHeat

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

Central

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

Portab

1. Portable electric heaters
2. Portable oil-filled heaters
3. Portable bottled gas heaters
4. Portable paraffin heaters

CARD CN

Useheat

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

InDebt

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**

Borrow

CARD CQ

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

SERIAL NUMBER

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P2550

NATIONAL STUDY OF HEALTH and WELLBEING 2006/7

NHS Central Register

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the National Study of Health and Wellbeing.
- If a person who took part in the National Study of Health and Wellbeing dies, the cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
- You can cancel this permission at any time in the future by writing to us at the following address:
Joanne Phillipson, Operations Department, 101-135 Kings Road, Brentwood, Essex CM14 4LX.

Your consent

I, (name) _____ consent to the National Centre for Social Research passing my name, address and date of birth to the **National Health Service Central Register**. I understand that information held by **the NHS Central Register** may be used to keep in touch with me and follow up my health status.

Signed _____

Date _____

I understand that these details will be used for research purposes only.

The National Study of Health and Wellbeing

Useful Contacts

There may be times in everyone's life when they feel miserable and depressed. At such times they might feel that they cannot cope. When people feel like this it is important that they talk to someone and seek help.

If you should feel like this, or if you are concerned for someone else, here are some contacts which might be useful.

For local help:

- **A GP (General Practitioner).** A person's GP will be able to provide help and advice and can provide access to appropriate specialist service and local organisations.
- There will also be many **local organisations** providing a range of services including support groups, help lines and information. Details can be obtained from your GP, your local library, or they may be listed in the telephone directory.

The **national organisations** listed below may also be able to put you in touch with local groups:

• The Samaritans

The Samaritans provide a confidential service for people in despair and who feel suicidal.

24 hour emergency line: 08457 90 90 90

www.samaritans.org.uk

• MIND (National Association for Mental Health)

Offers confidential help on a range of mental health issues.

0845 7660163 Mon-Fri 9.15am – 5.15pm

www.mind.org.uk

• Supportline

Confidential telephone helpline offering emotional support to any individual on any issue including child abuse, bullying, eating disorders, domestic violence, rape, mental health, depression, anxiety and addictions.

020 8554 9004

www.supportline.org.uk

• SANE

Provides information and support to people who suffer from all forms of mental illness and their friends and families.

0845 7678000

www.sane.org.uk

• NHS Direct

Provides help and advice from a qualified nurse on a wide range of health problems and issues.

0845 4547

www.nhsdirect.nhs.uk

• Alzheimer's Disease Society

Provides support for people with dementia and for the people who care for them.

020 7306 0606

www.alzheimers.org.uk

• National Domestic Violence Helpline

Provides access to 24-hour emergency refuge accommodation as well as an information service.

0808 2000 247

P2550

• Cruse Bereavement Care

Offers help, including a free counselling service, for bereaved people whatever their age, nationality or beliefs.

0870 1671677

www.crusebereavementcare.org.uk

• National Gay and Lesbian Switchboard

Helpline and information service for lesbians, gay men and bisexual people.

0207 837 7324 (24 hours)

www.llgs.org.uk

• Citizens Advice Bureau

Helps people resolve their legal money & other problems providing them with free information and advice.

For local offices see the listings in your local phonebook.

www.adviceguide.org.uk

• Alcoholics Anonymous

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

0845 7697555

www.alcoholics-anonymous.org.uk

• National Drugs Helpline

Free and confidential phone service that offers advice and information for those who are concerned, or have questions about drugs.

0800 77 66 00

• Narcotics Anonymous

A fellowship of men and women for whom drugs have become a major problem. The only requirement for membership is the desire to stop using drugs.

0845 3733366 or 020 7730 0009

www.ukna.org

• Gamblers Anonymous

A fellowship of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers to do the same.

08700 508880

www.gamblersanonymous.org.uk

• Victim Support line

Provides help and information to anyone who has been affected by a crime, including domestic violence and sexual assault.

0845 30 30 900

www.victimsupport.org

• NSPCC

Provides information, advice and counselling to anyone concerned about a child's safety.

0800 1111

www.nspcc.org.uk

• Association for Post-Natal Illness

Provides support to mothers suffering from PNI.

020 7386 0868

www.apni.org

• Trauma Support Centre

Support and advice to those suffering from post-traumatic stress disorder.

020 8462 5590 or 020 8462 5030

www.traumatic-support.org.uk

P2550




The National Study of Health and Wellbeing

Some useful numbers:

The Samaritans: 08457 90 90 90
NHS Direct: 0845 46 47
MIND: 0845 766 0163
Alcoholics Anonymous:
0845 769 7555

Supportline: 020 8554 9004
National Drugs Helpline:
0800 77 66 00
Cruse Bereavement Care:
0870 167 1677
Victim support: 0845 30 30 900



P2550

The National Centre for Social Research
35 Northampton Square
London EC1V 0AX
Website: www.natcen.ac.uk



Operations Department
Kings House 101-135 Kings Road
Brentwood Essex CM14 4LX
Tel. 01277 200 600



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Our ref: P2550

We are very grateful that you took part in the **National Study of Health and Wellbeing**.

Your contribution was invaluable and we hope you enjoyed taking part. All the information you provided in the interview will be treated in **strict confidence**.

If you have any queries, please do not hesitate to contact a member of the research team. You can call the number above and ask for me, Joanne Philipson.

Once again thank you for taking part in the study.

Yours sincerely,

Joanne Philipson
Project Controller

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Publications using data from the psychiatric morbidity survey series

2008

Coid J, Yang M (2008) The distribution of psychopathy among a household population: categorical or dimensional? *Soc Psychiatry Psychiatr Epidemiol.* Oct;43(10):773-81.

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Glossary of survey terms and definitions

ADHD (attention deficit hyperactivity disorder)	<p>Attention deficit hyperactivity disorder (ADHD) is a life-long condition characterised by sustained and excessive problems with organisation, sustaining attention in activities that require cognitive involvement, hyperactivity, restlessness and impulsiveness to the extent that it significantly interferes with everyday life.</p> <p>Also see ASRS (Adult ADHD Self-Report Scale – v1.1).</p>
Adults	<p>Adults were defined as people aged 16 and over.</p>
Age-standardisation	<p>Age-standardisation has been used in order to enable different groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.</p> <p>Age-standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the Office for National Statistics 2006 mid-year household population estimates for England. Age-standardisation was carried out using the following age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over.</p> <p>Age-standardisation was not applied where a variable did not have respondents for every cell in every age band. For example, because there were no widowed men aged 16-24, age-standardisation was not applied to analysis by marital status. In addition, it was often not applied to the treatment and service use tables because of the small sample size of the disordered group (where it was less than 100). All age-standardised tables are labelled as such in the title. See Sections 13.8.4 and 13.8.5 in the Methods Chapter for more detail.</p>
Alcohol dependence	<p>Alcohol misuse was measured using two different instruments. First the Alcohol Use Disorders Identification Test (AUDIT) was used to assess hazardous and harmful drinking. Then those who scored 10 or above on the AUDIT were also asked the Severity of Alcohol Dependence Questionnaire – Community (SADQ-C). People who scored four or more on the SADQ-C were considered to be dependent on alcohol.</p> <p>Also see harmful alcohol use and hazardous alcohol use.</p>
Anxiety disorders	<p>Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias and obsessive compulsive disorder (OCD).</p> <p>Also see common mental disorders.</p>

ASPD (antisocial personality disorder)	<p>DSM-IV characterises antisocial personality disorder as a pervasive pattern of disregard for and violation of the rights of others that has been occurring in the individual since the age of 15 years, as indicated by three (or more) of seven criteria:</p> <ul style="list-style-type: none"> • A failure to conform to social norms; • Irresponsibility; • Deceitfulness; • Indifference to the welfare of others; • Recklessness; • A failure to plan ahead; and • Irritability and aggressiveness. <p>Also see personality disorder.</p>
ASRS (Adult ADHD Self-Report Scale-V1.1)	<p>The Adult ADHD Self-Report Scale-V1.1 (ASRS) was used in the APMS 2007 survey to estimate the prevalence of possible ADHD. The six item ASRS screen is a shortened version of the 18 item Symptom Checklist scale measuring the frequency of recent DSM-IV Criterion A symptoms of adult ADHD.</p> <p>Also see ADHD (attention deficit hyperactivity disorder).</p>
BPD (borderline personality disorder)	<p>According to the DSM-IV diagnostic criteria for borderline personality disorder (BPD), the key features are instability of interpersonal relationships, self-image and mood, combined with marked impulsivity, beginning in early adulthood. It is indicated by five (or more) of the following criteria:</p> <ul style="list-style-type: none"> • Frantic efforts to avoid real or imagined abandonment; • Pattern of unstable and intense personal relationships; • Unstable self image; • Impulsivity in more than one way that is self-damaging (e.g. spending, sex, substance abuse, binge eating, reckless driving); • Suicidal or self harming behaviour; • Affective instability; • Chronic feelings of emptiness; • Anger; and • Paranoid thoughts or severe dissociative symptoms (quasi psychotic). <p>Also see personality disorder.</p>
CIS-R (Clinical Interview Schedule – Revised)	<p>The CIS-R is an instrument designed to measure neurotic symptoms and disorders, such as anxiety and depression. It comprises of 14 sections each covering a particular type of neurotic symptom. Scores are obtained for each symptom based on frequency, duration and severity in the last week. Individual symptoms scores can be summed to provide an overall score for the level of neurotic symptoms. A score of 12 or more indicates the presence of significant levels of neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment. Diagnoses of six specific neurotic disorder were obtained by looking at answers to the various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research. The six categories of neurotic disorder are:</p> <ul style="list-style-type: none"> • Generalised anxiety disorder (GAD); • Mixed anxiety and depressive disorder; • Depressive episode (mild, moderate or severe); • Phobias; • Obsessive-compulsive disorder (OCD); and • Panic disorder. <p>Also see common mental disorders and neurotic symptoms.</p>

Common mental disorders (CMDs)	<p>These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment.</p> <p>Also see CIS-R (Clinical Interview Schedule – Revised).</p>
Community care services	<p>Community care services included the following in the past year: a psychiatrist, psychologist, community psychiatric nurse, community learning difficulty nurse, other nursing services, social worker, self help/support group, home help/homecare worker or outreach worker.</p>
Comorbidity	<p>The co-occurrence of two (or more) different conditions. Comorbidity is associated with increased severity and longer duration of disorders, greater functional disability and increased use of health services. In this report this refers to psychiatric comorbidity only.</p>
Conditional probability	<p>Conditional probability is the probability of one event, given that another has occurred. The conditional probability presented in the PTSD chapter is the probability of screening positive for current PTSD given that a trauma has occurred in adulthood. It is based on the most recent trauma, but for some respondents that could be an event that occurred many years ago. It is quite possible that a respondent experienced PTSD as a result of their most recent trauma, are now in remission and no longer symptomatic. The measure of conditional probability presented therefore will be an underestimate compared with that used on most other studies and should not be compared. It will be most misleading for analysis by age, but more useful for comparing vulnerability to development of PTSD given exposure in other groups, especially where the results are age standardised.</p> <p>Also see PTSD (posttraumatic stress disorder), Trauma, and TSQ (Trauma Screening Questionnaire).</p>
Current treatment for a mental or emotional problem	<p>Current treatment for a mental or emotional problem included currently receiving any psychoactive medication, counselling or talking therapy, for a mental, nervous or emotional problem.</p>
Day care services	<p>Day care services included community mental health centre, day activity centre, sheltered workshop and other nursing services in the past year.</p>
Depot injection	<p>When antipsychotic medication is given by injections on a monthly basis, these are sometimes termed depot injections.</p>
Depressive symptoms	<p>Depressive symptoms include low mood and loss of interest and enjoyment in ordinary things and experiences.</p>
Drug dependence	<p>Dependence syndrome is defined in ICD-10 as ‘a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state’.</p> <p>A threshold of three or more of the following occurring in the past 12 months is required for a diagnosis:</p>

- Preoccupation with substance use;
- A sense of need or dependence;
- Impaired capacity to control substance-taking behaviour ;
- Increased tolerance;
- Withdrawal symptoms; and
- Persistent substance use despite evidence of harm.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders)

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) is a manual that categorises currently recognised mental health disorders.

Eating disorder

Eating disorders are disorders are characterised by a persistent and severe disturbance in eating attitudes and behaviour, to an extent that it significantly interferes with everyday functioning. Three main subtypes of eating disorder are identified by the DSM-IV: anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS).

Also see **SCOFF**.

Economic activity/employment status

Economically active people are those over the minimum school-leaving age who were working or unemployed in the week before the week of the interview. These people constitute the labour force.

Employed

This category includes people aged 16 and over who, in the week before the week of the interview, worked for wages, salary or other form of cash payment such as commission or tips, for any number of hours. It covers people absent from work in the reference week because of holiday, sickness, strike or temporary lay-off, provided they had a job to return to with the same employer. It also includes people attending an educational establishment during the specified week if they were paid by their employer while attending it, people who worked in Government training schemes and unpaid family workers.

People are excluded if they have worked in a voluntary capacity for expenses only, or only for payment in kind, unless they worked for a business, firm or professional practice owned by a relative. Full-time students are classified as 'working', 'unemployed' or 'inactive' according to their own reports of what they were doing during the reference week.

Unemployed people

This survey used the International Labour Organisation (ILO) definition of unemployment. This classifies anyone as unemployed if he or she was out of work in the four weeks before interview, or would have been but for temporary sickness or injury, and was available to start work in the two weeks after the interview. Otherwise, anyone out of work is classified as economically inactive.

The treatment of all categories in this survey is in line with that used in the Labour Force Survey (LFS).

Economically inactive

The 'economically inactive' group includes students, and those looking after home, long term sick or disabled, or retired.

Educational level	<p>Educational level was based on the highest educational qualification reported and was grouped as follows:</p> <p>Degree / teaching / HND / nursing Degree (or degree level qualification) NVQ Level 5</p> <p>Teaching qualification HNC/HND, BRC/TEC Higher, BTEC Higher, City and Guilds Full Technological Certificate, Nursing Qualifications (SRN, SCM, RGN, RM, RHV, Midwife) NVQ Level 4</p> <p>A Level or equivalent A levels, SCE Higher ONC/OND/BEC/TEC not higher City and Guilds Advanced/Final Level BTEC National GNVQ (Advanced Level) Youth Award – Platinum NVQ Level 3</p> <p>GCSE or equivalent GCSE (Grades A-C) O level passes (Grade A-C if after 1975) CSE (Grades A-C) CSE Grade 1 SCE Ordinary (Bands A-C) Standard Grade (Level 1-3) SLC Lower SUPE Lower or Ordinary School Certificate or Matric City and Guilds Craft/Ordinary Level BTEC First GNVQ (Intermediate Level) NVQ Level 2 Youth Award - Gold CSE Grades 2-5 GCE O level (Grades D & E if after 1975) GCSE (Grades D,E,F,G) SCE Ordinary (Bands D & E) Standard Grade (Level 4,5) Clerical or Commercial qualifications Apprenticeship GNVQ (Foundation Level) NVQ Level 1 Youth Award - Bronze or Silver CSE Ungraded</p> <p>Foreign/other qualifications</p> <p>No qualifications</p>
Equivalised household income	<p>Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than available to this survey. Household income was thus established by means of a show card (see Appendix E) on which banded incomes were presented. Information was obtained from the selected respondent, although they were encouraged to seek further</p>

information from the household reference person when this was someone other than the respondent.

Initially the respondent was asked to state their own aggregate gross income, and were then asked to estimate the total household income including that of any other people in the household. Household income can be used as an analysis variable, but there has been interest in using measures of equivalised income that adjust income level to take account of the number of people in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the APMS 2007. The method used in the present report utilises the widely used McClemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClemens score. Household members were given scores as follows:

- First adult 0.61
- Spouse/partner 0.39
- Other second adult 0.46
- Third adult 0.42
- Subsequent adults 0.36
- Dependant aged 0-1 0.09
- Dependant aged 2-4 0.18
- Dependant aged 5-7 0.21
- Dependant aged 8-10 0.23
- Dependant aged 11-12 0.25
- Dependant aged 13-15 0.27
- Dependant aged 16+ 0.36

2. The equivalised income was derived as the annual household gross income divided by the McClemens score. Where information on annual household gross income was not available, this was replaced with annual individual gross income.

3. This equivalised annual income was attributed to all members of the household, including children.

4. Households were ranked by equivalised income, and quintiles q1 – q5 were identified. Because incomes were obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as ‘households with income up to q1’, ‘over q1 up to q2’ etc.

Equivalised household income quintiles and corresponding income groups:

- Lowest quintile <£10,575
- 4th quintile >=£10,575 <£16,195
- 3rd quintile >=£16,195 < £24,700
- 2nd quintile >=£24,700 <£40,384
- Highest quintile >=£40,384

5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated. Insofar as the mean number of people per household may vary between quintiles, the numbers in the quintiles will be equal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.

Ethnicity	<p>Respondents identified their ethnicity according to one of fifteen groups. For analysis purposes these groups were subsumed under four headings: white, black, South Asian and other.</p> <table> <tr> <td>White</td><td> White – British White – Irish Any other white background </td></tr> <tr> <td>Black</td><td> Black – Caribbean Black – African Any other black background </td></tr> <tr> <td>South Asian</td><td> Indian Pakistani Bangladeshi </td></tr> <tr> <td>Other</td><td> Chinese Mixed – white and black Caribbean Mixed – white and black African Mixed – white and Asian Any other mixed background Other </td></tr> </table> <p>Due to the heterogeneous nature of the 'other' ethnic group, which includes people of various mixed ethnic origins and Chinese, this category is generally not referred to in the text or charts in the chapters. It is included on tables for completeness.</p>	White	White – British White – Irish Any other white background	Black	Black – Caribbean Black – African Any other black background	South Asian	Indian Pakistani Bangladeshi	Other	Chinese Mixed – white and black Caribbean Mixed – white and black African Mixed – white and Asian Any other mixed background Other
White	White – British White – Irish Any other white background								
Black	Black – Caribbean Black – African Any other black background								
South Asian	Indian Pakistani Bangladeshi								
Other	Chinese Mixed – white and black Caribbean Mixed – white and black African Mixed – white and Asian Any other mixed background Other								
Gambling activities	<p>Examples of gambling activities were provided to indicate the range of types included:</p> <ul style="list-style-type: none"> • Buying lottery tickets or scratch cards 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. <p>Also see problem gambling.</p>								
GOR (Government Office Region)	<p>Government Office Region (GOR) is the key classification system used for regional statistics. There are nine Government Office Regions in England: North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East and South West.</p> <p>The nine category system has been used since 1998; however, GOR boundaries may change from year to year as they reflect administrative boundaries.</p> <p>Also see region and SHAC (Strategic Health Authority).</p>								
Harmful alcohol use	<p>Harmful alcohol users are those with the most hazardous use of alcohol, at which damage to health is likely. The damage may be physical (for example in terms of liver damage or alcohol induced falls) or mental (for example depressive episodes after heavy consumption of alcohol).</p> <p>Also see alcohol dependence and hazardous alcohol use.</p>								
Hazardous alcohol use	<p>Hazardous alcohol use is defined as an established pattern of drinking which brings the risk of physical and psychological harm. The prevalence in the previous year was assessed using the Alcohol Use</p>								

Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates hazardous alcohol use.

Also see **alcohol dependence** and **harmful alcohol use**.

Health care services	The health care services used variables included an inpatient stay or outpatient visit in the past quarter, or spoken with a GP in the past year, for a mental or emotional reason. The time frame therefore varied and so it is important to note that this variable does not represent all health care services used for a mental or emotional problem in the past year.
Health conditions	<p>The APMS 2007 survey adopted a show card approach in measuring self-reported general health and long standing illness. Respondents were asked to identify which (if any) of the conditions listed below they had had since the age of 16.</p> <ul style="list-style-type: none">• Cancer• Diabetes• Epilepsy/fits• Migraine or frequent headaches• Dementia or Alzheimer's disease• Anxiety, depression or other mental health issue• Cataracts/eyesight problems (even if corrected with glasses or contacts)• Ear/hearing problems (even if corrected with a hearing aid)• Stroke• Heart attack/angina• High blood pressure• Bronchitis/emphysema• Asthma• Allergies• Stomach ulcer or other digestive problems• Liver problems• Bowel/colon problems• Bladder problems/incontinence• Arthritis• Bone, back, joint or muscle problems• Infectious disease• Skin problems• Other• None of these
ICD-10	The International Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a classification system for diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).
Income	Also see equivalised household income .
LCA (Latent class analysis)	<p>Latent Class Analysis (LCA) is a statistical technique for finding subtypes of related cases (latent classes) from multivariate categorical data. The analysis fits a model to the data that (a) identifies a given number of latent classes, and (b) generates probabilities, for each respondent, of their being in each class (one probability per class). An individual is then assigned to the class for which they have the highest probability. In this way, as with cluster analysis, it divides individual cases in a dataset (in this instance 'cases' are APMS respondents) into discrete non-overlapping groups.</p> <p>Also see Appendix B for more detail of the process used in the comorbidity analysis.</p>

Marital status

Respondents were categorised according to their self-reported legal marital status, this included a code for whether the respondent was in a legally recognised Civil Partnership with someone of the same sex.

Also see **age-standardisation** for an explanation of why analysis by this variable was not age standardised.

Medications

Current use of specific psychoactive medications was asked about using a series of showcards. These included all the most commonly prescribed preparations used in the treatment of mental health problems. Both generic and brand names were shown. Depot injections used in the treatment of psychosis were also included. Individual medications were grouped into the following categories:

Drugs used in the treatment of psychosis:	Anti-depressants:	Hypnotics:
Largactil	Prozac	Planpak
Stelazine	Lustral	Mogadon
Haldol	Seroxat	Buspar
Risperdal	Efexor	Anxiolytics:
Zyprexa	Nardil	Valium
Clozaril	Manerix	Ativan
Priadel	Tryptizol	Librium
Dolmatil	Tofranil	
Seroquel	Anafranil	
Abilify	Prothiad	
Depixol	Sinequan	
Modecate	Cipramil	
Haldol	Zispen	
Clopixol		
Risperdal consta		

Drugs used in the treatment of ADHD:

Ritalin
Strattera

Not all drugs used in the treatment of ADHD were asked about, only two of the most commonly prescribed preparations were included.

Any medication:

Included whether the respondent was taking any of the psychoactive medications listed, including depot injections.

Neurotic symptoms

The CIS-R comprises 14 sections, each covering a particular area of neurotic symptoms as follows:

- Somatic symptoms – are characterised by a physical ache or pain/discomfort that cannot be attributed to a medical condition or to the use of drugs. Somatic symptoms often interfere significantly with a person's ability to perform important activities.
- Fatigue – the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. A variety of other unpleasant physical feelings is common, such as dizziness, tension headaches, and feelings of general instability.
- Concentration and forgetfulness – this includes the inability to concentrate without the mind wandering and forgetting something important to the extent that it interferes with a person's ability to perform daily activities.

- Sleep problems – are characterised by a disturbance in the person's amount of sleep, quality or timing of sleep, or in behaviours or physiological conditions associated with sleep.
- Irritability – is associated with feeling short tempered and angry to the extent that it results in arguments or quarrels.
- Worry about physical health – this is defined by feelings of worry about a physical/serious physical illness to the extent that an individual is unable to take their mind off their health worries.
- Depression – is characterised by a lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common.
- Depressive ideas – are characterised by loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts are common.
- Worry – is associated with a persistent feeling of worry about things (other than physical health).
- Anxiety – is defined as generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances. The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and discomfort.
- Phobias – are a group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result, these situations are characteristically avoided or endured with dread. Individual symptoms include palpitations or feeling faint and are often associated with secondary fears of dying, losing control, or going mad.
- Panic – the essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. The dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality.
- Compulsions – are repetitive, purposeful and ritualistic behaviours or mental acts, performed in response to obsessive intrusion and to a set of rigidly prescribed rules.
- Obsessions – are defined as recurrent and persistent thoughts, impulses or images that are intrusive and inappropriate and cause anxiety or distress.

Neurotic symptoms are not reported on in the APMS 2007 report, but are included in the archived dataset.

Also see **common mental disorders** and **CIS-R** (Clinical Interview Scheduler – Revised).

Percentile

The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 per cent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median.

Personality disorder

Personality disorder is 'an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in

adolescence or early childhood, is stable over time, and leads to distress or impairment' (American Psychiatric Association, 1994). Two types of personality disorder were investigated: antisocial personality disorder (ASPD) and borderline personality disorder (BPD).

Also see **antisocial (ASPD)** and **borderline personality disorder (BPD)**.

**Problem gambling
(including
pathological
gambling)**

'Problem gambling' is gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Pathological gambling is a term used to describe a higher subset level of harmful impact that gambling can have on a gambler and on the people around him or her. A diagnosis of pathological gambling is made if a person meets at least five of the following criteria:

- Preoccupied with gambling
- Needs to gamble with increasing amounts of money
- Repeated unsuccessful efforts to cut back or stop gambling
- Restless or irritable when attempting to cut down or stop gambling
- Gambles as a way of escaping from problems or relieving a dysphoric mood
- After losing money gambling, often returns another day in order to get even
- Lies to conceal the extent of involvement with gambling
- Commits illegal acts to finance gambling
- Jeopardises a significant relationship, job, or opportunity because of gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Also see **gambling activities**.

**Psychiatric
morbidity**

The expression 'psychiatric morbidity' refers to the degree or extent of the prevalence of mental health problems within a defined area.

Psychoses

These are disorders that produce disturbances in thinking and perception that are severe enough to distort the person's perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer's disease, and functional psychoses, which mainly cover schizophrenia and manic depression. The disorders discussed in Chapter 5 are based on the World Health Organisation's International Classification of Diseases chapter on Mental and Behavioural Disorders (ICD-10) Diagnostic Criteria for Research (DCR) and consist mainly of two types: Schizophrenia and affective psychosis such as bi-polar disorder.

Two measures of psychosis are presented in the chapter: 'probable psychosis' (consistent with the approach used in the 2000 survey) and 'psychotic disorder'. These are defined in Section 5.2.2 in Chapter 5.

**PTSD
(Posttraumatic
stress disorder)**

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

Also see **conditional probability**, **Trauma** and **TSQ** (Trauma Screening Questionnaire).

P value

A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result ($p < 0.05$). It should be noted that

the p value is dependent on the sample size, so that the large sample differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as the p value itself.

Quintile	Quintiles are percentiles which divide a distribution into fifths, i.e. the 20th, 40th, 60th and 80th percentiles.
Region	<p>Tables within chapters provide data for regional analysis both by Government Office Region (GOR) and Strategic Health Authorities (SHAs). The first eight columns represent GORs and SHAs of the same name, while the South East GOR (column nine) is divided into South East Coast SHA and South Central SHA, shown in the final two columns.</p> <p>Few disorders in this report varied significantly by region, and generally region is not referred to in the text of the chapters. A table presenting the breakdown of each disorder by region is included as this information may be useful for users of the data involved in regional service planning and provision.</p> <p>Also see GOR (Government Office Region) and SHA (Strategic Health Authority).</p>
SCAN (Schedule for Clinical Assessment in Neuropsychiatry)	Schedule for Clinical Assessment in Neuropsychiatry version 2.1 (SCAN), a semi-structured interview that provides ICD-10 diagnoses of psychotic disorder.
SCID-II (Structured Clinical Interview for DSM-IV)	APMS 2007 adopts the DSM-IV classification of personality disorder and uses the Structured Clinical Interview for DSM-IV (SCID-II). The SCID-II is available as both a self-completion screen and as a semi-structured clinician administered face to face interview.
SCOFF	<p>The SCOFF was administered to all APMS 2007 respondents as part of the self-completion section of the interview. The tool uses five questions from which the word SCOFF was devised, with yes/no response codes. The letters included in SCOFF represent the first letter of the words; Sick, Control, One stone, Fat, Food which are part of questions used to screen for a possible eating disorder.</p> <p>Also see eating disorder</p>
Self-harm	Self-harm without suicidal intentions includes acts such as cutting, burning, swallowing objects, and other self inflicted injuries.
SHA (Strategic Health Authority)	<p>From July 2006 a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number of SHAs from 28 to 10. The boundaries are the same as those of the Government Office Regions with the exception of the South East, which has been divided into South East Coast SHA and South Central SHA.</p> <p>Also see GOR (Government Office Region) and Region.</p>
Standardisation	In this report, standardisation refers to standardisation (or 'adjustment') by age (See age-standardisation).
Suicidal behaviour (includes suicidal thoughts and attempts)	Suicidal thoughts refers to thinking about taking one's own life; it does not incorporate feelings about 'life not being worth living' or 'wishing to be dead'. Suicidal attempts are a term used to describe an attempt to take ones life.

Tetrachoric correlation	<p>Tetrachoric correlation analysis was undertaken to examine basic patterns of comorbidity between pairs of disorders. Tetrachoric correlation is appropriate for use with binary data and is used to estimate the Pearson correlation coefficient between two continuous, normally distributed variables from dichotomised versions of those variables. (The Pearson correlation coefficient is widely used as a measure of the strength of linear dependence between two variables).</p> <p>Tetrachoric correlation coefficients can therefore be interpreted in much the same way as Pearson correlations. In interpreting the strength of a correlation, 0.5 or more is widely used in social sciences to indicate a strong correlation between two variables.</p> <p>See Chapter 12 and Appendix B for more detail of the process used in the comorbidity analysis .</p>
Trauma	<p>According to DSM-IV, traumatic stressors are events in which an individual experiences, witnesses, or is confronted with life endangerment, death, or serious injury or threat to self or others. Traumatic stressors are distinct from and more severe than generally stressful life events, such as divorce or expected bereavement.</p> <p>Also see conditional probability, PTSD (posttraumatic stress disorder) and TSQ.(Trauma Screening Questionnaire)</p>
TSQ (Trauma Screening Questionnaire)	<p>APMS 2007 included the Trauma Screening Questionnaire (TSQ), a short screening tool designed to identify likely cases of PTSD. The TSQ consists of the re-experiencing and arousal items from the Posttraumatic Stress Symptom Scale – Self-Report, aligned to DSM-IV criteria.</p> <p>Also see conditional probability, PTSD (posttraumatic stress disorder)and trauma.</p>
Treatment	<p>Also see current treatment for a mental or emotional problem.</p>



This report presents findings of a survey of psychiatric morbidity among people aged 16 and over living in private households in England. The survey was commissioned by The NHS Information Centre for health and social care, and is one of a series of surveys of mental health in different population groups.

Each of the main disorders and behaviours covered by the 2007 survey is discussed in a separate chapter. The chapters present disorder prevalence by age, sex, ethnicity, marital status, region, and the level and nature of treatment and service use. Where the disorder was also covered in the general household population surveys carried out in 1993 and 2000, change in rate is also considered.

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