

The Questionnaire

INTRODUCTORY QUESTIONS

StartDat

ENTER DATE INTERVIEW WITH THIS HOUSEHOLD WAS STARTED

DATE

DateChk

IS THIS:

- | | | |
|-----|-----------|---|
| (1) | First | the first time you've opened this questionnaire |
| (2) | Not First | or the second or later time? |
| (5) | SysDatX | EMERGENCY CODE IF COMPUTER'S DATE IS WRONG AT LATER CHECK |

WhoHere

Who normally lives at this address?

- | | | |
|-----|---|-------------------------|
| (1) | C | PRESS ENTER TO CONTINUE |
|-----|---|-------------------------|

Household Information

ASK FOR EACH PERSON IN THE HOUSEHOLD

Name

RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR RESPONDENT, THEN A NAME/IDENTIFIER FOR EACH MEMBER OF THE HOUSEHOLD HELP<F9>
WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn

STRING[12]

Sex

- | | | |
|-----|--------|--------|
| (1) | Male | Male |
| (2) | Female | Female |

Birth

What is your date of birth?

FOR YEAR NOT GIVEN OR NOT KNOWN ENTER DON'T KNOW AND JUST CODE AGE
FOR DAY NOT GIVEN....ENTER 15 FOR DAY
FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

DATE

ASK IF: (BIRTH = DONTKNOW) OR (BIRTH = REFUSAL)

AgeIf

What was your age last birthday?
98 or more = CODE 97 HELP<F9>

0..97

DVage

AGE FOR WHOLE SAMPLE, FROM BIRTH AND AGEIF

0..120

IF: DVage >= 16

MarStat

ASK OR RECORD CODE FIRST THAT APPLIES
Are you HELP<F9>:

- | | | |
|-----|----------|--|
| (1) | NevMarr | single, that is, never married |
| (2) | MarrLiv | married and living with your husband/wife |
| (3) | Separate | married and separated from your husband/wife |
| (4) | Divorced | divorced |
| (5) | Widowed | or widowed? |

IF: DVAGE >= 16

AND: NO. IN HOUSEHOLD > 1

AND: MarStat NOT MarrLiv

LiveWith

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

- | | | |
|-----|---------|------------------------------------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | SameSex | SPONTANEOUS ONLY - same sex couple |

IF: DVAGE >= 16

AND NOT (NO. IN HOUSEHOLD = 1)

Hhldr

In whose name is the accommodation owned or rented?
ASK OR RECORD (HELP<F9>)

- | | | |
|-----|----------|---------------------|
| (1) | LoneHldr | This person alone |
| (3) | JntHldr | This person jointly |
| (5) | NOTHldr | NOT owner/renter |

R

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

CODE RELATIONSHIP IS’S

- (1) Spouse
- (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) Foster brother/sister
- (14) Brother/sister-in-law
- (15) Grand-child
- (16) Grand-parent
- (17) Other relative
- (18) Other non-relative

ASK ALWAYS:

Respnt

ENTER THE PERSON NUMBER OF RESPONDENT
PLEASE NOTE THIS MUST BE THE NUMBER OF THAT
PERSON ON THE HOUSEHOLD GRID PART OF THIS
QUESTIONNAIRE, NOT FROM YOUR HANDWRITTEN
LIST

1..14

ASK ALWAYS:

AreaTyp

INTERVIEWER RECORD FROM OBSERVATION
THIS AREA IS...?

- | | | |
|-----|--------|------------|
| (1) | urban | urban |
| (2) | semrur | semi-rural |
| (3) | rural | rural |

ASK ALWAYS:

BegnInt

THIS IS THE BEGINNING OF RESPONDENT {NAME}’S
INTERVIEW
PRESS 1 TO CONTINUE

1..1

ASK ALWAYS:

Proxy

SELECT INTERVIEW TYPE

- | | | |
|-----|----------|-------------------|
| (1) | Subject | Subject interview |
| (2) | ProxyInt | Proxy interview |

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

Language

INTERVIEWER ASK OR RECORD

May I ask, is English your first language?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

GENERAL HEALTH AND LONG-TERM ILLNESS**SF-12**

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

SF1

[*] How is your health in general?

Would you say your health is...

RUNNING PROMPT

- | | | |
|-----|----------|-----------|
| (1) | Excellen | Excellent |
| (2) | Vgood | very good |
| (3) | good | good |
| (4) | fair | fair |
| (5) | poor | 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 | Yes |
| (2) | No | No |

ASK IF: SF2 = YES

SF21

[*] And how much does your health now limit you with these activities

RUNNING PROMPT

- | | | |
|-----|--------|------------|
| (1) | little | a little |
| (2) | lot | or, a lot? |

SF3

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: SF3 = Yes

SF31

[*] And how much does your health now limit you with this activity

RUNNING PROMPT

- | | | |
|-----|--------|------------|
| (1) | little | a little |
| (2) | lot | 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 | Yes |
| (2) | No | 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 | Yes |
| (2) | No | 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 | Yes |
| (2) | No | No |

SF7

[*] and during the past 4 weeks, did you not do work or other activities as carefully as usual as a result of your emotional health?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

SF8

[*] 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) | Notall | not at all |
| (2) | litbit | a little bit |
| (3) | moderate | moderately |
| (4) | quitebit | quite a bit |
| (5) | extremel | or, extremely ? |

SF9

[*] These questions are about how you feel and how things have been with you during the past 4 weeks.

SHOWCARD 1

For each question, 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 | all of the time |
| (2) | most | most of the time |
| (3) | bit | a good bit of the time |
| (4) | some | some of the time |
| (5) | little | a little of the time |
| (6) | none | none of the time |

SF10**SHOWCARD 1**

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

- | | | |
|-----|--------|------------------------|
| (1) | all | all of the time |
| (2) | most | most of the time |
| (3) | bit | a good bit of the time |
| (4) | some | some of the time |
| (5) | little | a little of the time |
| (6) | none | none of the time |

SF11**SHOWCARD 1**

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

- | | | |
|-----|--------|------------------------|
| (1) | all | all of the time |
| (2) | most | most of the time |
| (3) | bit | a good bit of the time |
| (4) | some | some of the time |
| (5) | little | a little of the time |
| (6) | none | none of the time |

SF12**SHOWCARD 1**

[*] 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 | all of the time |
| (2) | most | most of the time |
| (3) | bit | a good bit of the time |
| (4) | some | some of the time |
| (5) | little | a little of the time |
| (6) | none | none of the time |

Health Problems

ASK ALWAYS

Illness

[*] Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: ILLNESS = YES

LMatNum

What is the matter with you?

HOW MANY LONGSTANDING ILLNESSES OR INFIRMITIES DOES RESPONDENT HAVE?

ENTER NUMBER OF LONGSTANDING COMPLAINTS MENTIONED

IF MORE THAN 6 - TAKE THE SIX MOST IMPORTANT

1..6

**Start of long-standing illness coding block
(asked for each condition mentioned)**

LMat

WHAT IS THE MATTER WITH RESPONDENT?
ENTER ONE OF CONDITIONS/SYMPTOMS
RESPONDENT MENTIONED
THIS IS ILLNESS NUMBER X OF Y

STRING[40]

ICD

CODE FOR COMPLAINT AT LMAT

STRING[2]

ICDDesc

DESCRIPTION FROM CODE SELECTED

STRING[40]

ASK IF: MENTAL ILLNESS CODE AT ICD

ICDold

LONGTERM ILLNESS
How old were you when your (NAME OF ILLNESS/
SYMPTOM) started?
CODE 00 IF FROM BIRTH.

0..99

ASK IF: MENTAL ILLNESS CODE AT ICD

ICDlong

LONGTERM ILLNESS
For how long has your (NAME OF ILLNESS/SYMPTOM)
been at its present level?

- | | | |
|-----|--------|---------------------------------|
| (1) | L3M | Less than 3 months |
| (2) | M3L6 | 3 months but less than 6 months |
| (3) | M6L1Y | 6 months but less than 1 year |
| (4) | M1YL2Y | 1 year but less than 2 years |
| (5) | M2YL5Y | 2 years but less than 5 years |
| (6) | M5Y | 5 years but less than 10 years |
| (7) | M10Y | 10 years or more |

ASK IF: MENTAL ILLNESS CODE AT ICD

ICDstop

LONGTERM ILLNESS
[*]In the past week, did your (NAME OF ILLNESS/
SYMPTOM) actually stop you from getting on with the things
you usually do or would like to do?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

End of long-standing illness coding block

ASK ALWAYS:

CutDown

[*] Now I'd like you to think about the 2 weeks ending
yesterday. During those 2 weeks did you have to cut down on
any of the things you usually do about the house, at work or in
your free time because of illness or injury?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK ALWAYS:

TakeMed

(May I just check), are you taking any pills or tablets or any
other medicine by mouth which have been prescribed for you?
INCLUDE INHALERS AND SUPPOSITORIES
DO NOT INCLUDE CREAMS, OINTMENTS OR LOTIONS

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: TakeMed = Yes

MedNum

How many different medicines are you taking?
1..8

**Start of oral medication coding block
(asked for each medication reported)**

DrugDesc

ENTER A DRUG DESCRIPTION (THIS IS DRUG NUMBER
X OF Y).
TRY AND ESTABLISH A BRAND NAME. IF NECCESARY, ASK
INFORMANT TO LOOK AT NAME ON BOTTLE OR BOX.

STRING[40]

DrugCode

DRUG CODE
STRING[11]

DgCdeDsc

DESCRIPTION OF DRUG SELECTED
STRING[40]

*ASK IF: MEDICATION FOR MENTAL ILLNESS AT
DRUGCODE*

DrgLong

How long have you been taking (NAME OF DRUG)?

- | | | |
|-----|--------|---------------------------------|
| (1) | L3M | Less than 3 months |
| (2) | M3L6 | 3 months but less than 6 months |
| (3) | M6L1Y | 6 months but less than 1 year |
| (4) | M1YL2Y | 1 year but less than 2 years |
| (5) | M2YL5Y | 2 years but less than 5 years |
| (6) | M5Y | 5 years but less than 10 years |
| (7) | M10Y | 10 years or more |

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE**Drgnot**

Do you sometimes not take your (NAME OF DRUG) even though you should?

- (1) Yes Yes
(2) No No

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE**Notwhn**

When was the last time this happened?
PROMPT AS NECESSARY

- (1) leWk Less than 1 week ago
(2) geWkleMt At least 1 week but less than 1 month ago
(3) geMt 1 month or more ago

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE

AND: DRGNOT = YES

YDgNot

What was the reason for this?
CODE ALL THAT APPLY

SET [6] OF

- (1) forgot forgot
(2) notneed didn't need it
(3) donlike don't like to take drugs
(4) side side effects
(5) afford couldn't afford prescription
(6) other other

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE

AND: DRGNOT = YES

AND: OTHER IN YDgNOT

YDgNotV

RECORD VERBATIM 'OTHER' REASON MEDICATION NOT TAKEN
STRING[200]

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE**Ovdose**

Do you sometimes take more (NAME OF DRUG) than the stated dose?

- (1) Yes Yes
(2) No No

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE

AND: OVDOSE = YES

Ovwhen

When was the last time this happened?

- (1) leWk Less than 1 week ago
(2) geWkleMt At least 1 week but less than 1 month ago
(3) geMt 1 month or more ago

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE

AND: OVDOSE = YES

Ovwhy

What was the reason for this?

- (1) sympt more needed to control symptoms
(2) delibod deliberate overdose (attempted suicide)
(3) other other

ASK IF: MEDICATION FOR MENTAL ILLNESS AT DRUGCODE

AND: OVDOSE = YES

AND: OVWHY = OTHER

OvwhyV

RECORD VERBATIM 'OTHER' REASON TOOK MORE MEDICATION THAN STATED DOSE
STRING[200]

End of oral medication coding block

ASK ALWAYS:

RegInj

Are you having a regular course of injections which has been prescribed for you?

- (1) Yes Yes
(2) No No

ASK IF: REGINJ = YES

InjNum

How many different courses of injections are you having?
1..4

**Start of injection coding block
(asked for each injection reported)****InjName**

ENTER THE NAME OF INJECTION
(THIS IS INJECTION NUMBER X OF Y)
STRING[40]

InjCode

INJECTION CODE
STRING[11]

InjCdDsc

DESCRIPTION OF DRUG CODE SELECTED
STRING[40]

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

InjTak2

How many (NAME OF INJECTION) injections are you supposed to have each month?
ENTER NUMBER OF INJECTIONS PER MONTH. IF LESS THAN ONE PER MONTH ENTER 0.
SPONTANEOUS ONLY - TAKE AS NEEDED - ENTER 99

0..99

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

InjLong

How long have you been having these (NAME OF INJECTION) injections?

- | | | |
|-----|--------|---------------------------------|
| (1) | L3M | Less than 3 months |
| (2) | M3L6 | 3 months but less than 6 months |
| (3) | M6L1Y | 6 months but less than 1 year |
| (4) | M1YL2Y | 1 year but less than 2 years |
| (5) | M2YL5Y | 2 years but less than 5 years |
| (6) | M5Y | 5 years but less than 10 years |
| (7) | M10Y | 10 years or more |

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

InjWho

Who administers these injections of (NAME OF INJECTION)?

- | | | |
|-----|-------|-----------------------------------|
| (1) | GP | GP |
| (2) | Nurse | Practice Nurse |
| (3) | Self | Respondent themselves |
| (4) | CPN | Community Psychiatric Nurse - CPN |
| (5) | Other | Other |

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

Injnot

Do you sometimes miss your (NAME OF INJECTION) injections even though you should have them?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

AND: INJNOT = YES

Injwhn

When was the last time this happened?
PROMPT AS NECESSARY

- | | | |
|-----|----------|---|
| (1) | leWk | Less than 1 week ago |
| (2) | geWkleMt | At least 1 week but less than 1 month ago |
| (3) | geMt | 1 month or more ago |

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

AND: INJNOT = YES

YntInj

[*]What was the reason for this?
CODE ALL THAT APPLY
SET [5] OF

- | | | |
|-----|---------|--------------------------|
| (1) | forgot | forgot |
| (2) | notneed | didn't need it |
| (3) | donlike | don't like to take drugs |
| (4) | side | side effects |
| (5) | other | other |

ASK IF: INJECTION FOR MENTAL PROBLEM AT INJCODE

AND: INJNOT = YES

AND: OTHER IN YNTINJ

YntInjV

RECORD VERBATIM 'OTHER' REASON MEDICATION NOT TAKEN
STRING[200]

End of injections coding block

ASK ALWAYS:

MedChng

Are you for some reason not taking any (other) medicines or not having any (other) injections which have been prescribed for you (that you are supposed to be taking)?
ONLY CODE INJECTIONS OR MEDICINES NOT PREVIOUSLY MENTIONED

- | | | |
|-----|-------|------------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | DKnow | Don't Know |

ASK IF: MEDCHNG = YES

MedBefNo

How many (other) medicines or injections are you not taking at the moment (that you are supposed to be taking)?
1..5

Start of coding block for medicines not taken (asked for each medication reported)

Drq2Desc

Enter a drug description (THIS IS DRUG NUMBER X OF Y)
STRING[40]

DRG2CODE
DRUG CODE
STRING[11]

Dg2CdDsc
DESCRIPTION OF CODE SELECTED
STRING[40]

End of coding block for medicines not taken

ASK ALWAYS:

CnslHav

SHOWCARD 2

Looking at this card, could you tell me if you are having any counselling or therapy for a mental, nervous or emotional problem either 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 Yes
(2) No No

ASK IF: *CNSLHAV* = YES

Cnsl

SHOWCARD 2

Which type/s of counselling or therapy are you having?
CODE ALL THAT APPLY

SET [8] OF

- (1) Pysch Psychotherapy, psychoanalysis, individual or group therapy
(2) Cog Behaviour or cognitive therapy
(3) AmDram Art, music or drama therapy
(4) Socsk Social skills training
(5) MarFam Marital or family therapy
(6) Sex Sex therapy
(7) Counsel Counselling
(8) Other Another type of therapy

ASK IF: *CNSLHAV* = YES

AND: *OTHER IN CNSL*

CnslV

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY'
STRING[100]

For each type of counselling

CnslTak

How often do you have this (TYPE OF COUNSELLING)?

- (1) Percod1 more than once a week
(2) Percod2 weekly or more often than fortnightly
(3) Percod3 fortnightly or more often than monthly
(4) Percod4 monthly or more often than 3-monthly
(5) Percod5 3-monthly or more often than 6-monthly
(6) Percod6 6-monthly or more often than 1 yearly
(7) Percod7 less than once a year

CnslLng

How long have you been having this (TYPE OF COUNSELLING)?

- (1) L3M Less than 3 months
(2) M3L6 3 months but less than 6 months
(3) M6L1Y 6 months but less than 1 year
(4) M1YL2Y 1 year but less than 2 years
(5) M2YL5Y 2 years but less than 5 years
(6) M5Y 5 years but less than 10 years
(7) M10Y 10 years or more

End of counselling questions

**SERVICE USE
GP consultations**

ASK ALWAYS:

DocYear

In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about a physical illness or complaint?

- (1) Yes Yes
(2) No No

DocPsyc

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

- (1) Yes Yes
(2) No No

ASK IF: *DocPsyc* = YES

PMatNum

When you consulted the doctor about your mental, nervous or emotional problem, what did the doctor say was the matter with you?

INTERVIEWER - HOW MANY MENTAL PROBLEMS DOES RESPONDENT HAVE?

ENTER NUMBER OF MENTAL PROBLEMS MENTIONED IF MORE THAN 6 - TAKE THE 6 MOST IMPORTANT IF NONE - CODE 0

0..6

**GP diagnosis coding block
(asked for each diagnosis reported)**

PMat

WHAT IS THE MATTER WITH RESPONDENT?
ENTER ONE OF CONDITIONS/SYMPTOMS
RESPONDENT MENTIONED
(THIS IS CONDITION NUMBER X OF Y)

STRING[40]

PICD

CODE FOR COMPLAINT AT PMAT
STRING[2]

PICDDsc

DESCRIPTION OF CODE SELECTED AT PICD
STRING[40]

End of GP diagnosis coding block

ASK IF: (DOCYEAR = YES) OR (DOCPSYC = YES)

DocTalk

During the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a GP or family doctor on your own behalf, either in person or by telephone?

INCLUDE CONSULTATIONS FOR ANY REASON

- (1) Yes Yes
(2) No No

ASK IF: (DOCYEAR = YES) OR (DOCPSYC = YES)

AND: DOCTALK = YES

DocMany

How many times have you talked to your GP or family doctor in the past two weeks?

IF MORE THAN 6, INCLUDE ONLY THE SIX MOST RECENT CONSULTATIONS

1..6

For each GP consultation in past 2 weeks

DocWhat

THIS IS OCCASION X OF Y

When you spoke to the doctor on the (next) most recent occasion did you talk about

RUNNING PROMPT

- (1) physical a physical illness or complaint
(2) anxious or being anxious or depressed, a mental, nervous or emotional problem
(3) both SPONTANEOUS:or, both of these

ASK IF: (DOCWHAT = ANXIOUS) OR (DOCWHAT = BOTH)

DocSat

[*]Were you satisfied or dissatisfied with the consultation?

- (1) satis satisfied
(2) disat dissatisfied

ASK IF: (DOCWHAT = ANXIOUS) OR (DOCWHAT = BOTH)

AND: DOCSAT = DISAT

DocDis

[*]In what way were you dissatisfied?

CODE ALL THAT APPLY

SET [5] OF

- (1) Ntlisten Doctor does not listen, not interested, ignores me
(2) Inapp Informant thinks treatment was inappropriate
(3) NotTr Informant not given tests, treatment or hospitalisation
(4) NotDo Doctor said there was nothing wrong or nothing s/he could do
(5) Other Other

ASK IF: (DOCWHAT = ANXIOUS) OR (DOCWHAT = BOTH)

AND: DOCSAT = DISAT

AND: OTHER IN DocDis

DocDisV

[*]Please specify why you were dissatisfied

RECORD VERBATIM

STRING[100]

End of questions on each GP consultation

COMPUTED VARIABLE

DVPsycot

LONGSTANDING ILLNESS OR GP DIAGNOSIS SUGGESTIVE OF PSYCHOTIC DISORDER

- (1) Yes Yes
(2) No No

COMPUTED VARIABLE

DVPsyc2

PSYCHOSIS DIAGNOSIS AT GP CONSULTATION QUESTIONS

- (1) Yes Yes
(2) No No

COMPUTED VARIABLE

DVPsctDg

PRESCRIBED ANTI-PSYCHOTIC/ANTI-MANIC MEDICATION

- (1) Yes Yes
(2) No No

In-Patient Stays

ASK ALWAYS

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 Yes
(2) No No

ASK IF: InStay = Yes

InStayNu

And in the past year, how many separate stays have you had in hospital as an in-patient?

1..100

ASK IF: *InStay* = Yes

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 Yes
(2) No No

ASK IF: *INSTAY* = YES

AND: *INSTAYQTR* = YES

InNum

And in the past 3 months, how many separate stays have you had in hospital as an in-patient?

IF MORE THAN SIX, CODE SIX MOST RECENT STAYS

1..6

For each in-patient stay in the last 3 months

InNight

THIS IS IN-PATIENT STAY NUMBER X OF Y

LInPat3 How many nights altogether were you in hospital?

1..150

InWhy

Were you in hospital because of RUNNING PROMPT

- (1) physic a physical health problem
(2) mental or a mental nervous or emotional problem?
(3) both SPONTANEOUS: both of these

ASK IF: (*INWHY* = MENTAL) OR (*INWHY* = BOTH)

InSort

SHOWCARD 3

Please look at this card and tell me which type of hospital or ward you stayed in?

CODE ALL THAT APPLY

SET [6] OF

- (1) Secure Secure/semi-secure unit or special hospital
(2) Acute Acute psychiatric ward
(3) Rehab Rehabilitation or long-stay ward/facility
(4) Crisis A&E department or emergency ward
(5) Genmed General medical ward
(6) Other Other

ASK IF: (*INWHY* = MENTAL) OR (*INWHY* = BOTH)

AND: OTHER IN *INSORT*

InSortV

RECORD VERBATIM 'OTHER' HOSPITAL OR WARD STAYED IN

STRING[100]

End of questions on each in-patient stay

Out-Patient Visits

ASK ALWAYS

OutStay

(Apart from seeing your own doctor/when you stayed in hospital)

In the past 12 months have you been to a hospital or clinic for treatment or check-ups, as an out-patient or day-patient?

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

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- (1) Yes Yes
(2) No No

ASK IF: *OUTSTAY* = YES

OutSNum

How many different places have you been for out-patient or day patient visits in the past year?

1..97

ASK IF: *OUTSTAY* = YES

OutStayQt

Have you been to a hospital or clinic for treatment or check-ups as an out-patient or day-patient in the past 3 months?

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

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- (1) Yes Yes
(2) No No

ASK IF: *OUTSTAY* = YES

AND: *OUTSTAYQT* = YES

OutNum

How many different places have you been to for out-patient or day patient visits in the past three months?

IF MORE THAN SIX PLACES, CODE SIX MOST RECENT

1..6

For each out- or day-patient visits in past 3 months

OutWhy

THIS IS OUTPATIENT VISIT NUMBER X OF Y

(Thinking about the most recent/ next most recent place you went to...) Was your outpatient or day patient visit because of RUNNING PROMPT

- (1) physic a physical health problem
(2) mental or a mental, nervous or emotional problem?
(3) Both SPONTANEOUS - both

ASK IF: (OUTWHY = MENTAL) OR (OUTWHY = BOTH)

OutWhr

SHOWCARD 4

What type of place did you go to?

- | | | |
|-----|----------|---------------------------------------|
| (1) | Casual | A&E dept/hospital casualty dept |
| (2) | PyschOut | psychiatric outpatient dept |
| (3) | OthOut | -other- hospital outpatient dept |
| (4) | Other | -other- outpatient/daypatient service |

ASK IF: (OUTWHY = MENTAL) OR (OUTWHY = BOTH)

AND: OUTWHR = OTHER

OutWhrV

RECORD VERBATIM 'OTHER' TYPE OF OUT-PATIENT STAY

STRING[100]

ASK IF: (OUTWHY = MENTAL) OR (OUTWHY = BOTH)

OutTime

How many times have you been to the (TYPE OF OUT-PATIENT DEPT) in the past three months?

1..100

ASK IF: (OUTWHY = MENTAL) OR (OUTWHY = BOTH)

OutNow

Are you currently attending the (TYPE OF OUT-PATIENT DEPT) ?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (OUTWHY = MENTAL) OR (OUTWHY = BOTH)

AND: OUTNOW = No

OutStop

Have you stopped going on your own accord or were you discharged?

- | | | |
|-----|----------|---------------|
| (1) | accord | On own accord |
| (2) | Discharg | Discharged |

End of questions on out-patient visits in last 3 months

Day Activity Services

ASK ALWAYS

DayY

SHOWCARD 5

Please can you tell me whether you have used any of these day activity services over the last year?

- | | | |
|-----|-------|---|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | liked | SPONTANEOUS ONLY: Would have liked to but not available |

ASK IF: DAYY = YES

Day1Y

SHOWCARD 5

Which services have you have used?

CODE ALL THAT APPLY

SET [4] OF

- | | | |
|-----|----------|--------------------------------|
| (1) | MenCntre | Community mental health centre |
| (2) | DayAc | Day activity centre |
| (3) | ShelWork | Sheltered workshop |
| (4) | Other | -Other- service |

ASK IF: DAYY = YES

AND: OTHER IN DAY1Y

Day1YV

RECORD VERBATIM 'OTHER' DAY ACTIVITY SERVICE USED

STRING[100]

ASK IF: DAYY = YES

Day

SHOWCARD 5

...and please can you tell me whether you have used any of these day activity services over the last three months?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: DAYY = YES

AND: DAY = YES

Day1

SHOWCARD 5

Which services have you have used?

CODE ALL THAT APPLY

SET [4] OF

- | | | |
|-----|----------|--------------------------------|
| (1) | MenCntre | Community mental health centre |
| (2) | DayAc | Day activity centre |
| (3) | ShelWork | Sheltered workshop |
| (4) | Other | -Other- service |

ASK IF: DAYY = YES

AND: DAY = YES

AND: OTHER IN DAY1

Day1V

RECORD VERBATIM 'OTHER' DAY ACTIVITY SERVICE USED

STRING[100]

For each type of day activity centre visited in last 3 months

DayNum

How many times have you attended the (TYPE OF DAY CARE CENTRE) in the last three months?

1..100

DayLn

On average, how long do you spend at the (TYPE OF DAY CARE CENTRE) each time you attend?
RECORD ANSWER IN WHOLE HOURS AND MINUTES
EXAMPLE - FOR 0 HOURS 5 MINUTES, ENTER 0.05
EXAMPLE - FOR 0 HOURS 55 MINUTES, ENTER 0.55
EXAMPLE - FOR 2 HOUR 0 MINUTES, ENTER 2.00

0.00..12.00

DVDayLn

DV FOR TOTAL MINUTES SPENT AT DAY ACTIVITY CENTRE

0..720

DayWht

What do you do at the (TYPE OF DAY CARE CENTRE) ?
CODE ALL THAT APPLY

SET [3] OF

- | | | |
|-----|----------|-------------------|
| (1) | work | work |
| (2) | educatio | education |
| (3) | social | social activities |

End of questions on each type of day activity centre**Community Care**

ASK ALWAYS

CC2aY

SHOWCARD 6

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: CC2aY = YES

CC2Y

SHOWCARD 6

Which services have you used?
CODE ALL THAT APPLY

SET [9] OF

- | | | |
|-----|----------|-------------------------------------|
| (1) | Pysch | Psychiatrist |
| (2) | Psycho | Psychologist |
| (3) | CMNurse | Community psychiatric nurse/CPN |
| (4) | CLDNurse | Community learning difficulty nurse |
| (5) | OthNurse | Other nursing services |
| (6) | SocialW | Social Worker |
| (7) | SelfHelp | Self-help/support group |
| (8) | HHelp | Home help/home care worker |
| (9) | OReach | Outreach worker/family support |

ASK IF: CC2aY = YES

AND: COMMUNITY CARE SERVICE REPORTED IN CC2Y

CC2VY

RECORD VERBATIM 'OTHER NURSING SERVICES' USED
STRING[100]

ASK IF: CC2aY = YES

CC2a

SHOWCARD 6

...and have you used any of these services in the last 3 months?
(Excluding any contact with professionals or team members that you have already told me about)

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: CC2aY = YES

AND: CC2a = YES

CC2

SHOWCARD 6

Which services have you used?
CODE ALL THAT APPLY

SET [9] OF

- | | | |
|-----|----------|-------------------------------------|
| (1) | Pysch | Psychiatrist |
| (2) | Psycho | Psychologist |
| (3) | CMNurse | Community psychiatric nurse/CPN |
| (4) | CLDNurse | Community learning difficulty nurse |
| (5) | OthNurse | Other nursing services |
| (6) | SocialW | Social Worker |
| (7) | SelfHelp | Self-help/support group |
| (8) | HHelp | Home help/home care worker |
| (9) | OReach | Outreach worker/family support |

ASK IF: CC2aY = YES

AND: CC2a = YES

AND: OTHNURSE IN CC2

CC2V

RECORD VERBATIM 'OTHER NURSING SERVICES' USED
STRING[100]

For each type of community care service used in last 3 months**CC2Num**

How many times have you seen the (TYPE OF COMMUNITY CARE SERVICE) in the last three months?

1..100

CC2Lng

On average, how long does the (TYPE OF COMMUNITY CARE SERVICE) spend with you each time you meet/they come?

RECORD ANSWER IN WHOLE HOURS AND MINUTES
EXAMPLE - FOR 0 HOURS 5 MINUTES, ENTER 0.05
EXAMPLE - FOR 0 HOURS 55 MINUTES, ENTER 0.55
EXAMPLE - FOR 2 HOUR 0 MINUTES, ENTER 2.00

0.00..12.00

DVCC2Lg

DV FOR TOTAL MINUTES SPENT WITH COMMUNITY CARE PROFESSIONAL/TEAM MEMBER

0..720

CC2sat

How satisfied or dissatisfied are you with the help or support the (TYPE OF COMMUNITY CARE SERVICE) gives you?
RUNNING PROMPT

- | | | |
|-----|---------|---------------------|
| (1) | VSat | Very satisfied |
| (2) | FSat | Fairly satisfied |
| (3) | FDissat | Fairly dissatisfied |
| (4) | VDissat | Very dissatisfied |

End of questions on each type of community care

ASK ALWAYS

OutDown

SHOWCARD 7

In the past year, have you been offered any help or support from any of the people listed on this card, or indeed any other service, which you turned down?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: **OUTDOWN = YES**

OutSort

SHOWCARD 7

What sort of help/service were you offered?
CODE ALL THAT APPLY

SET [8] OF

- | | | |
|-----|---------|-----------------------------------|
| (1) | CMNurse | Community Psychiatric Nurse(CPN) |
| (2) | SocialW | Social Worker |
| (3) | OT | Occupational/Industrial Therapist |
| (4) | Psych | Psychiatrist |
| (5) | OthNurs | Other nursing services |
| (6) | HomeW | Home care worker/home help |
| (7) | Counsel | Counselling Service |
| (8) | Other | Other |

ASK IF: **OUTDOWN = YES**

AND: **OTHER IN OUTSORT**

OutSortV

RECORD VERBATIM 'OTHER' HELP/SERVICE OFFERED
STRING[100]

ASK IF: **OUTDOWN = YES**

OutDnWy

Did you turn it down because you did not want or need the help or for some other reason?

SHOWCARD 8

CODE ALL THAT APPLY

SET [6] OF

- | | | |
|-----|---------|--|
| (1) | notwant | Did not want/need help |
| (2) | notface | Could not face it/handle it |
| (3) | notlike | Did not like people/not the right people offering help |
| (4) | nottnk | Didn't think it could/would help |
| (5) | incon | Inconvenient time or location |
| (6) | other | Other reason |

ASK IF: **OUTDOWN = YES**

AND: **OTHER IN OUTDNWY**

OutDnWyV

RECORD VERBATIM 'OTHER' REASON TURNED DOWN HELP

STRING[100]

ASK ALWAYS:

OutNot2

Sometimes people do not see a doctor or other professional about mental, nervous or emotional problems when perhaps they should. In the past year did you decide not to see a doctor or other professional when either you or people around you thought you should?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: **OUTNOT2 = YES**

OutNGo

Thinking about the last time this happened, what were your reasons for not going to a doctor or other professional?

SHOWCARD 9

CODE ALL THAT APPLY

SET [12] OF

- | | | |
|------|----------|---|
| (1) | whowhr | Didn't know who to go to or where to go |
| (2) | help | Did not think anyone could help |
| (3) | incon | Hour inconvenient/didn't have the time |
| (4) | betself | Thought problem would get better by itself |
| (5) | embarass | Too embarrassed to discuss it with anyone |
| (6) | afrfam | Afraid what family/friends would think |
| (7) | famobj | Family or friends objected |
| (8) | consq | Afraid of consequences (treatment, tests, hospitalisation, sectioned) |
| (9) | afreff | Afraid of side effects of any treatment |
| (10) | noprobl | Didn't think it was necessary/No problem |
| (11) | cope | A problem one should be able to cope with |
| (12) | Other | Other |

ASK IF: *OUTNot2 = YES*
AND: *OTHER IN OUTNGo*

OutNGoV

RECORD VERBATIM 'OTHER' REASON FOR NOT GOING TO A DOCTOR
STRING[100]

ASK IF: *MENTHos NOT CODED IN IN-PATIENT SECTION*

MentHos

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

- (1) Yes Yes
(2) No No

NEUROSIS SECTION – CIS-R

Appetite and Weight

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

WtIntro

I would now like to ask you a few questions about your weight.
PRESS <ENTER> TO CONTINUE
STRING[1]

Q18

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

- (1) Yes Yes
(2) No No

Q19

Have you lost any weight in the past month?

- (1) Yes Yes
(2) NoDntK No/Don't Know

ASK IF: *LOST WEIGHT IN PAST MONTH*

Q19a

Were you trying to lose weight or on a diet?

- (1) Yes Yes
(2) No No

ASK IF: *LOST WEIGHT IN PAST MONTH*

AND: *NOT DIETING*

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) GEHlfStn lost half a stone or more
(2) LTHlfStn lost less than half a stone

ASK IF: *DIDN'T LOSE WEIGHT IN PAST MONTH*

Q21

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

- (1) Yes Yes
(2) No No

ASK IF: *DIDN'T LOSE WEIGHT IN PAST MONTH*

Q22

Have you gained weight in the past month?
Do not include weight gain due to pregnancy

- (1) Yes Yes
(2) No No/Don't Know

Section A – Somatic Symptoms

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

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.

PRESS <ENTER> TO CONTINUE.

A1

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

- (1) Yes Yes
(2) No No

ASK IF: *NO ACHES/PAINS IN PAST MONTH*

A2

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

- (1) Yes Yes
(2) No No

ASK IF: *ACHES/PAINS OR DISCOMFORT IN PAST MONTH*

A3

[*] Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?
IF INFORMANT HAS MORE THAN ONE PAIN/
DISCOMFORT, REFER TO ANY OF THEM

- (1) Yes Yes
(2) No No

ASK IF: ACHES/DISCOMFORT MADE WORSE BECAUSE OF STRESS

A4

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: ACHES/DISCOMFORT MADE WORSE BECAUSE OF STRESS

AND: AT LEAST ONE DAY OF PAIN/DISCOMFORT IN PAST WEEK

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 | Yes |
| (2) | No | No |

ASK IF: ACHES/DISCOMFORT MADE WORSE BECAUSE OF STRESS

AND: AT LEAST ONE DAY OF PAIN/DISCOMFORT IN PAST WEEK

A6

[*] In the past week, has the ache or pain/discomfort been...
RUNNING PROMPT

- | | | |
|-----|----------|------------------------|
| (1) | VeryUnpl | ...very unpleasant |
| (2) | LitlUnpl | ...a little unpleasant |
| (3) | NotUnpl | ...or not unpleasant? |

ASK IF: ACHES/DISCOMFORT MADE WORSE BECAUSE OF STRESS

AND: AT LEAST ONE DAY OF PAIN/DISCOMFORT IN PAST WEEK

A7

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

- | | | |
|-----|-----|--------------------------------------|
| (1) | Yes | Yes |
| (2) | No | No/has not done anything interesting |

ASK IF: ACHES/DISCOMFORT MADE WORSE BECAUSE OF STRESS

AND: AT LEAST ONE DAY OF PAIN/DISCOMFORT IN PAST WEEK

A8

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

SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVA9

Computed variable

Sum codes from A4, A5, A6 and A7.

0..4

Section B – Fatigue

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

B1

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: NO TIREDNESS IN PAST MONTH

B2

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH

B3

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH

AND: KNOWS WHY TIRED

B3a

[*] What is the main reason? Can you choose from this card?
SHOW CARD 11

- | | | |
|-----|----------|---|
| (1) | Sleep | Problems with sleep |
| (2) | Medic | Medication |
| (3) | Illness | Physical illness |
| (4) | Work | Working too hard |
| (5) | Stress | Stress, worry or other psychological reason |
| (6) | Exercise | Physical exercise |
| (7) | Other | Other |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH

AND: TIREDNESS NOT DUE TO EXERCISE

B4

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH
 AND: TIREDNESS NOT DUE TO EXERCISE
 AND: AT LEAST ONE DAY OF TIREDNESS IN PAST WEEK

B5

[*] 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 | Yes |
| (2) | No | No |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH
 AND: TIREDNESS NOT DUE TO EXERCISE
 AND: AT LEAST ONE DAY OF TIREDNESS IN PAST WEEK

B6

[*] 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 | Yes, on at least one occasion |
| (2) | No | No |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH
 AND: TIREDNESS NOT DUE TO EXERCISE
 AND: AT LEAST ONE DAY OF TIREDNESS IN PAST WEEK

B7

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

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

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH
 AND: TIREDNESS NOT DUE TO EXERCISE
 AND: AT LEAST ONE DAY OF TIREDNESS IN PAST WEEK
 AND: NOT TIRED DOING ENJOYABLE THINGS

B8

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: TIRED OR LACKING ENERGY IN PAST MONTH
 AND: TIREDNESS NOT DUE TO EXERCISE
 AND: AT LEAST ONE DAY OF TIREDNESS IN PAST WEEK

B9

[*] How long have you been feeling tired/lacking in energy in the way you have just described?
 SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVB10

Computed variable:
 Sum codes from B4, B5, B6, B7 and B8.

0..4

Section C – Concentration and Forgetfulness

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

C1

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

- | | | |
|-----|-----|-----------------------------|
| (1) | Yes | Yes, problems concentrating |
| (2) | No | No |

C2

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: PROBLEMS CONCENTRATING OR FORGETS THINGS IN PAST MONTH

C4

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: PROBLEMS CONCENTRATING OR FORGETS THINGS IN PAST MONTH

AND: AT LEAST ONE DAY OF MEMORY/CONCENTRATION PROBLEMS IN PAST WEEK

AND: PROBLEMS CONCENTRATING

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 | Yes |
| (2) | No | No/not always |

ASK IF: PROBLEMS CONCENTRATING OR FORGETS THINGS IN PAST MONTH

AND: AT LEAST ONE DAY OF MEMORY/CONCENTRATION PROBLEMS IN PAST WEEK

AND: PROBLEMS CONCENTRATING

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 | Yes |
| (2) | No | No |

*ASK IF: PROBLEMS CONCENTRATING OR FORGETS THINGS IN PAST MONTH
AND: AT LEAST ONE DAY OF MEMORY/CONCENTRATION PROBLEMS IN PAST WEEK
AND: FORGETS THINGS*

C7

(Earlier you said you have been forgetting things.)

[*] Have you forgotten anything important in the past seven days?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

*ASK IF: PROBLEMS CONCENTRATING OR FORGETS THINGS IN PAST MONTH
AND: AT LEAST ONE DAY OF MEMORY/CONCENTRATION PROBLEMS IN PAST WEEK*

C8

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

SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVC9

Computed variable:
Sum codes from C4, C5, C6 and C7.

0..4

Section D – Sleep Problems

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

D1

CISR - Sleep

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: NO PROBLEMS GETTING (BACK) TO SLEEP IN PAST MONTH

D2

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH

D3

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

- | | | |
|-----|----------|------------------|
| (1) | GE4Night | 4 nights or more |
| (2) | LT4Night | 1 to 3 nights |
| (3) | None | None |

*ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK*

D4

[*] Do you know why you are having problems with your sleep?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

*ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: KNOWS WHY HAVING SLEEP PROBLEMS*

D4a

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

SHOW CARD 12

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

*ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: HAD PROBLEMS GETTING (BACK) TO SLEEP*

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) | LT15M | Less than 1/4 hr |
| (2) | GE15M | At least 1/4 hr but less than 1 hr |
| (3) | GE1H | At least 1 hr but less than 3 hrs |
| (4) | GE3H | 3 hrs or more |

*ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: HAD PROBLEMS GETTING (BACK) TO SLEEP
AND: SPENT 3 HOURS OR MORE TRYING*

D6

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

- | | | |
|-----|----------|------------------|
| (1) | GE4Night | 4 nights or more |
| (2) | LT4Night | 1 to 3 nights |
| (3) | None | None |

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: HAD PROBLEMS GETTING (BACK) TO SLEEP
AND: SPENT 15 MINS OR MORE TRYING

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 Yes
 (2) No No

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: HAD PROBLEMS GETTING (BACK) TO SLEEP
AND: SPENT 15 MINS OR MORE TRYING

D10

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

SHOW CARD 10

- (1) Percod1 less than 2 weeks
 (2) Percod2 2 weeks but less than 6 months
 (3) Percod3 6 months but less than 1 year
 (4) Percod4 1 year but less than 2 years
 (5) Percod5 2 years or more

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: SLEPT MORE THAN USUAL

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) LT15M Less than 1/4 hr
 (2) GE15M At least 1/4 hr but less than 1 hr
 (3) GE1H At least 1 hr but less than 3 hrs
 (4) GE3H 3 hrs or more

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: SLEPT MORE THAN USUAL
AND: SLEPT 3 HOURS (OR MORE) LONGER THAN USUAL

D9

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

- (1) GE4Night 4 nights or more
 (2) LT4Night 1 to 3 nights
 (3) None None

ASK IF: HAD PROBLEMS WITH SLEEPING IN PAST MONTH
AND: AT LEAST ONE NIGHT OF SLEEP PROBLEMS IN PAST WEEK
AND: SLEPT MORE THAN USUAL
AND: SLEPT 15 MINS (OR MORE) LONGER THAN USUAL

D10

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

SHOW CARD 10

- (1) Percod1 less than 2 weeks
 (2) Percod2 2 weeks but less than 6 months
 (3) Percod3 6 months but less than 1 year
 (4) Percod4 1 year but less than 2 years
 (5) Percod5 2 years or more

DVD11

Computed variable:
 Sum codes from D3, D5, D6, D8 and D9.

0..4

Section E – Irritability

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

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 Yes/no more than usual
 (2) No No

ASK IF: FELT IRRITABLE IN PAST MONTH

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 Yes
 (2) No No

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH

E3

CISR - Irritability

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

- (1) GE4Days 4 days or more
 (2) LT4Days 1 to 3 days
 (3) None None

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK

E4

[*] What sort of things made you irritable or short tempered/angry in the past week?
CODE VERBATIM
STRING[100]

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK

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 Yes
(2) No No

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK

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 Yes
(2) No No

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK

E7

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

- (1) Yes Yes
(2) No No

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK
AND: HAD QUARREL/LOST TEMPER IN PAST WEEK

E7a

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

- (1) Once Once
(2) More More than once

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK
AND: HAD QUARREL/LOST TEMPER IN PAST WEEK
AND: HAD QUARREL/LOST TEMPER ONCE

E8

[*] Do you think this was justified?

- (1) Yes Yes, justified
(2) No No, not justified

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK
AND: HAD QUARREL/LOST TEMPER IN PAST WEEK
AND: HAD QUARREL/LOST TEMPER MORE THAN ONCE

E9

[*] Do you think this was justified on every occasion?
(1) Yes Yes
(2) No No, at least one was unjustified

ASK IF: FELT IRRITABLE OR SHORT TEMPERED IN PAST MONTH
AND: AT LEAST ONE DAY OF IRRITABILITY IN PAST WEEK

E10

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

SHOW CARD 10

- (1) Percod1 less than 2 weeks
(2) Percod2 2 weeks but less than 6 months
(3) Percod3 6 months but less than 1 year
(4) Percod4 1 year but less than 2 years
(5) Percod5 2 years or more

DVE11

Computed variable:
Sum codes from E3, E5, E6, E8 and E9.
0..4

Section F – Worry about Physical Health

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

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 Yes, worried
(2) No No/concerned

ASK IF: NOT WORRIED ABOUT PHYSICAL HEALTH IN PAST MONTH
AND: MENTIONED A LONGTERM ILLNESS

F2Route

INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT LMAT?
YOU ENTERED THE FOLLOWING ILLNESS/ES:
(NAMES OF ILLNESSES MENTIONED)

- (1) YesProb Yes, has mentioned a physical health problem
(2) NoProb No physical health problem

ASK IF: NOT WORRIED ABOUT PHYSICAL HEALTH IN PAST MONTH
AND: (QGENHLTH.ILLNESS = No) OR (F2ROUTE = NoProb)

F2

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

- (1) Yes Yes
(2) No No

ASK IF: WORRIED ABOUT PHYSICAL HEALTH OR SERIOUS PHYSICAL ILLNESS IN PAST MONTH

F3

[*] Thinking about the past seven days, including last (DAY), on how many days have you found yourself worrying/feeling concerned about your physical health?

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: WORRIED ABOUT PHYSICAL HEALTH OR SERIOUS PHYSICAL ILLNESS IN PAST MONTH

AND: AT LEAST ONE DAY OF WORRY IN PAST WEEK

F4

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: WORRIED ABOUT PHYSICAL HEALTH OR SERIOUS PHYSICAL ILLNESS IN PAST MONTH

AND: AT LEAST ONE DAY OF WORRY IN PAST WEEK

F5

[*] In the past week, has this worrying been...
RUNNING PROMPT...

- | | | |
|-----|----------|------------------------|
| (1) | VeryUnpl | ...very unpleasant |
| (2) | LitlUnpl | ...a little unpleasant |
| (3) | NotUnpl | ...or not unpleasant? |

ASK IF: WORRIED ABOUT PHYSICAL HEALTH OR SERIOUS PHYSICAL ILLNESS IN PAST MONTH

AND: AT LEAST ONE DAY OF WORRY IN PAST WEEK

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 | Yes |
| (2) | No | No, could not be distracted once |

ASK IF: WORRIED ABOUT PHYSICAL HEALTH OR SERIOUS PHYSICAL ILLNESS IN PAST MONTH

AND: AT LEAST ONE DAY OF WORRY IN PAST WEEK

F7

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

- SHOW CARD 10
- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVF8

Computed variable:

Sum codes from F3, F4, F5 and F6.

0..4

Section G – Depression

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

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 | Yes |
| (2) | No | 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 | Yes |
| (2) | No | No/no enjoyment or interest |

ASK IF: SAD/DEPRESSED IN PAST MONTH

G4

USE INFORMANT'S OWN WORDS IF POSSIBLE

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: UNABLE TO ENJOY THINGS IN PAST MONTH

G5

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 | Yes |
| (2) | No | No/no enjoyment or interest |

ASK IF: SAD/DEPRESSED OR UNABLE TO ENJOY THINGS, IN PAST WEEK

G6

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: SAD/DEPRESSED OR UNABLE TO ENJOY THINGS, IN PAST WEEK

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 | Yes |
| (2) | No | No |

ASK IF: SAD/DEPRESSED OR UNABLE TO ENJOY THINGS, IN PAST WEEK

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 Yes, at least once
(2) No No

ASK IF: SAD/DEPRESSED OR UNABLE TO ENJOY THINGS, IN PAST WEEK

G10

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

SHOW CARD 10

- (1) Percod1 less than 2 weeks
(2) Percod2 2 weeks but less than 6 months
(3) Percod3 6 months but less than 1 year
(4) Percod4 1 year but less than 2 years
(5) Percod5 2 years or more

DVG11

Computed variable:

Sum codes from G5, G6, G7 and G9.

0..4

Section H – Depressive Ideas

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

AND: QGDEPRN.DVG11 > 0

H1

[*] I would now like to ask you about when you have been feeling miserable, depressed or unable to take an interest in things.

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

PROMPT AS NECESSARY

- (1) Mornng in the morning
(2) Eveng in the evening
(3) NoDiff no difference/other

H2

ASK OR USE SHOWCARD 13

[*] Many people find that feeling miserable, depressed or unable to take an interest can affect their interest in sex. Over the past month, do you think your interest in sex has

- RUNNING PROMPT
(1) More increased
(2) Less decreased
(3) Same has it stayed the same?
(4) NA 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 Yes
(2) No No

H3b

[*] have you been doing things more slowly, for example, walking more slowly?

- (1) Yes Yes
(2) No No

H3c

[*]have you been less talkative than normal?

- (1) Yes Yes
(2) No 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 Yes, at least once
(2) No No

H5

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

- (1) Yes Yes
(2) No No

H6

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

- (1) Yes Yes
(2) No No

H10

Thank you for answering those questions on how you have been feeling. INTERVIEWER – ADAPT AS APPROPRIATE
PRESS ENTER TO CONTINUE
STRING[1]

Section I – Worry

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

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 | Yes, worrying |
| (2) | No | No/concerned |

ASK IF: I1 = No

I2

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (I1 = YES) OR (I2 = YES)

I6Intro

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

PRESS ENTER TO CONTINUE

ASK IF: (I1 = YES) OR (I2 = YES)

I6

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: (I1 = YES) OR (I2 = YES)

AND: I6 IN [GE4DAYS, LT4DAYS]

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 | Yes |
| (2) | No | No |

ASK IF: (I1 = YES) OR (I2 = YES)

AND: I6 IN [GE4DAYS, LT4DAYS]

I8

[*] In the past week, has this worrying been:

REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH
RUNNING PROMPT

- | | | |
|-----|----------|------------------------|
| (1) | VeryUnpl | ...very unpleasant |
| (2) | LitlUnpl | ...a little unpleasant |
| (3) | NotUnpl | ...or not unpleasant? |

ASK IF: (I1 = YES) OR (I2 = YES)

AND: I6 IN [GE4DAYS, LT4DAYS]

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 | Yes |
| (2) | No | No |

ASK IF: (I1 = YES) OR (I2 = YES)

AND: I6 IN [GE4DAYS, LT4DAYS]

I10

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

SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVII1

COMPUTED VARIABLE

: Sum of codes 1 at I6, I7, I8 and I9.

0..4

ASK IF: (((QGDEPRN.G4 = YES) OR (QGDEPRN.G5 = No)) OR (I1 = YES)) OR (I2 = YES)

Reason

[*] Can you look at this card and tell me what sorts of things have been making you worried/depressed/worried and depressed?

SHOW CARD 14

CODE ALL THAT APPLY - DON'T KNOW=99

SET [11] OF

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

ASK IF: (((QGDEPRN.G4 = YES) OR (QGDEPRN.G5 = No)) OR (I1 = YES)) OR (I2 = YES)
AND: REASON[2] NOT EMPTY

MnReason

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

CARD 14

DON'T KNOW/NO MAIN THING=99

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

Section J – Anxiety

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

J1

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

- | | | |
|-----|-----|-------------------------|
| (1) | Yes | Yes, anxious or nervous |
| (2) | No | No |

ASK IF: J1 = No

J2

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | 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 | Yes |
| (2) | No | No |

ASK IF: DVJ4 = PHOBPLUS

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) | AllPhob | Always brought on by phobia |
| (2) | SomeAnx | Sometimes generally anxious |

ASK IF: DVJ4 = PHOBPLUS

AND: J5 = SOMEANX

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) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: DVJ4 = ONLYANX

J7

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: (J6 IN [GE4DAYS, LT4DAYS]) OR (J7 IN [GE4DAYS, LT4DAYS])

J8

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

RUNNING PROMPT

- | | | |
|-----|----------|------------------------|
| (1) | VeryUnpl | ...very unpleasant |
| (2) | LitlUnpl | ...a little unpleasant |
| (3) | NotUnpl | ...or not unpleasant? |

ASK IF: (J6 IN [GE4DAYS, LT4DAYS]) OR (J7 IN [GE4DAYS, LT4DAYS])

J9

SHOW CARD 15

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (J6 IN [GE4DAYS, LT4DAYS]) OR (J7 IN [GE4DAYS, LT4DAYS])

AND: J9 = YES

J9A

SHOW CARD 15

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

CODE ALL THAT APPLY

SET [7] OF

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

ASK IF: (J6 IN [GE4DAYS, LT4DAYS]) OR (J7 IN [GE4DAYS, LT4DAYS])

J10

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (J6 IN [GE4DAYS, LT4DAYS]) OR (J7 IN [GE4DAYS, LT4DAYS])

J11

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

SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVJ12

COMPUTED VARIABLE:

Sum of codes 1 at J6, J7, J8, J9 and J10.

0..4

Section K – Phobias

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

DVK1

COMPUTED VARIABLE

- | | |
|-----|---|
| (1) | Phobic phobic anxiety in past month (1 at J3) |
| (2) | Others |

ASK IF: 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 | Yes |
| (2) | No | No |

ASK IF: DVK1 = PHOBIC

K3

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

SHOW CARD 16

CODE ALL THAT APPLY

SET [6] OF

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

ASK IF: K2 = YES

K3

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

SHOW CARD 16

CODE ALL THAT APPLY

SET [6] OF

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

ASK IF: OTHER IN K3

XX3

SPECIFY OTHER PHOBIA

STRING[40]

ASK IF: *DVK1 = PHOBIC*

K4

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

- | | | |
|-----|---------|-----------------|
| (1) | More4 | 4 times or more |
| (2) | One2Thr | 1 to 3 times |
| (3) | None | None |

ASK IF: *DVK1 = PHOBIC*

AND: *K4 IN [MORE4, ONE2THR]*

K5

CISR - Phobias

[*] In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?
SHOW CARD 15

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DVK1 = PHOBIC*

AND: *K4 IN [MORE4, ONE2THR]*

AND: *K5 = YES*

K5A

[*] Which of these symptoms did you have when you felt anxious/nervous/tense?
SHOW CARD 15

SET [7] OF

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

ASK IF: *DVK1 = PHOBIC*

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 | Yes |
| (2) | No | No |

ASK IF: *(K6 = YES) OR (K2 = YES)*

K7

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: *(K4 IN [MORE4, ONE2THR]) OR (K7 IN [GE4DAYS, LT4DAYS])*

K8

[*] How long have you been having these feelings about these situations/things as you have just described?
SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVK9

COMPUTED VARIABLE = SCORE FOR SECTION K

0..4

Section L – Panic

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

AND: *QJANXTY.DVJA NOT OTHERS*

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 | Yes |
| (2) | No | No |

ASK IF: *QJANXTY.DVJA NOT OTHERS*

AND: *L1 = YES*

L2

[*] How often has this happened in the past week?

- | | | |
|-----|----------|----------------|
| (1) | Once | Once |
| (2) | GTonce | More than once |
| (3) | Notatall | Not at all |

ASK IF: *L1 = YES*

AND: *L2 IN [ONCE, GTONCE]*

L3

[*] In the past week, have these feelings of panic been:
RUNNING PROMPT

- | | | |
|-----|----------|--|
| (1) | LitlUnPl | a little uncomfortable or unpleasant |
| (2) | VeryUnPl | or have they been very unpleasant or unbearable? |

ASK IF: *L1 = YES*

AND: *L2 IN [ONCE, GTONCE]*

L4

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: L1 = YES

AND: L2 IN [ONCE, GTONCE]

L5

[*] Are you relatively free of anxiety between these panics?

- (1) Yes Yes
(2) No No

ASK IF: L1 = YES

AND: L2 IN [ONCE, GTONCE]

AND: (QKPHOBS.DVK1 NOT OTHERS) AND (((QKPHOBS.K2 NOT No) OR (QKPHOBS.K2 NOT DONTKNOW)) OR (QKPHOBS.K2 NOT REFUSAL))

L6

[*] Is this panic always brought on by (LIST OF PHOBIAS MENTIONED)?

- (1) Yes Yes
(2) No No

ASK IF: L1 = YES

AND: L2 IN [ONCE, GTONCE]

L7

[*] How long have you been having these feelings of panic as you have described?
SHOW CARD 10

- (1) Percod1 less than 2 weeks
(2) Percod2 2 weeks but less than 6 months
(3) Percod3 6 months but less than 1 year
(4) Percod4 1 year but less than 2 years
(5) Percod5 2 years or more

DVL8

COMPUTED SCORE:

0..4

Section M – Compulsions

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

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 Yes
(2) No No

ASK IF: M1 = YES

M2

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

- (1) GE4Days 4 days or more
(2) LT4Days 1 to 3 days
(3) None None

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

M3

Since last (DAY) what sorts of things have you done over and over again?
STRING[200]

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

M4

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

- (1) Yes Yes
(2) No No

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

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: LIST OF COMPULSIONS)

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

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

M6

INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3

- (1) Yes Yes
(2) No No

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

AND: M6 = YES

M6A

Thinking about the past week, which of the things you mentioned did you repeat the most times?
STRING[25]

ASK IF: M1 = YES

AND: M2 IN [GE4DAYS, LT4DAYS]

M7

Since last (DAY), how many times did you repeat (DESCRIPTION OF MAIN COMPULSION) when you had already done it?

- (1) GE3Times 3 or more repeats
(2) Twice 2 repeats
(3) Once 1 repeat

ASK IF: M1 = YES
AND: M2 IN [GE4DAYS, LT4DAYS]

M8

How long have you been repeating (BEHAVIOUR)/any of the things you mentioned in the way which you have described?
SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVM9

COMPUTED SCORE:

0..4

Section N – Obsessions

ASK SECTION IF: SUBJECT INTERVIEW (NOT PROXY)

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 | Yes |
| (2) | No | No |

ASK IF: N1 = YES

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 | Same thought |
| (2) | General | Worrying in general |

ASK IF: N1 = YES
AND: N2 = SAME

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

STRING[200]

ASK IF: N1 = YES
AND: N2 = SAME

N4

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

- | | | |
|-----|---------|----------------|
| (1) | GE4Days | 4 days or more |
| (2) | LT4Days | 1 to 3 days |
| (3) | None | None |

ASK IF: N1 = YES
AND: N2 = SAME
AND: N4 IN [GE4DAYS, LT4DAYS]

N5

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: N1 = YES
AND: N2 = SAME
AND: N4 IN [GE4DAYS, LT4DAYS]

N6

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

- | | | |
|-----|-----|-----------------------|
| (1) | Yes | Yes, upset or annoyed |
| (2) | No | Not at all |

ASK IF N1 = YES
AND: N2 = SAME
AND: N4 IN [GE4DAYS, LT4DAYS]

N7

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

RUNNING PROMPT

- | | | |
|-----|---------|--------------------------------|
| (1) | GE15min | a quarter of an hour or longer |
| (2) | LT15min | or was it less than this? |

ASK IF: N1 = YES
AND: N2 = SAME
AND: N4 IN [GE4DAYS, LT4DAYS]

N8

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

SHOW CARD 10

- | | | |
|-----|---------|--------------------------------|
| (1) | Percod1 | less than 2 weeks |
| (2) | Percod2 | 2 weeks but less than 6 months |
| (3) | Percod3 | 6 months but less than 1 year |
| (4) | Percod4 | 1 year but less than 2 years |
| (5) | Percod5 | 2 years or more |

DVN9

COMPUTED SCORE:

0..4

Section O – Overall Effects

ASK SECTION IF: SUBJECT INTERVIEW (NOT PROXY)

AND: (((((((((((((QASMT.C.DVA9 > 1) OR (QBFtGUE.DVB10 > 1)) OR (QCCNCTN.DVC9 > 1)) OR (QDSLEEP.DVD11 > 1)) OR (QEIRRIT.DVE11 > 1)) OR (QFWORPH.DVF8 > 1)) OR (QGDPRN.DVG11 > 1)) OR (QDEPSCRE.DVH11 > 1)) OR (QIWORRY.DVI11 > 1)) OR (QJANXTY.DVJ12 > 1)) OR (QKPHOBS.DVK9 > 1)) OR (QLPANIC.DVL8 > 1)) OR (QMCOMPL.DVM9 > 1)) OR (QNOBSNS.DVN9 > 1)

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 Yes
(2) No No

ASK IF: O1 = YES

O1A

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

- (1) Once Once
(2) GTOnce More than once

ASK IF: NOT (O1 = YES)

O1B

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

- (1) Yes Yes
(2) No No

Deliberate Self-Harm

ASK SECTION IF: SUBJECT INTERVIEW (NOT PROXY)

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.

PRESS <ENTER> TO CONTINUE

DSH1

[*] Have you ever felt that life was not worth living?

- (1) Yes Yes
(2) No No

ASK IF: DSH1 = YES

DSH1a

Was this...

CODE FIRST THAT APPLIES

- (1) lastwk In the last week?
(2) Lastyr In the last year?
(3) other or at some other time?

DSH2

[*] Have you ever wished that you were dead?

- (1) Yes Yes
(2) No No

ASK IF: DSH2 = YES

DSH2a

Was this..

CODE FIRST THAT APPLIES

- (1) lastwk In the last week?
(2) Lastyr In the last year?
(3) other or at some other time?

DSH3

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

- (1) Yes Yes
(2) No No

ASK IF: DSH3 = YES

DSH3a

Was this..

CODE FIRST THAT APPLIES

- (1) lastwk In the last week?
(2) Lastyr In the last year?
(3) other or at some other time?

ASK IF: DSH3 = YES

DSH4

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

- (1) Yes Yes
(2) No No

ASK IF: DSH3 = YES

AND: DSH4 = YES

DSH4a

Was this..

CODE FIRST THAT APPLIES

- (1) lastwk In the last week?
(2) Lastyr In the last year?
(3) other or at some other time?

ASK IF: *DSH3* = YES

AND: *DSH4* = YES

DSH4b

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DSH3* = YES

AND: *DSH4B* = YES

DSH4c

Who did you try to get help from?

You may give more than one response.

CODE ALL THAT APPLY

SET [5] OF

- | | | |
|-----|--------|-------------------------|
| (1) | friend | a friend |
| (2) | family | A member of your family |
| (3) | GP | your GP/family doctor |
| (4) | Hosp | the local hospital |
| (5) | other | Someone else - specify |

ASK IF: *DSH3* = YES

AND: OTHER IN *DSH4C*

DSH4d

Who was the other person you asked for help?

STRING[50]

DSH5

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DSH5* = YES

DSH6

Did you ...

CODE ALL THAT APPLY

SET [4] OF

- | | | |
|-----|---------|----------------------------------|
| (1) | Cut | cut yourself |
| (2) | Burn | or burn yourself |
| (3) | Swallow | or swallow any objects |
| (4) | Other | or harm yourself some other way? |

ASK IF: *DSH5* = YES

DSH7

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DSH5* = YES

DSH8

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DSH5* = YES

DSH9

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *DSH5* = YES

DSH10

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: ((((*DSH4A* = *LASTWK*) OR (*DSH4A* = *LASTYR*)) OR ((*DSH1A* = *LASTWK*) OR (*DSH4A* = *LASTYR*))) OR ((*DSH2A* = *LASTWK*) OR (*DSH4A* = *LASTYR*))) OR ((*DSH3A* = *LASTWK*) OR (*DSH4A* = *LASTYR*))

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.

PRESS <ENTER> TO CONTINUE

DVH11

Computed variable

Scores added from H4,H5,H6,H8,H9)

0..5

DVTotSc

COMPUTED TOTAL CIS-R SCORE

0..57

PSYCHOSIS SCREENING QUESTIONNAIRE*ASK IF: SUBJECT INTERVIEW (NOT PROXY)***PSQIntro**

[*]
Now I would like to ask you about thoughts and feelings you may have had over the past year.
PRESS <ENTER> TO 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 | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ1 = YES***PSQ1a**

[*] Was there an obvious reason for this?

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ1 = YES**AND: PSQ1A = NO***PSQ1b**

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ1 = YES**AND: PSQ1A = NO**AND: (PSQ1B = YES) OR (PSQ1B = UNSURE)***PSQ1bV**

[*] Could you tell me a little more about that?

CODE VERBATIM
STRING[100]

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 | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ2 = YES***PSQ2a**

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ2 = YES**AND: (PSQ2A = YES) OR (PSQ2A = UNSURE)***PSQ2aV**

[*] How do you explain what happened?

CODE VERBATIM
STRING[100]

PSQ3

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ3 = YES***PSQ3a**

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ3 = YES**AND: PSQ3A = YES***PSQ3b**

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

*ASK IF: PSQ3 = YES**AND: PSQ3A = YES**AND: (PSQ3B = YES) OR (PSQ3B = UNSURE)***PSQ3bV**

[*] Why do you think this was happening?

CODE VERBATIM
STRING[100]

PSQ4

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

ASK IF: *PSQ4 = YES*

PSQ4a

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

ASK IF: *PSQ4 = YES*

AND: (*PSQ4A = YES*) OR (*PSQ4A = UNSURE*)

PSQ4aV

[*] What was going on that felt so strange?

CODE VERBATIM

STRING[200]

PSQ5

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

ASK IF: *PSQ5 = YES*

PSQ5a

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

- | | | |
|-----|--------|--------|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Unsure | Unsure |

ASK IF: *PSQ5 = YES*

AND: (*PSQ5A = YES*) OR (*PSQ5A = UNSURE*)

PSQ5aV

[*] What did the voices say to you?

CODE VERBATIM

STRING[200]

DVPscScr

COMPUTED VARIABLE:
NUMBER OF POSITIVE PSYCHOSIS SCREENING
CRITERIA

0..4

DVPscSel

COMPUTED VARIABLE
Score 2+ screening criteria
SCREEN POSITIVE FOR PSYCHOSIS

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

SMOKING

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

Smokintr

The following questions are about smoking

PRESS ENTER TO CONTINUE

STRING[1]

Cigever

Have you ever smoked a cigarette?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *CIGEVER = YES*

Cignow

Do you smoke cigarettes at all nowadays?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *CIGEVER = YES*

AND: *CIGNOW = YES*

QtyWknd

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

PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

0..97

ASK IF: *CIGEVER = YES*

AND: *CIGNOW = YES*

QtyWeek

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

PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

0..97

ASK IF: *CIGEVER = YES*

AND: *CIGNOW = YES*

CigType

Do you mainly smoke.....

RUNNING PROMPT

- | | | |
|-----|--------|-----------------------------------|
| (1) | Filter | filter-tipped cigarettes |
| (2) | Plain | or plain or unfiltered cigarettes |
| (3) | Hand | or hand-rolled cigarettes? |

ASK IF: CIGEVER = YES

AND: CIGNOW = YES

EasNoSmk

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

RUNNING PROMPT

- | | | |
|-----|----------|--------------------|
| (1) | Veryeasy | very easy |
| (2) | Faireasy | fairly easy |
| (3) | Fairdiff | fairly difficult |
| (4) | VeryDiff | or very difficult? |

ASK IF: CIGEVER = YES

AND: CIGNOW = YES

GiveUp

[*] Would you like to give up smoking altogether?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: CIGEVER = YES

AND: CIGNOW = YES

FirstCig

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

- | | | |
|-----|----------|------------------------------|
| (1) | lt5mins | less than 5 minutes |
| (2) | ge5le14 | 5 to 14 mins |
| (3) | ge15le29 | 15 to 29 mins |
| (4) | ge30lt1h | 30 mins but less than 1 hour |
| (5) | ge1lt2hr | 1 hr but less than 2 hrs |
| (6) | ge2hrs | 2 hours or more |

ASK IF: CIGEVER = YES

AND: CIGNOW = NO

CigReg

[*] Did you smoke cigarettes...

- | | | |
|-----|----------|---|
| (1) | Regular | regularly, that is at least one cigarette a day |
| (2) | Occasion | or did you smoke them only occasionally? |

ASK IF: CIGEVER = YES

AND: CIGNOW = NO

AND: CIGREG = REGULAR

CigUsed

About how many cigarettes did you smoke in a day when you smoked them regularly?

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

0..97

ASK IF: CIGEVER = YES

AND: CIGNOW = NO

AND: CIGREG = REGULAR

CigStop

How long ago did you stop smoking cigarettes regularly?

- | | | |
|-----|---------|------------------------------------|
| (1) | Less6m | Less than 6 months ago |
| (2) | M6ly1 | 6 months but less than a year ago |
| (3) | Y1l2 | 1 year but less than 2 years ago |
| (4) | Y2l5 | 2 years but less than 5 years ago |
| (5) | Fiveyrs | 5 years but less than 10 years ago |
| (6) | TenYrs | 10 years or more ago |

ASK IF: CIGEVER = YES

AND: (CIGNOW = YES) OR (CIGREG = REGULAR)

CigAge

How old were you when you started to smoke cigarettes regularly?

- | | | |
|-----|---------|-----------------------------------|
| (1) | Never | Never smoked cigarettes regularly |
| (2) | Under10 | Under 10 |
| (3) | Y10l4 | 10-14 |
| (4) | Y15l9 | 15-19 |
| (5) | Y20l4 | 20-24 |
| (6) | over24 | 25 or over |

DRINKING

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

DrinkNow

I'm now going to ask you a few questions about what you drink - that is if you do drink.

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: DRINKNOW = No

DrinkAny

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

- | | | |
|-----|----------|-------------------|
| (1) | Occasion | Very occasionally |
| (2) | Never | Never |

ASK IF: DRINKNOW = No

AND: DRINKANY = NEVER

TeeTotal

Have you always been a non-drinker, or did you stop drinking for some reason?

- | | | |
|-----|---------|---------------------------|
| (1) | Always | Always a non-drinker |
| (2) | Stopped | Used to drink but stopped |

ASK IF: *DRINKNOW* = *NO*
 AND: *DRINKANY* = *NEVER*
 AND: *TEETOTAL* = *ALWAYS*

NonDrink

[*] What would you say is the MAIN reason you have always been a non-drinker?

- | | | |
|-----|----------|---------------------------|
| (1) | Relig | Religious reasons |
| (2) | Dontlike | Don't like it |
| (3) | Advice | Parent's advice/influence |
| (4) | Health | Health reasons |
| (5) | Cost | Can't afford it |
| (6) | Other | Other |

ASK IF: *DRINKNOW* = *NO*
 AND: *DRINKANY* = *NEVER*
 AND: *TEETOTAL* = *STOPPED*

StopDrin

[*] What would you say was the MAIN reason you stopped drinking?

- | | | |
|-----|----------|---------------------------|
| (1) | Relig | Religious reasons |
| (2) | Dontlike | Don't like it |
| (3) | Advice | Parent's advice/influence |
| (4) | Health | Health reasons |
| (5) | Cost | Can't afford it |
| (6) | Other | Other |

Drinking self completion

ASK IF: *SUBJECT INTERVIEW* (NOT *PROXY*)
 AND: (*QDRINK.DRINKNOW* = *YES*) OR (*QDRINK.DRINKANY* = *OCCASION*)

DrkIntro

The next set of questions, which is about drinking and drug use, 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. INFORMANTS SHOULD SELF-COMPLETE. IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS FROM THE PRINTED SCRIPT, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.

- | | | |
|-----|----------|---|
| (1) | SCAccept | Complete self-completion accepted by respondent |
| (2) | SCHelp | Questions read from script by the interviewer |
| (3) | IntAdm | Section read and entered by interviewer |

ASK IF: (*DRKINTRO* = *SCACCEPT*) OR (*DRKINTRO* = *SCHHELP*)

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 computers?

PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER

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

- | | | |
|-----|-----|---------------------------------|
| (1) | Yes | Yes |
| (2) | No | No |
| (9) | Dna | Don't Understand/Does Not Apply |

ASK IF: (*DRKINTRO* = *SCACCEPT*) OR (*DRKINTRO* = *SCHHELP*)

DrTest2

Which of the following hot drinks do like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE

SET [5] OF

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

DrkOft

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

- | | | |
|-----|---------|---------------------------|
| (1) | never | never |
| (2) | monthly | monthly |
| (3) | mn2t4 | two to four times a month |
| (4) | wk2t3 | two to three times a week |
| (5) | wk4 | four or more times a week |

ASK IF: (((*DRKOFT* = *MONTHLY*) OR (*DRKOFT* = *MN2T4*)) OR (*DRKOFT* = *WK2T3*)) OR (*DRKOFT* = *WK4*)

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 glass of wine.

YOU CAN USE THE PICTURE CARD GIVEN TO YOU BY THE INTERVIEWER AS A GUIDE

- | | | |
|-----|-------|-----------------------|
| (1) | d1or2 | one or two |
| (2) | d3or4 | three or four |
| (3) | d5or6 | five or six |
| (4) | d789 | seven, eight, or nine |
| (5) | d10 | ten or more |

ASK IF: $((DRKOFT = MONTHLY) OR (DRKOFT = MN2T4)) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

LotOften

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

- | | | |
|-----|----------|-----------------------|
| (1) | never | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MN2T4) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

NotStop

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

- | | | |
|-----|----------|-----------------------|
| (1) | never | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MN2T4) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

FailDrk

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

- | | | |
|-----|----------|-----------------------|
| (1) | never | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MN2T4) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

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 | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MN2T4) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

Guilty

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

- | | | |
|-----|----------|-----------------------|
| (1) | never | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MN2T4) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

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 | never |
| (2) | lmonthly | less than monthly, |
| (3) | month2t4 | monthly, |
| (4) | weekly | weekly |
| (5) | daily | daily or almost daily |

ASK IF: $((DRKOFT = MONTHLY) OR (DRKOFT = MN2T4)) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

Injured

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

- | | | |
|-----|--------|-------------------------------|
| (1) | YnotYr | Yes, but not in the last year |
| (2) | YYr | Yes, during the last year |
| (3) | No | No |

ASK IF: $((DRKOFT = MONTHLY) OR (DRKOFT = MN2T4)) OR (DRKOFT = WK2T3)) OR (DRKOFT = WK4)$

Advised

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

- | | | |
|-----|--------|-------------------------------|
| (1) | YnotYr | Yes, but not in the last year |
| (2) | YYr | Yes, during the last year |
| (3) | No | No |

DVAudit

COMPUTED VARIABLE
AUDIT SCORE (computed from DrkOft to Advised)

ASK IF: $QDAUDIT.DVAUDIT >= 10$

intro

Please recall a typical period of heavy drinking in the last 6 MONTHS.

(Or an occasion when you have drunk a lot.)

Which month was this?

- | | | |
|------|-----------|-----------|
| (1) | January | January |
| (2) | February | February |
| (3) | March | March |
| (4) | April | April |
| (5) | May | May |
| (6) | June | June |
| (7) | July | July |
| (8) | August | August |
| (9) | September | September |
| (10) | October | October |
| (11) | November | November |
| (12) | December | December |

ASK IF: *QDAUDIT.DVAUDIT* >= 10

woke

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I woke up feeling sweaty

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

shook

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

My hands shook first thing in the morning

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

violent

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

My whole body shook violently first thing in the morning if I didn't have a drink

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

drench

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I woke up absolutely drenched in sweat

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

dread

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I dreaded waking up in the morning

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

fright

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I was frightened of meeting people first thing in the morning

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

despair

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I felt at the edge of despair when I awoke

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

awoke

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I felt very frightened when I awoke

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

morn

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I liked to have a morning drink

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

quick

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...

I always gulped my first few drinks down as quickly as possible

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

shakes

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I drank in the morning to get rid of the shakes

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

crave

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I had a very strong craving for drink when I awoke

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

quarter

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I drank more than 1/4 bottle spirits a day (or 4 pints of beer/2 cans strong lager/1 bottle table wine)

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

AND: *NOT* (*QUARTER* = *NEVER*)

half

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I drank more than 1/2 bottle spirits a day (or 8 pints of beer/4 cans strong lager/2 bottles table wine)

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

AND: *NOT* (*QUARTER* = *NEVER*)

AND: *NOT* (*HALF* = *NEVER*)

whole

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I drank more than 1 bottle spirits a day (or 15 pints of beer/8 cans strong lager/4 bottles table wine)

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

AND: *NOT* (*QUARTER* = *NEVER*)

AND: *NOT* (*HALF* = *NEVER*)

AND: *NOT* (*WHOLE* = *NEVER*)

two

During that period of heavy drinking in (NAME OF MONTH), how did you feel? Would you say that...
I drank more than 2 bottles spirits a day (or 30 pints of beer/15 cans strong lager/8 bottles table wine)

- (1) never Never, or almost never,
- (2) sometime sometimes,
- (3) often often,
- (4) allways or always, or nearly always?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

ssweat

Imagine the following situation

- (1) You have been COMPLETELY off drinks for a FEW WEEKS
- (2) You then drink VERY HEAVILY for TWO DAYS

How would you feel the morning after those two days of heavy drinking? Would you say that...
I would start to sweat

- (1) notat Not at all,
- (2) slight slightly,
- (3) moderate moderately,
- (4) qalot or, quite a lot?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

hshake

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

- (1) notat Not at all,
- (2) slight slightly,
- (3) moderate moderately,
- (4) qalot or, quite a lot?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

bshake

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

- (1) notat Not at all,
- (2) slight slightly,
- (3) moderate moderately,
- (4) qalot or, quite a lot?

ASK IF: *QDAUDIT.DVAUDIT* >= 10

craved

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

- | | | |
|-----|----------|------------------|
| (1) | notat | Not at all, |
| (2) | slight | slightly, |
| (3) | moderate | moderately, |
| (4) | qalot | or, quite a lot? |

DRUG USE Self-completion

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

ASK IF: *QDRINK2.DRKINTRO* NOT RESPONSE

DrgIntro2

The next set of questions, which is about drug use, 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.
INFORMANTS SHOULD SELF-COMplete.IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS FROM THE PRINTED SCRIPT BUT THE INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE

- | | | |
|-----|----------|---|
| (1) | SCAccept | Complete self-completion accepted by respondent |
| (2) | SCHelp | Questions read from script by the interviewer |
| (3) | IntAdm | Section read and entered by interviewer |

ASK IF: (*DRGINTR02 = SCACCEPT*) OR (*DRGINTR02 = SCHHELP*)

DrgTest

The first two questions are to check that you know how to answer the questions in this section.
Is this the first time you have used computers?
PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER
If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (*DRGINTR02 = SCACCEPT*) OR (*DRGINTR02 = SCHHELP*)

DrgTest2

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

SET [5] OF

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

DrgIntro

This section is about drug use. By drugs we mean things like cannabis, speed and heroin.
We do not mean drugs that you have taken or are taking on a doctor's prescription.
PRESS ENTER TO CONTINUE

ADrug

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

Please type the numbers of ALL those drugs you have used
If you have used NONE of them, type '8'

SET [8] OF

- | | | |
|-----|------|---|
| (1) | Cann | cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff) |
| (2) | Amph | amphetamines (speed, whizz, uppers, billy) |
| (3) | Coca | cocaine or coke |
| (4) | Crac | crack (rock, stones) |
| (5) | Ecst | ecstasy (E) |
| (6) | Hero | heroin (smack, skag, H, brown) |
| (7) | Acid | acid or LSD |
| (8) | None | none of these |

ADrug2

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

Please type the numbers of ALL those drugs you have used
If you have used NONE of them, type '8'

SET [8] OF

- | | | |
|-----|------|---|
| (1) | Magi | magic mushrooms |
| (2) | Meth | methadone or physeptone |
| (3) | Semo | semeron |
| (4) | Tran | tranquilisers (temazepam, valium) |
| (5) | Amyl | amyl nitrate (poppers) |
| (6) | Anab | anabolic steroids (steroids) |
| (7) | Glue | glues, solvents, gas or aerosols (to sniff) |
| (8) | None | none of these |

ASK IF: *NOT (NONE IN ADRUG)*

YDrug

In the LAST 12 MONTHS have you taken any of these drugs?
Please type the numbers of ALL those drugs you have used in the LAST 12 MONTHS

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

SET [8] OF

- | | | |
|-----|------|---|
| (1) | Cann | cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff) |
| (2) | Amph | amphetamines (speed, whizz, uppers, billy) |
| (3) | Coca | cocaine or coke |
| (4) | Crac | crack (rock, stones) |
| (5) | Ecst | ecstasy (E) |
| (6) | Hero | heroin (smack, skag, H, brown) |
| (7) | Acid | acid or LSD |
| (8) | None | none of these |

ASK IF: NOT (NONE IN ADRUG2)

YDrug2

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

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

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

SET [8] OF

- | | | |
|-----|------|---|
| (1) | Magi | magic mushrooms |
| (2) | Meth | methadone or physeptone |
| (3) | Semo | semeron |
| (4) | Tran | tranquilisers (temazepam, valium) |
| (5) | Amyl | amyl nitrate (poppers) |
| (6) | Anab | anabolic steroids (steroids) |
| (7) | Glue | glues, solvents, gas or aerosols (to sniff) |
| (8) | None | none of these |

For each drug taken in the last 12 months

ASK IF: DRUG TAKEN IN LAST 12 MONTHS (NOT MAGI, SEMO, AMYL, ANAB, ACID)

AgeStrt

How old were you when you first used (NAME OF DRUG)?

0..97

NumUse

How many times have you ever used (NAME OF DRUG)?

- | | | |
|-----|---------|----------------------|
| (1) | ltTen | less than 10 times |
| (2) | ge10toC | 10 to 100 times |
| (3) | over100 | more than 100 times? |

More2wk

During the past 12 months, have you used (NAME OF DRUG) every day for two weeks or more?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

Needed

In the past 12 months have you used (NAME OF DRUG) to the extent that you felt like you needed it or were dependent on it?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

CutDrg

In the past 12 months have you tried to cut down on (NAME OF DRUG) but found you could not do it?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

IncDrg

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

Withdr

In the past 12 months have you had withdrawal symptoms such as feeling sick because you stopped or cut down on (NAME OF DRUG) ?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

UseMB4

Now thinking about the past month, have you used (NAME OF DRUG) in the past month?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: USEMB4 = YES

OftenB4

About how often were you using (NAME OF DRUG) in the past month?

- | | | |
|-----|----------|-----------------------|
| (1) | Daily | about daily |
| (2) | TwoTo3WK | 2 to 3 times per week |
| (3) | OnceWk | about once a week |
| (4) | LtWkly | less than once a week |

End of section for each drug used.

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)

ODEver

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)
AND: ODEVER = YES

OdTimes

How many times in your life?

- | | | |
|-----|---------|------------------|
| (1) | Once | Once |
| (2) | TwoTo3 | 2 or 3 times |
| (3) | FourTo5 | 4 or 5 times |
| (4) | SixTo9 | 6 - 9 times |
| (5) | More10 | 10 or more times |

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)
 AND: (((((AMPH IN ADRUG) OR (COCA IN ADRUG)) OR (CRAC
 IN ADRUG)) OR (ECST IN ADRUG)) OR (HERO IN ADRUG)) OR
 (METH IN ADRUG2)) OR (TRAN IN ADRUG2)

InjIntr

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

PRESS ENTER TO CONTINUE

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

InjEver

Have you ever injected drugs?

Do not include drugs that you were prescribed by a doctor

- (1) Yes Yes
 (2) No No

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

AND: INJEVER = YES

InjAge

About how old were you when you first injected?

5..97

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

AND: INJEVER = YES

InjReg

Have you ever injected regularly?

- (1) Yes Yes
 (2) No No

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

AND: INJEVER = YES

InjOften

About how many times have you EVER injected?

- (1) ltTen less than 10 times
 (2) ge10toC 10 to 100 times
 (3) over100 more than 100 times?

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

AND: INJEVER = YES

InjMB4

Did you inject in the last month?

- (1) Yes Yes
 (2) No No

ASK IF: EVER USED AMPHETAMINES, COCAINE, CRACK,
 ECSTASY, HEROIN, METHADONE OR TRANQUILLISERS

AND: INJEVER = YES

AND: INJMB4 = YES

InjOfB4

About how often did you inject in the last month?

- (1) Daily about daily
 (2) TwoTo3WK 2 to 3 times per week
 (3) OnceWk about once a week
 (4) LtWkly less than once a week

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)

TreatInt

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

PRESS ENTER TO CONTINUE

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)

TreatOut

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

- (1) Yes Yes
 (2) No No

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)

AND: TREATOUT = YES

TreatB4

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

- (1) Yes Yes
 (2) No No

ASK IF: NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)

AND: TREATOUT = YES

AND: TREATB4 = YES

TreatFrm

Who was that from?

Please type the numbers of ALL those you received treatment from

SET [5] OF

- (1) GP GP or family doctor or other practice staff
 (2) CDT Community Drug Team, (CDT)
 (3) Hosp Hospital (outpatient and/or inpatient)
 (4) Resid Residential rehab unit
 (5) Other Other (specify)

ASK IF: *NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)*

AND: *TREATOUT = YES*

AND: *TREATB4 = YES*

AND: *OTHER IN TREATFRM*

XTreatFr

Please specify the other source of treatment/advice

Please type your answer

STRING[80]

ASK IF: *NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)*

AND: *(HERO IN ADRUG) OR (METH IN ADRUG2)*

PresMeth

Have you ever been prescribed Methadone?

- (1) Yes Yes
(2) No No

ASK IF: *NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)*

AND: *PRESMETH = YES*

Meth12mo

Have you been prescribed methadone in the past 12 months?

- (1) Yes Yes
(2) No No

ASK IF: *NOT (NONE IN ADRUG) OR NOT (NONE IN ADRUG2)*

AND: *PRESMETH = YES*

AND: *METH12MO = YES*

Meth1mo

Have you been prescribed Methadone in the past month?

- (1) Yes Yes
(2) No No

DrExit

Thankyou. That is the end of this section.

Please inform the interviewer that you have finished and they will introduce the next section.

PERSONALITY DISORDER

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

PD1

The rest of the questions are about the kind of person you generally are, that is, how you have usually felt or behaved over the past several years.

Have you avoided jobs or tasks that involved having to deal with a lot of people?

PRESS 1 FOR YES, PRESS 2 FOR NO

OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT DOES NOT APPLY

THEN PRESS ENTER

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

PD2

Do you avoid getting involved with people unless you are certain they will like you?

PRESS 1 FOR YES, PRESS 2 FOR NO

OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT DOES NOT APPLY

THEN PRESS ENTER

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

PD3

Do you find it hard to be 'open' even with people you are close to?

PRESS 1 FOR YES, PRESS 2 FOR NO

OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT DOES NOT APPLY

THEN PRESS ENTER

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

PD4

Do you often worry about being criticised or rejected in social situations?

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

PD5

Are you usually quiet when you meet new people?

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

PD6

Do you believe that you're not as good, as smart, or as attractive as most other people?

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

PD7

Are you afraid to try new things?

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

PD8

Do you need a lot of advice or reassurance from others before you can make everyday decisions - like what to wear or what to order in a restaurant?

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

PD9

Do you depend on other people to handle important areas in your life such as finances, child care, or living arrangements?

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

PD10

Do you find it hard to disagree with people even when you think they are wrong?

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

PD11

Do you find it hard to start or work on tasks when there is no one to help you?

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

PD12

Have you often volunteered to do things that are unpleasant?

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

PD13

Do you usually feel uncomfortable when you are by yourself?

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

PD14

When a close relationship ends, do you feel you immediately have to find someone else to take care of you?

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

PD15

Do you worry a lot about being left alone to take care of yourself?

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

PD16

Are you the kind of person who focuses on details, order and organisation or likes to make lists and schedules?

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

PD17

Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?

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

PD18

Throughout your life have you or other people felt that you have been so devoted to work (or school) that you have had no time left for anyone else or for just having fun?

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

PD19

Do you have very high standards about what is right and what is wrong?

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

PD20

Do you have trouble throwing things out because they might come in handy some day?

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

PD21

Is it hard for you to let other people help you if they don't agree to do things exactly the way you want?

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

PD22

Is it hard for you to spend money on yourself and other people even when you have enough?

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

PD23

Are you often so sure you are right that it doesn't matter what other people say?

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

PD24

Have other people told you that you are stubborn or rigid?

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

PD25

Do you often have to keep an eye out to stop people from using you or hurting you?

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

PD26

Do you spend a lot of time wondering if you can trust your friends or the people you work with?

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

PD27

Do you find that it is best not to let other people know much about you because they will use it against you?

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

PD28

Do you often detect hidden threats or insults in things people say or do?

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

PD29

Are you the kind of person who holds grudges or takes a long time to forgive people who have insulted or slighted you?

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

PD30

Are there many people you can't forgive because they did or said something to you a long time ago?

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

PD31

Do you often get angry or lash out when someone criticises or insults you in some way?

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

PD32

Have you often suspected that your spouse or partner has been unfaithful?

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

PD33

When you are out in public and see people talking, do you often feel that they are talking about you?

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

PD34

Do you often get the feeling that things that have no special meaning to most people are really meant to give you a message?

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

PD35

When you are around people, do you often get the feeling that you are being watched or stared at?

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

PD36

Have you ever felt that you could make things happen just by making a wish or thinking about them?

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

PD37

Have you had personal experiences with the supernatural?

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

PD38

Do you believe that you have a 'sixth sense' that allows you to know and predict things that others can't?

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

PD39

Do you often think that objects or shadows are really people or animals or that noises are actually people's voices?

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

PD40

Have you had the sense that some person or force is around you, even though you cannot see anyone?

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

PD41

Do you often see auras or energy fields around people?

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

PD42

Are there very few people that you're really close to outside of your immediate family?

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

PD43

Do you often feel nervous when you are with other people?

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

PD44

Are you the kind of person who doesn't think it is important to have any close relationships?

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

PD45

Would you almost always rather do things alone than with other people?

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

PD46

Could you be content without ever being sexually involved with anyone?

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

PD47

Are there really very few things in life that give you pleasure?

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

PD48

Are you the kind of person who doesn't care what people think of you?

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

PD49

Are you the sort of person who finds that nothing makes you very happy or very sad?

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

PD50

Do you like to be the centre of attention?

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

PD51

Do you flirt a lot?

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

PD52

Do you try to draw attention to yourself by the way you dress or look?

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

PD53

Do you often make a point of being dramatic and colourful?

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

PD54

Do you often change your mind about things depending on the people you're with or what you have just read or seen on TV?

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

PD55

Do you have lots of friends that you are very close to?

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

PD56

Do people often fail to appreciate your very special talents or accomplishments?

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

PD57

Have people told you that you have too high an opinion of yourself?

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

PD58

Do you think a lot about the power, fame or recognition that will be yours someday?

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

PD59

Do you think a lot about the perfect romance that will be yours someday?

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

PD60

When you have a problem, do you almost always insist on seeing the top person?

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

PD61

Do you feel it is important to spend time with people who are special or influential?

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

PD62

Is it very important to you that people pay attention to you or admire you in some way?

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

PD63

Do you think that it is necessary to follow certain rules or social conventions even if they get in your way?

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

PD64

Do you feel that you are the kind of person who deserves special treatment?

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

PD65

Do you often find it necessary to step on a few toes to get what you want?

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

PD66

Do you often have to put your needs above other people's?

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

PD67

Do you often expect other people to do what you ask without question because of who you are?

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

PD68

Are you the sort of person who is not really interested in other people's problems or feelings?

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

PD69

Have people complained to you that you don't listen to them or care about their feelings?

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

PD70

Are you often envious of others?

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

PD71

Do you feel that others are often envious of you?

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

PD72

Do you find that there are very few people that are worth your time and attention?

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

PD73

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

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

PD76

Does your sense of who you are often change dramatically?

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

PD79

Have you often done things impulsively?

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

PD80

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

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

PD81

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

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

PD82

Do you have a lot of sudden mood changes?

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

PD83

Do you often feel empty inside?

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

PD84

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

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

PD85

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

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

PD86

Do even little things get you very angry?

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

PD88

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

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

PD89

Before you were 15, would you start fights?

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

PD92

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

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

PD95

Before you were 15, did you start fires?

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

PD96

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

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

PD97

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

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

PD98

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

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

PD100

Before you were 15, did you run away and stay away overnight?

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

PD102

Before you were 13, did you often skip school?

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

PD104

Since you were 15, has there been a period when you had no regular place to live, for at least a month or so?

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

PD105

Have you ever hit or thrown things at your spouse or partner?

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

PD106

Since you were 15, have you ever hit a child, yours or someone else, so hard that he or she had bruises, or had to stay in bed or see a doctor?

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

PD107

Since you were 15, have you been in any fights?

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

ASK IF: PD107A = YES

PD107b

How many times in the last five years?

1..100

ASK IF: PD107A = YES

PD107c

Were you ever intoxicated with drink or drugs before any of these incidents?

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

ASK IF: PD107A = YES

PD107d

Did any of these incidents involve any of the following people?

PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED

SET [9] OF

- (1) sppn spouse or partner
 (2) gbf girlfriend or boyfriend
 (3) ch children
 (4) otfm other family member
 (5) fr a friend
 (6) nk someone known to you - not a family or friend
 (7) strn a stranger
 (8) pol police
 (9) other other

ASK IF: PD107A = YES

PD107e

Did any of these fights or assaults occur in the following places?

PLEASE ENTER THE NUMBERS OF ALL THE PLACES WHERE THESE FIGHTS OR ASSAULTS OCCURED

SET [7] OF

- (1) hm in your home
 (2) sehm in someone else's home
 (3) stre in the street - outdoors
 (4) bar in a bar or pub
 (5) work at your workplace
 (6) hosp in a hospital
 (7) els anywhere else

ASK IF: PD107A = YES

PD107f

Did any of the following things happen as a result of these fights or assaults?

PLEASE ENTER THE NUMBERS OF ALL THE THINGS THAT RESULTED FROM THESE FIGHTS OR ASSAULTS

SET [5] OF

- (1) inj you were injured
 (2) gp you saw your GP because of your injuries
 (3) hosp you went to hospital because of your injuries
 (4) othinj the other person(s) was injured
 (5) police the police became involved
 (6) none 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 Yes
 (2) No No
 (9) Dna 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 Yes
 (2) No No
 (9) Dna 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 Yes
 (2) No No
 (9) Dna Don't Understand/Does Not Apply

PD111

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

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

PD112

Since you were 15, have you passed bad cheques?

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

PD113

Since you were 15, have you been paid for sex?

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

PD115

Since you were 15, have you often 'conned' others to get what you want?

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

PDExit

Thankyou. That is the end of this section.
 Now please pass the computer back to the interviewer.

INTELLECTUAL FUNCTIONING

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

AND: RESPONDENT'S AGE >= 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, First, I'm going to ask you some questions about the date today.

PRESS <ENTER> TO CONTINUE

PMADAY

What day of the week is it today?

- (1) Tday txtday
 (2) anyelse anything else/does not know

PMATODAY

What is the date of the month today?

- (1) Date datnum
 (2) anyelse Anything else/does not know

PMAmonth

What month is it?

- (1) Tmonth txtmon
 (2) anyelse anything else/does not know

PMAYear

What year is it?

- (1) Tyear 2000
 (2) anyelse anything else/does not know

Season

What season is it?

- (1) spring spring
 (2) summer summer
 (3) autumn autumn
 (4) winter winter
 (5) anyelse anything else/does not know

AGE

What is your age?

0..120

DVAgeQ

DV to calculate if respondent correctly answers age

- (1) correct correct
 (2) incorrec incorrec

List1

I'm going to read you a list of 10 words. Please listen carefully and try to remember them.

When I am done, tell me as many words as you can, in any order. Ready?

READ LIST AT A STEADY RHYTHM OF ABOUT 1 WORD PER SECOND

CABIN — PIPE — ELEPHANT — CHEST

SILK — THEATRE — WATCH — WHIP

PILLOW — GIANT

Now tell me all the words you can remember.

CODE ALL RECALLED CORRECTLY

SET [10] OF

- | | | |
|-----|----------|----------|
| (0) | CABIN | CABIN |
| (1) | PIPE | PIPE |
| (2) | ELEPHANT | ELEPHANT |
| (3) | CHEST | CHEST |
| (4) | SILK | SILK |
| (5) | THEATRE | THEATRE |
| (6) | WATCH | WATCH |
| (7) | WHIP | WHIP |
| (8) | PILLOW | PILLOW |
| (9) | GIANT | GIANT |

Subtrct1

Please take 7 away from 100 and then tell me the answer

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

1..100

Subtrct3

WRITE IN THIRD SUBTRACTION

1..100

Subtrct4

WRITE IN FOURTH SUBTRACTION

1..100

Subtrct5

WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP

1..100

Paper

What do people usually use to cut paper?

- | | | |
|-----|----------|--------------------|
| (1) | scissors | Scissors or shears |
| (2) | anyelse | anything else |

Count

Please count backwards from 20 to 1

- | | | |
|-----|---------|---------------------------|
| (1) | ACount | counted correctly |
| (2) | mistake | made one or more mistakes |

Plant

What is the prickly green plant found in the desert?

- | | | |
|-----|---------|---------------|
| (1) | Cactus | Cactus |
| (2) | anyelse | anything else |

Say

Please say 'Methodist Episcopal'

- | | | |
|-----|---------|--------------------|
| (1) | method | said exactly right |
| (2) | anyelse | anything else |

Queen

Who is the reigning King or Queen?

- | | | |
|-----|---------|---|
| (1) | TQueen | Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd |
| (2) | anyelse | anything else |

PM

Who is the prime minister now?

- | | | |
|-----|---------|-------------------------|
| (1) | Blair | Correct Surname - Blair |
| (2) | anyelse | anything else |

West

What is the opposite of East?

- | | | |
|-----|---------|---------------|
| (1) | TWest | West |
| (2) | anyelse | anything else |

List2

Please repeat the list of 10 words I read earlier
CODE ALL RECALLED CORRECTLY

SET [10] OF

- | | | |
|-----|----------|----------|
| (0) | CABIN | CABIN |
| (1) | PIPE | PIPE |
| (2) | ELEPHANT | ELEPHANT |
| (3) | CHEST | CHEST |
| (4) | SILK | SILK |
| (5) | THEATRE | THEATRE |
| (6) | WATCH | WATCH |
| (7) | WHIP | WHIP |
| (8) | PILLOW | PILLOW |
| (9) | GIANT | GIANT |

DVdmnt

COMPUTED SCORE

0..50

Animal1

ANIMAL NAMING TEST

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) clothes respondent can name an article of clothing
 (2) noclothe respondent does not understand/cannot name an article of clothing

ASK IF: ANIMAL1 = CLOTHES

Animal2

ANIMAL NAMING TEST

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. PRESS ENTER TO CONTINUE

ASK IF: ANIMAL1 = CLOTHES

Animal3

ANIMAL NAMING TEST

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 Stop

NATIONAL ADULT READING TEST

ASK IF: SUBJECT INTERVIEW (NOT PROXY)
 AND: ENGLISH IS FIRST LANGUAGE

intnart2

SHOWCARD 18

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 the pronunciation. We will stop before the end of the list.
 ALLOW ONLY PRECISE PRONUNCIATIONS. MARK ALL ERRORS OR DON'T KNOWS INCORRECT

ASK RESPONDENT TO STOP IF THEY GET 4 CONSECUTIVE WORDS WRONG

- (1) continue PRESS <ENTER> TO CONTINUE

q1

'kawd'
 CHORD

- (0) wrong incorrect/don't know
 (1) correct correct

q2

'ake'
 ACHE

- (0) wrong incorrect/don't know
 (1) correct correct

q3

'deppo'
 DEPOT

- (0) wrong incorrect/don't know
 (1) correct correct

q4

'ile'
 AISLE

- (0) wrong incorrect/don't know
 (1) correct correct

q5

'BOO-kay' or 'BO-kay'
 BOUQUET

- (0) wrong incorrect/don't know
 (1) correct correct

q6

'sarm'
 PSALM

- (0) wrong incorrect/don't know
 (1) correct correct

q7

'KAY-pon'
 CAPON

- (0) wrong incorrect/don't know
 (1) correct correct

q8

'di-NIGH'
 DENY

- (0) wrong incorrect/don't know
 (1) correct correct

q9

'NAW-zia'
 NAUSEA

- (0) wrong incorrect/don't know
 (1) correct correct

q10

'dett'
DEBT

(0) wrong incorrect/don't know
(1) correct correct

q11

'KUR-tius'
COURTEOUS

(0) wrong incorrect/don't know
(1) correct correct

q12

'RARE-ifie'
RARIFY

(0) wrong incorrect/don't know
(1) correct correct

q13

'e-KWIV-oh-kl'
EQUIVOCAL

(0) wrong incorrect/don't know
(1) correct correct

q14

'NIGH-eve'
NAIVE

(0) wrong incorrect/don't know
(1) correct correct

q15

'KATT-a-koom'
CATACOMB

(0) wrong incorrect/don't know
(1) correct correct

q16

'jayld'
GAOLED

(0) wrong incorrect/don't know
(1) correct correct

q17

'time'
THYME

(0) wrong incorrect/don't know
(1) correct correct

q18

'air'
HEIR

(0) wrong incorrect/don't know
(1) correct correct

q19

'ra-DICKS'
RADIX

(0) wrong incorrect/don't know
(1) correct correct

q20

'ASS-ig-neight'
ASSIGNATE

(0) wrong incorrect/don't know
(1) correct correct

q21

'high-EIGHT-us'
HIATUS

(0) wrong incorrect/don't know
(1) correct correct

q22

'suttl'
SUBTLE

(0) wrong incorrect/don't know
(1) correct correct

q23

'PRO-cree-eight'
PROCREATE

(0) wrong incorrect/don't know
(1) correct correct

q24

'jist'
GIST

(0) wrong incorrect/don't know
(1) correct correct

q25

'gowdje'
GOUGE

(0) wrong incorrect/don't know
(1) correct correct

q26

'sue-PER-flu-us'
SUPERFLUOUS

(0) wrong incorrect/don't know
(1) correct correct

q27

'SIM-illy'
SIMILE

(0) wrong incorrect/don't know
(1) correct correct

q28

'b'n-arle'
BANAL

(0) wrong incorrect/don't know
(1) correct correct

q29

'KWAD-rew-ped'
QUADRUPED

(0) wrong incorrect/don't know
(1) correct correct

q30

'CHELL-ist'
CELLIST

(0) wrong incorrect/don't know
(1) correct correct

q31

'fa-SARD'
FACADE

(0) wrong incorrect/don't know
(1) correct correct

q32

'zellat'
ZEALOT

(0) wrong incorrect/don't know
(1) correct correct

q33

'dram'
DRACHM

(0) wrong incorrect/don't know
(1) correct correct

q34

'e-on'
AEON

(0) wrong incorrect/don't know
(1) correct correct

q35

'plass-EE-bo'
PLACEBO

(0) wrong incorrect/don't know
(1) correct correct

q36

'ab-STEAM-ee-us'
ABSTEMIOUS

(0) wrong incorrect/don't know
(1) correct correct

q37

'day-TARNT'
DETENTE

(0) wrong incorrect/don't know
(1) correct correct

q38

'ID-I'
IDYLL

(0) wrong incorrect/don't know
(1) correct correct

q39

'poo-ER-pur-l'
PUERPERAL

(0) wrong incorrect/don't know
(1) correct correct

q40

'a-VERR'
AVER

(0) wrong incorrect/don't know
(1) correct correct

q41

'gowsh'
GAUCHE

(0) wrong incorrect/don't know
(1) correct correct

q42

'tope-ee-airy'
TOPIARY

- (0) wrong incorrect/don't know
(1) correct correct

q43

'le-VI-ath'n'
LEVIATHAN

- (0) wrong incorrect/don't know
(1) correct correct

q44

'bee-AT-ifie'
BEATIFY

- (0) wrong incorrect/don't know
(1) correct correct

q45

'PRELL-it'
PRELATE

- (0) wrong incorrect/don't know
(1) correct correct

q46

'si-DARE-ee-al'
SIDEREAL

- (0) wrong incorrect/don't know
(1) correct correct

q47

'de-MAIN'
DEMESNE

- (0) wrong incorrect/don't know
(1) correct correct

q48

'SING-k-pea'
SYNCOPE

- (0) wrong incorrect/don't know
(1) correct correct

q49

'LAY-bile'
LABILE

- (0) wrong incorrect/don't know
(1) correct correct

q50

'kam-pan-EE-lay'
CAMPANILE

- (0) wrong incorrect/don't know
(1) correct correct

KEY LIFE EVENTS

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

KeyIntro**KEY LIFETIME EVENTS**

I would now like to ask you about things that may have happened to you or problems you may have faced throughout your life.

PRESS ENTER TO CONTINUE

Trauma1**SHOW CARD 19**

[*] Looking at the card, could you tell me if you have ever suffered from any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [6] OF

- | | | |
|-----|---------|---|
| (1) | AssauSf | Serious illness, injury or assault to yourself |
| (2) | AssauOt | Serious illness, injury or assault to a close relative |
| (3) | DeaClo | Death of a parent, spouse/partner, child, brother or sister of yours |
| (4) | DeaOth | Death of a close family friend or other relative, like an Aunt, cousin or grandparent |
| (5) | MarBkUp | Separation due to marital difficulties, divorce or steady relationship broken down |
| (6) | Prob | Serious problem with a close friend, neighbour or relative |
| (9) | None | None of these |

ASK IF: EVENT REPORTED IN TRAUMA1

TrWhn1

Did that/any of these event/s happen within the last six months?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *EVENT REPORTED IN TRAUMA1*

AND: *TrWHN1 = YES*

Tr6mts1

SHOW CARD 19

[*] Which one/s?:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [6] OF

- | | | |
|-----|---------|---|
| (1) | AssauSf | Serious illness, injury or assault to yourself |
| (2) | AssauOt | Serious illness, injury or assault to a close relative |
| (3) | DeaClo | Death of a parent, spouse/partner, child, brother or sister of yours |
| (4) | DeaOth | Death of a close family friend or other relative, like an Aunt, cousin or grandparent |
| (5) | MarBkUp | Divorce or separation due to marital difficulties or steady relationship broken down |
| (6) | Prob | Serious problem with a close friend, neighbour or relative |
| (9) | None | None of these |

For each of 1st group of traumatic events in the last 6 months

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

AND: *EVENT IN Tr6MTS1*

TrLike1

Was there anyone, among your family or friends, who understood what this (the (TYPE OF EVENT)) felt like?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrLIKE1 = YES*

TrSup1

And were you able to talk about it (the (TYPE OF EVENT)) openly and get support and understanding?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

TrHlp1

Did you get any professional help, for this, that is from someone other than family or friends?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrHLP1 = No*

TrHlpTry1

KEY LIFETIME EVENTS

Did you try to get help for this, from any professional?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrHLP1 = No*

AND: *TrHLPTRY1 = No*

TrHlpWhy1

Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?

- | | | |
|-----|---------|-------------------|
| (1) | DKwhr | didn't know where |
| (2) | NotNeed | didn't need help |
| (3) | Oth | other |

ASK IF: *((TrHLPWHY1 = DKWHR) OR (TrHLPTRY1 = YES)) OR (TrHLP1 = YES)*

TrHlpWht1

Was it help with practical things or did you need someone to talk things over with

- | | | |
|-----|------|-----------|
| (1) | Prac | practical |
| (2) | Talk | talk over |
| (3) | Both | both |

End of details for 1st group of traumatic events

Trauma2

SHOW CARD 20

[*] Looking at the card, could you tell me if you have ever suffered from any of the problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [5] OF

- | | | |
|-----|-------|---|
| (1) | Sack | Being made redundant or sacked from your job |
| (2) | Unemp | Looking for work without success for more than 1 month |
| (3) | Money | Major financial crisis, like losing the equivalent of 3 months income |
| (4) | Cops | Problem with police involving court appearance |
| (5) | Rob | Something you valued being lost or stolen |
| (9) | None | None of these |

ASK IF: *EVENT REPORTED IN TRAUMA2*

TrWhn2

KEY LIFETIME EVENTS

Did that/any of these event/s happen within the last six months?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *EVENT REPORTED IN TRAUMA2*

AND: *TRWHN2 = YES*

Tr6Mts2

SHOW CARD 20

[*] Which one/s?:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [5] OF

- | | | |
|-----|-------|---|
| (1) | Sack | Being made redundant or sacked from your job |
| (2) | Unemp | Looking for work without success for more than 1 month |
| (3) | Money | Major financial crisis, like losing the equivalent of 3 months income |
| (4) | Cops | Problem with police involving court appearance |
| (5) | Rob | Something you valued being lost or stolen |
| (9) | None | None of these |

For each of 2nd group of traumatic events in the last 6 months

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

AND: *EVENT IN Tr6Mts2*

TrLike1

Was there anyone, among your family or friends, who understood what this (the (TYPE OF EVENT)) felt like?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TRLIKE1 = YES*

TrSup1

And were you able to talk about it (the (TYPE OF EVENT)) openly and get support and understanding?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

TrHlp1

Did you get any professional help, for this, that is from someone other than family or friends?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TRHLP1 = No*

TrHlpTry1

Did you try to get help for this, from any professional?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TRHLP1 = No*

AND: *TRHLPTRY1 = No*

TrHlpWhy1

Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?

- | | | |
|-----|---------|-------------------|
| (1) | DKwhr | didn't know where |
| (2) | NotNeed | didn't need help |
| (3) | Oth | other |

ASK IF: *((TRHLPWHY1 = DKWHR) OR (TRHLPTRY1 = YES)) OR (TRHLP1 = YES)*

TrHlpWh1

Was it help with practical things or did you need someone to talk things over with

- | | | |
|-----|------|-----------|
| (1) | Prac | practical |
| (2) | Talk | talk over |
| (3) | Both | both |

End of details for 2nd group of traumatic events

Trauma3

SHOW CARD 21

[*] Now, looking at this card, could you tell me if you have ever experienced any of these problems:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [7] OF

- | | | |
|-----|----------|-----------------------------|
| (1) | Bully | Bullying |
| (2) | ViolW | Violence at work |
| (3) | ViolH | Violence in the home |
| (4) | SexAb | Sexual Abuse |
| (5) | Expelled | Being expelled from school |
| (6) | Runaway | Running away from your home |
| (7) | Homeless | Being homeless |
| (9) | None | None of these |

ASK IF: *EVENT REPORTED IN TRAUMA3*

TrWhn3

Did that/any of these event/s happen within the last six months?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *EVENT REPORTED IN TRAUMA3*

AND: *TrWHN3 = YES*

Tr6Mts3

SHOW CARD 21

[*] Which one/s?:

CODE ALL THAT APPLY

IF NONE - CODE 9

SET [7] OF

- | | | |
|-----|----------|-----------------------------|
| (1) | Bully | Bullying |
| (2) | ViolW | Violence at work |
| (3) | ViolH | Violence in the home |
| (4) | SexAb | Sexual Abuse |
| (5) | Expelled | Being expelled from school |
| (6) | Runaway | Running away from your home |
| (7) | Homeless | Being homeless |
| (9) | None | None of these |

For each of 3rd group of traumatic events in last 6 months

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

AND: *EVENT IN Tr6Mts3*

TrLike1

Was there anyone, among your family or friends, who understood what this (the (TYPE OF EVENT)) felt like?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrLIKE1 = YES*

TrSup1

And were you able to talk about it (the (TYPE OF EVENT)) openly and get support and understanding?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

TrHlp1

Did you get any professional help, for this, that is from someone other than family or friends?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrHLP1 = No*

TrHlpTry1

Did you try to get help for this, from any professional?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *TrHLP1 = No*

AND: *TrHLPTRY1 = No*

TrHlpWhy1

Was this because you didn't know where to get the help you wanted from or because you felt you didn't need any professional help?

- | | | |
|-----|---------|-------------------|
| (1) | DKwhr | didn't know where |
| (2) | NotNeed | didn't need help |
| (3) | Oth | other |

ASK IF: *((TrHLPWHY1 = DKWHR) OR (TrHLPTRY1 = YES)) OR (TrHLP1 = YES)*

TrHlpWht1

Was it help with practical things or did you need someone to talk things over with

- | | | |
|-----|------|-----------|
| (1) | Prac | practical |
| (2) | Talk | talk over |
| (3) | Both | both |

End of details of 3rd group of traumatic events

ACTIVITIES OF DAILY LIVING AND SOCIAL SUPPORT

Social Support

ASK IF: *SUBJECT INTERVIEW (NOT PROXY)*

DLSSInt1

The next few questions are about people you feel close to, including relatives, friends and acquaintances.
PRESS <ENTER> TO CONTINUE

ASK IF: *MORE THAN ONE ADULT IN HOUSEHOLD*

CloseRel

[*] First of all I would like to ask you about the people that you live with. How many adults who live with you do you feel close to?

IF NONE ENTER '0'

0..97

CloseRl3

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

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

IF NONE ENTER '0'

0..97

CloseFr

[*] How many friends or acquaintances (who do not live with you) would you describe as close or good friends?

IF NONE ENTER '0'

0..97

ASK IF: (CLOSERL3 >= 1) OR (CLOSEFR >= 1)

OutSee

[*] Thinking about all of the people (who do not live with you) whom you feel close to or regard as good friends, how many did you meet or speak with in the past week?

IF NONE ENTER '0'

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.

PRESS <ENTER> TO CONTINUE

DLSS1

SHOW CARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS2

SHOWCARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS3

SHOWCARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS4

SHOWCARD 22

[*] (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) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS5

SHOWCARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS6

SHOWCARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

DLSS7

SHOWCARD 22

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

- | | | |
|-----|----------|----------------|
| (1) | NotTrue | not true |
| (2) | PartTrue | partly true |
| (3) | CertTrue | certainly true |

Practical Activities

ASK ALWAYS:

AcDif1

This next section is about practical activities
Do you have any difficulty with any of the following activities...
personal care such as dressing, bathing, washing, or using the toilet?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: AcDIF1 = YES

AcHelp

Do you need anyone to help you with personal care?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif1* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with personal care?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclld | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif2

And do you have any difficulty with ...
getting out and about or using transport?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif2* = YES

AcHelp

Do you need anyone to help you with getting out and about?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif2* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with getting out and about?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclld | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif3

(And do you have any difficulty with) ...
medical care such as taking medicines or pills, having
injections or changes of dressing?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif3* = YES

AcHelp

Do you need anyone to help you with medical care?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif3* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with medical care?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclد | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif4

(And do you have any difficulty with) ...
household activities like preparing meals, shopping, laundry
and housework?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif4* = YES

AcHelp

Do you need anyone to help you with household activities?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif4* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with household activities?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclد | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif5

(And do you have any difficulty with) ...
practical activities such as gardening, decorating, or doing
household repairs?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif5* = YES

AcHelp

Do you need anyone to help you with practical activities?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif5* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with practical activities?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclld | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif6

(And do you have any difficulty with) ...
dealing with paperwork, such as writing letters, sending cards
or filling forms?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif6* = YES

AcHelp

Do you need anyone to help you with dealing with paperwork?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif6* = YES

AND: *AcHelp* = YES

AcWho

SHOWCARD 23

Who helps you with dealing with paperwork?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclld | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

AcDif7

(And do you have any difficulty with) ...
managing money, such as budgeting for food or paying bills?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDif7* = YES

AcHelp

Do you need anyone to help you with managing money?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: *AcDIF1* = YES

AND: *AcHELP* = YES

AcWho

SHOWCARD 23

Who helps you with managing money?

CODE ALL THAT APPLY

SET [20] OF

- | | | |
|------|----------|-------------------------------|
| (1) | no | No one |
| (2) | spo | Spouse/cohabitee |
| (3) | brosis | Brother/sister (incl. in-law) |
| (4) | sondau | Son/daughter (incl. in-law) |
| (5) | par | Parent (incl. in-law) |
| (6) | gdprt | Grandparent (incl. in-law) |
| (7) | gdclld | Grandchild (incl. in-law) |
| (8) | othrel | Other relative |
| (9) | boyfgirl | Boyfriend/girlfriend |
| (10) | frie | Friend |
| (11) | nurs | CPN/Nurse |
| (12) | ot | Occupational Therapist |
| (13) | swork | Social Worker |
| (14) | hwork | Home care worker/home help |
| (15) | vwork | Voluntary worker |
| (16) | llord | Landlord/landlady |
| (17) | domhlp | Paid domestic help |
| (18) | pnurse | Paid nurse |
| (19) | bkman | Bank manager |
| (20) | solic | Solicitor |
| (21) | oth | Other person |

SOCIODEMOGRAPHIC QUESTIONS

ASK ALWAYS:

Origin

SHOW CARD 24

To which of the groups listed on this card do you consider you belong?

- | | | |
|-----|---------|----------------------------|
| (1) | White | White |
| (2) | BlCarib | Black - Caribbean |
| (3) | BlAfr | Black - African |
| (4) | BlOth | Black - Other Black Groups |
| (5) | Indian | Indian |
| (6) | Paki | Pakistani |
| (7) | Bangla | Bangladeshi |
| (8) | Chinese | Chinese |
| (9) | None | None of these |

ASK IF: *SUBJECT INTERVIEW* (NOT *PROXY*)

ChldInst

Up to the age of 16 did you spend any time in any kind of institution such as a childrens home, borstal, or young offenders unit?

(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | 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 | Yes |
| (2) | No | No |
| (3) | DNA | DNA,Foreign national |

SchLeft

How old were you when you finished your continuous full-time education at school or college?

NEVER WENT TO SCHOOL=01

STILL ATTENDING SCHOOL/COLLEGE=02

0..99

ASK IF: *SCHLEFT* > 1

TypeSch

SOCIODEMOGRAPHY SECTION

What type of schools have you ever attended?

SHOW CARD 25

INTERVIEWER: CODE ALL THAT APPLY

PROMPT AS NECESSARY

SET [6] OF

- | | | |
|------|-----------|---|
| (1) | PrmJnMid | Primary, Junior/Middle school |
| (2) | SecComp | Secondary/Comprehensive school |
| (3) | sxthForm | 6th form college |
| (4) | gramhigh | Grammar school/high school |
| (5) | Indpublic | Independent/public school |
| (6) | SchDisrp | School for disruptive children |
| (7) | AprvdSch | Home Office approved school/borstal |
| (8) | menthdpd | School for mentally handicapped |
| (9) | Physhdpd | School for physically disabled children |
| (10) | OthSpec | Other special school |
| (11) | SchAbrd | School abroad |
| (12) | Other | Other |

AnyQuals

Have you got any qualifications of any sort?

- | | | |
|-----|-----|-------|
| (1) | Yes | Yes 9 |
| (2) | No | No |

ASK IF: ANYQUALS = YES

HiQuals

SHOWCARD 26

Please look at this card and tell me whether you have passed any of the qualifications listed. Look down the list and tell me the first one you come to that you have passed
FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>

- | | | |
|-----|----------|--|
| (1) | Deg | Degree level qualification |
| (2) | Higher | Teaching qualification
or HNC/HND,BEC/TEC Higher,
BTEC Higher or NVQ level 4 |
| (3) | ALevEqvt | 'A'Levels/SCE Higher
or ONC/OND/BEC/TEC not higher
or City & Guilds Advanced Final Level
NVQ level 3 |
| (4) | OLevEqvt | 'O'Level passes (Grade A-C if after 1975)
or City & Guilds Craft/Ord level
or GCSE (Grades A-C)
NVQ level 2 |
| (5) | CSEEqvt | CSE Grades 2-5
GCE 'O'level Grades D & E if after 1975
GCSE (Grades D,E,F,G)
NVQ level 1 |
| (6) | CSEU | CSE ungraded |
| (7) | Other | Other qualifications (specify) |
| (8) | NoQuals | No qualifications |

ASK IF: ANYQUALS = YES

AND: HIQUALS = OTHER

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
STRING[80]

Employment

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

Wrking

Did you do any paid work in the 7 days ending Sunday the (DATE), either as an employee or as self-employed?
(HELP<F9>)

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: WRKING = NO

AND: (RESPONDENT'S AGE < 63) OR ((RESPONDENT'S AGE < 65) AND .SEX = MALE)

SchemeET

Were you on a government scheme for employment training?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: WRKING = NO

AND: (LILO1 = 1) OR (SCHEMEET = No)

JbAway

Did you have a job or business that you were away from?.....HELP<F9>

- | | | |
|-----|---------|---|
| (1) | Yes | Yes |
| (2) | No | No |
| (3) | Waiting | Waiting to take up a new job/business
already obtained |

ASK IF: WRKING = NO

AND: (LILO1 = 1) OR (SCHEMEET = No)

AND: JBAWAY = YES

JbReas

What was the main reason you were away from work (last week)?...(HELP<F9>)

- | | | |
|-----|----------|--|
| (1) | leave | on leave/holiday |
| (2) | mental | a mental, nervous or emotional problem |
| (3) | physical | a physical health problem |
| (4) | train | attending a training course away from the
workplace |
| (5) | laidoff | laid off/short time |
| (6) | persnl | personal/family reason |
| (7) | other | other reasons |

ASK IF: WRKING = NO

AND: (LILO1 = 1) OR (SCHEMEET = No)

AND: (JBAWAY = No) OR (JBAWAY = WAITING)

OwnBus

Did you do any unpaid work in that week for any business that you own? (HELP<F9>)

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: WRKING = NO

AND: (LILO1 = 1) OR (SCHEMEET = No)

AND: (JBAWAY = No) OR (JBAWAY = WAITING)

AND: OWNBUS = No

RelBus

...or that a relative owns?....HELP<F9>

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: WRKING = NO

AND: (LILO1 = 1) OR (SCHEMEET = No)

AND: RELBUS = No

AND: JBAWAY = No

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?

- | | | |
|-----|------|--|
| (1) | Y | Yes |
| (2) | N | No |
| (3) | Wait | Waiting to take up a new job or business
already obtained |

ASK IF: *WRKING = No*

AND: (*LILO1 = 1*) OR (*SCHEMEET = No*)

AND: ((*LOOKED = Y*) OR (*LOOKED = WAIT*)) OR (*JBAWAY = WAITING*)

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 Yes
(2) No No

ASK IF: *WRKING = No*

AND: (*LILO1 = 1*) OR (*SCHEMEET = No*)

AND: (*LOOKED = N*) OR (*STARTJ = No*)

YInAct

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks?

- (1) Student Student
(2) FamHome Looking after the family/home
(3) TempSick Temporarily sick or injured
(4) LongSick Long-term sick or disabled
(5) Retired Retired from paid work
(6) OthYNot None of these

ASK IF: *UNEMPLOYED OR ECONOMICALLY INACTIVE*

Everwk

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

- (1) Yes Yes
(2) No No

ASK IF: *UNEMPLOYED OR ECONOMICALLY INACTIVE*

AND: *EVERWK = Yes*

DtJbL

When did you leave your last PAID job?

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

HELP<F9>

DATE

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

IndD

CURRENT OR LAST JOB

What did the firm/organisation you worked for mainly make or do (at the place where you worked)? HELP<F9>

DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

STRING[80]

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

OccT

JOBTITLE CURRENT OR LAST JOB

What was your (main) job? HELP<F9>

STRING[30]

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

OccD

CURRENT OR LAST JOB

What did you mainly do in your job?

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

STRING[80]

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

Stat

Were you working as an employee or were you self-employed? HELP<F9>?

- (1) Emp Employee
(2) SelfEmp Self-employed

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

AND: *STAT = EMP*

Manage

Did you have any managerial duties, or were you supervising any other employees?

ASK OR RECORD HELP<F9>

- (1) Manager Manager
(2) Foreman Foreman/supervisor
(3) NotMgr Not manager/supervisor

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

AND: *STAT = EMP*

EmpNo

How many employees were there at the place where you worked? HELP<F9>

- (1) n1_24 1-24
(2) n25plus 25 or more

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

AND: *STAT = SELFEMP*

Solo

Were you working on your own or did you have employees?

- (1) OnOwn on own/with partner(s) but no employees
(2) WithEmp with employees

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

AND: *STAT = SELFEMP*

AND: *SOLO = WITHEMP*

SENo

How many people did you employ at the place where you worked? HELP<F9>

- (1) n1_24 1-24
(2) n25plus 25 or more

ASK IF: *IN EMPLOYMENT OR EVER WORKED*

FtPtWk

In your (main) job were you working: HELP<F9>

- (1) FT full time
(2) PT or part time?

ASK IF: *DVILO4A = INEMPXUF*

AND: *STAT = EMP*

EmpStY

In which year did you start working continuously for your current employer? HELP<F9>

1900..2005

ASK IF: *DVILO4A = INEMPXUF*

AND: *NOT (STAT = EMP)*

SEmpStY

In which year did you start working continuously as a self-employed person? HELP<F9>

1900..2005

ASK IF: *DVILO4A = INEMPXUF*

AND: *LEMPLEN4 <= 8*

JobstM

and which month in (YEAR) was that?

- (1) Jan Jan
(2) Feb Feb
(3) Mar Mar
(4) Apr Apr
(5) May May
(6) Jun Jun
(7) Jul Jul
(8) Aug Aug
(9) Sep Sep
(10) Oct Oct
(11) Nov Nov
(12) Dec Dec

ASK IF: *HAS WORKED IN THE PAST YEAR*

DayOff

[*]Earlier I was asking about how you had been feeling lately. Has your health or the way you have been feeling caused you to take time off in the past year?

- (1) Yes Yes
(2) No No

ASK IF: *HAS WORKED IN THE PAST YEAR*

AND: *DAYOFF = YES*

DayOffNo

How many days in the past year have you taken off work WEEKENDS FALLING WITHIN A PERIOD OF SICKNESS MUST BE INCLUDED

1..365

ASK IF: *HAS WORKED IN THE PAST YEAR*

AND: *TAKING MEDICATION IN BNF CHAPTERS 4.1, 4.2, 4.3 OR 4.10*

MedJob

[*]Does your medication for a mental, nervous or emotional problem effect your ability to do your job?

- (1) Yes Yes
(2) No No

ASK IF: *HAS WORKED IN THE PAST YEAR*

AND: *TAKING MEDICATION IN BNF CHAPTERS 4.1, 4.2, 4.3 OR 4.10*

AND: *MEDJOB = YES*

MedJob2

[*]In what way does it effect your ability to do your job? Does it...CODE ALL THAT APPLY

SET [4] OF

- (1) Tired Feel more tired
(2) Concent Unable to concentrate for long periods of time
(3) Memry Memory seems poor at times
(4) Other Other

ASK IF: *HAS WORKED IN THE PAST YEAR*

AND: *TAKING MEDICATION IN BNF CHAPTERS 4.1, 4.2, 4.3 OR 4.10*

AND: *MEDJOB = YES*

AND: *OTHER IN MEDJOB2*

MedJobV

RECORD VERBATIM 'OTHER' WAY MEDICATION AFFECTS ABILITY TO DO JOB
STRING[100]

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

WkOff

How long have you (currently) been off work?

- | | | |
|-----|-------|------------------------------|
| (1) | L2wk | Less than 2 weeks |
| (2) | L1mth | 2 weeks, less than 1 month |
| (3) | L3mth | 1 month, less than 3 months |
| (4) | L6mth | 3 months, less than 6 months |
| (5) | M6mth | more than 6 months |

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

AND: STAT NOT SELFEMP

EmpRet

[*]Do you expect to return to your present employer?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

AND: STAT NOT SELFEMP

AND: EMPRET = YES

SameJob

[*]Do you expect to return to the same job?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

AND: EMPRET NOT YES

FitWork

[*]Do you expect to be fit to work again?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

AND: EMPRET NOT YES

AND: FITWORK = YES

FutrJob

[*]Will you look for another paid job in the future?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (JBREAS = MENTAL) OR (JBREAS = PHYSICAL)

AND: EMPRET NOT YES

AND: FITWORK = YES

AND: FUTRJOB NOT YES

FutrJbWhy

[*]Why will/may you not look for another job?

SET [4] OF

- | | | |
|-----|---------|--|
| (1) | NoEmply | No suitable jobs: general employment situation |
| (2) | NoHlth | No suitable jobs: due to health problems |
| (3) | Toold | Too old |
| (4) | Other | Other |

DISPLAY IF: EVERWK = YES

DVOIDJb

COMPUTED VARIABLE AGE LEFT LAST PAID JOB

-9..99

ASK IF: EVERWK = YES

AND: OLDJBMEN = YES

OldJbWhy

Did your employer ask you to leave or did you leave of your own accord?

- | | | |
|-----|--------|--------------------|
| (1) | Emp | employer asked |
| (2) | Accord | left of own accord |

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

NotWk

[*]Is the reason that you are not working at present ...
RUNNING PROMPT - CODE FIRST THAT APPLIES

- | | | |
|-----|---------|---|
| (1) | feel | the way you have been feeling makes it impossible for you to do any kind of paid work |
| (2) | phhlth | a physical health problem makes it impossible for you to do any kind of paid work |
| (3) | notfnd | you have not found a suitable job |
| (4) | notwant | or, because you do not want or need a paid job? |
| (5) | other | other |

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

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?

SET [2] OF

- | | | |
|-----|--------|-------------------------|
| (1) | shel | could do sheltered work |
| (2) | part | could do part-time work |
| (3) | imposs | impossible to do work |

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

LookNow

[*](May I just check) Are you looking for a job at the moment?

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: LOOKNOW = No

LookAtAll

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

- (1) Yes Yes
(2) No No

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: LOOKNOW = No

AND: LOOKATALL = No

LookNot

[*]Why have you not looked for a job?

CODE ALL THAT APPLY

SET [3] OF

- (1) NoEmply No suitable jobs: general employment situation
(2) NoHlth No suitable jobs: due to health problems
(3) Other Other

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: LOOKNOW = No

AND: LOOKATALL = Yes

LookStop

[*]Why have you stopped looking for jobs?

CODE ALL THAT APPLY

SET [3] OF

- (1) NoEmply No suitable jobs: general employment situation
(2) NoHlth No suitable jobs: due to health problems
(3) Other Other

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: (LOOKNOW = Yes) OR (LOOKSTOP = RESPONSE)

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 Yes
(2) No No

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: (LOOKNOW = Yes) OR (LOOKSTOP = RESPONSE)

HrsWork

[*]Thinking about the hours you would like to work, would you prefer to work full-time or part-time?

- (1) Full Full-time
(2) Part Part-time
(3) Qual Qualified answer

ASK IF: (DVILO3A NOT INEMP) AND (YINACT NOT RETIRED)

AND: NOTWK NOT NOTWANT

AND: NOT (IMPOSS IN WKSHEL)

AND: (LOOKNOW = Yes) OR (LOOKSTOP = RESPONSE)

AND: HRSWORK NOT FULL

HrsWeek

[*]About how many hours a week would you want to work?

1..60

Benefits

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

Benefits

STATE BENEFITS

SHOW CARD 27

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

SET [9] OF

- (1) Child Child Benefit
(2) OneParnt One Parent Benefit
(3) Guard Guardian's Allowance
(4) Invalid Invalid Care Allowance
(5) Retire Retirement pension (National Insurance) or old person's pension
(6) Widow Widow's pension or allowance (National Insurance)
(7) WarDis War disablement pension
(8) Severe Severe disablement allowance (and related allowances)
(9) Disab Disability working allowance
(10) None None of these

CareBen

SHOW CARD 28

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

SET [3] OF

- (1) Care Care component of disability living allowance
(2) Mobile Mobility allowance of disability living allowance
(3) Attend Attendance Allowance
(4) DLA Disability Living Allowance, nes
(5) None None of these

IncBen

STATE BENEFITS

SHOW CARD 29

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

SET [6] OF

- | | | |
|-----|----------|---|
| (1) | JobSeek | Jobseekers Allowance |
| (2) | Income | Income support |
| (3) | Family | Family credit/Working Families tax credit
(not received in a lump sum) |
| (4) | InCap | Incapacity Benefit |
| (5) | StatSick | Statutory sick pay |
| (6) | Indust | Industrial injury disablement benefit |
| (7) | None | None of these |

ASK IF: (SEX = FEMALE) AND (RESPONDENT'S AGE < 50)

Matern

SHOW CARD 30

Are you receiving either of the things shown on this card, in your own right? CODE ALL THAT APPLY

SET [2] OF

- | | | |
|-----|---------|--|
| (1) | Matern | Maternity Allowance |
| (2) | StatMat | Statutory Maternity Pay from your
employer or former employer |
| (3) | None | None of these |

Other

SHOW CARD 31

In the last 6 months have you received any of the things shown on this card, in your own right?
CODE ALL THAT APPLY

SET [6] OF

- | | | |
|-----|------------------|--|
| (1) | Family | Family credit/Working Families tax
credit paid in a lump sum |
| (2) | Funeral | A grant from the Social Fund for funeral
expenses |
| (3) | Maternity | Grant from the Social Fund for maternity
expenses |
| (4) | CommCare
Fund | A Community Care grant from the Social
Fund |
| (5) | Back | Back to work bonus |
| (6) | Widows | Widows payment (Lump Sum ú1000) |
| (7) | NatIns | Any National Insurance or State benefit
not mentioned earlier |
| (8) | None | 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 | Yes |
| (2) | No | No |

Income

ASK IF: SUBJECT INTERVIEW (NOT PROXY)

SrcInc

SHOW CARD 32

(In addition to any benefits you mentioned) Do you receive income from any of the sources mentioned on this card?
CODE ALL THAT APPLY

SET [6] OF

- | | | |
|-----|--------|--|
| (1) | Earn | Earnings from employment or self-
employment |
| (2) | Pens | Pension from former employer |
| (3) | Intrst | Interest from savings, shares etc. |
| (4) | OthReg | Other kinds of regular allowance from
outside the household |
| (5) | Other | Other sources e.g. rent |
| (6) | None | None of these |

Gross4

SHOW CARD 33

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

1..32

ASK IF: **Gross4** = 32

G4High

SHOW CARD 34 - 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?

1..60

ASK IF: (QTHCOMP.NUMADULT > 1) AND (Gross4 < 32)

Gross4a

SHOW CARD 33

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)

1..32

ASK IF: (Gross4a = 32) OR (Gross4 = 32)

G4aHigh

SHOW CARD 34 - 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?

1..60

Tenure

ASK ALWAYS:

HsngPr

I would now like to ask you some questions about your accommodation
PRESS ENTER TO CONTINUE

1..1

Ten1

In which of these ways do you/this household occupy this accommodation?
SHOW CARD 35 (HELP<F9>)
IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

- | | | |
|-----|-------|--|
| (1) | Own | Own outright |
| (2) | Morg | Buying it with the help of a mortgage or loan |
| (3) | Share | Pay part rent and part mortgage (shared ownership) |
| (4) | Rent | Rent it |
| (5) | RentF | Live here rent-free (including rent-free in relative's/friend's property; excluding squatting) |
| (6) | Squat | Squatting |

ASK IF: (TEN1 = RENT) OR (TEN1 = RENTF)

Tied

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

- | | | |
|-----|-----|-----|
| (1) | Yes | Yes |
| (2) | No | No |

ASK IF: (TEN1 = RENT) OR (TEN1 = RENTF)

LLord

Who is your landlord? (HELP<F9>)
CODE FIRST THAT APPLIES

- | | | |
|-----|----------|--|
| (1) | LA | the local authority/council/New Town Development/ Scottish Homes |
| (2) | HA | a housing association or co-operative or charitable trust |
| (3) | Comp | employer (organisation) of a household member |
| (4) | OthOrg | another organisation |
| (5) | RelFrnd | relative/friend (before you lived here) of a household member |
| (6) | EmpIndiv | employer (individual) of a household member |
| (7) | OthIndiv | another individual private landlord |

ASK IF: (TEN1 = RENT) OR (TEN1 = RENTF)

Furn

Is the accommodation provided: ... (HELP<F9>)

- | | | |
|-----|--------|---|
| (1) | Furnd | furnished |
| (2) | PFurn | partly furnished (eg carpets and curtains only) |
| (3) | UnFurn | or unfurnished? |

Moving

How long have you lived in this, your present accommodation?

- | | | |
|-----|-------|-------------------|
| (1) | More2 | More than 2 years |
| (2) | Less2 | Two years or less |

ASK IF: MOVING = LESS2

MovingNm

And in total, how many times have you moved accommodation in the last two years?

1..97

AccmSt

[*]How satisfied are you with this accommodation?
SHOWCARD 36

- | | | |
|-----|---------|------------------------------------|
| (1) | VSat | Very satisfied |
| (2) | FSat | Fairly satisfied |
| (3) | Neithr | Neither satisfied nor dissatisfied |
| (4) | FDissat | Slightly dissatisfied |
| (5) | VDissat | Very dissatisfied |

Repair

[*]Would you describe the state of repair of your home as good, adequate or poor?

- | | | |
|-----|--------|-----------|
| (1) | Good | Good |
| (2) | Adeqat | Adequate |
| (3) | Poor | Poor |
| (4) | Donk | Dont know |

AccPrb

Do you have any of the following problems with your accommodation CODE ALL THAT APPLY
SHOWCARD 37

SET [10] OF

- | | | |
|------|--------|---|
| (1) | NoSpce | Shortage of space |
| (2) | TooDrk | Too dark, not enough light |
| (3) | NoHeat | Lack of adequate heating facilities |
| (4) | RfLeak | Leaky roof |
| (5) | Damp | Damp walls, floors, foundations, etc. |
| (6) | RotWin | Rot in window frames or floors |
| (7) | Mould | Mould |
| (8) | SitOut | No place to sit outside, e.g. a terrace or garden |
| (9) | Other | Other |
| (10) | NoProb | None of these problems with accommodation |

HlthHs

Has your health or the health of anyone in your household been made worse by your housing situation?

- (1) Yes Yes
(2) No No

SecTen

Do you think you will be able to stay here, in your present accommodation, for as long as you like, or might you have to leave before you want to?

- (1) Stay will be able to stay as long as you like
(2) Leave might have to leave before you want to

ASK IF: *SECTEN = LEAVE*

SecTeWhy

SHOWCARD 38

Do you think you might have to leave before you want to because of any of the reasons on this card?

CODE ALL THAT APPLY

SET [7] OF

- (1) Fin Financial problems
(2) Lease Lease/contract is running out
(3) Land Problems with the landlord/agent
(4) Neighb Problems with the neighbours
(5) Domes Domestic problems
(6) Illness Illness
(7) Other Other reason/s

ASK IF: *SECTEN = LEAVE*

AND: *OTHER IN SECTEWHY*

SecTeV

RECORD VERBATIM 'OTHER REASON/S' MAY HAVE TO LEAVE BEFORE WANTS TO
STRING[100]

ASK IF: *SECTEN = LEAVE*

AND: *FIN IN SECTEWHY*

SecTeFin

SHOWCARD 39

Which of these financial problems have made you think you may have to leave this accommodation before you want to?

CODE ALL THAT APPLY

SET [6] OF

- (1) Inc Increase in the rent
(2) Mortg Increase in mortgage payments
(3) Unemp Unemployment
(4) Fewer Working fewer hours/less overtime
(5) OtherD Other debts or responsibilities
(6) HouseBen Problems with housing benefit
(7) None None of these

ASK IF: *SECTEN = LEAVE*

AND: *LAND IN SECTEWHY*

SecTeLan

SHOWCARD 40

Which sort of problems have you had with your landlord/agent that have made you think you may have to leave this accommodation before you want to?

CODE ALL THAT APPLY

SET [9] OF

- (1) Repa Conflict about repairs
(2) Evict Landlord wants to get tenant out/is evicting tenant
(3) LandSell Landlord wants to sell property
(4) Fin Landlord making financial demands
(5) Intr Landlord entering premises without permission
(6) Threat Landlord using threats/ intimidating behaviour
(7) Cont Landlord hard to contact
(8) Diff Landlord is unpleasant/untrustworthy/difficult
(9) Other Other

MedAdap

May I just check, does anyone in your household have a serious medical condition or disability that makes it necessary to have specially adapted accommodation?

- (1) Yes Yes
(2) No No

ASK IF: *MEDADAP = YES*

MedAdapS

Is your accommodation suitable for you/the person who has this medical condition or disability?

- (1) Yes Yes
(2) No No

Debt

ASK ALWAYS:

DebtPr

The next questions are about the types of bills you receive and other financial matters

PRESS ENTER TO CONTINUE

1..1

InDebt

SHOWCARD 41

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

SET [15] OF

- | | | |
|------|--------|-------------------------------|
| (1) | Rent | Rent |
| (2) | GasBil | Gas |
| (3) | Electr | Electricity |
| (4) | Water | Water |
| (5) | HirePr | Goods on hire purchase |
| (6) | Mortge | Mortgage repayments |
| (7) | CnclTx | Council Tax |
| (8) | CredCd | Credit card payments |
| (9) | MailOr | Mail order catalogue payments |
| (10) | TPhone | Telephone |
| (11) | OtLoan | Other loans |
| (12) | TVLicn | TV Licence |
| (13) | RoadTx | Road Tax |
| (14) | SocFnd | DSS Social Fund Loan |
| (15) | ChSupp | Child Support or Maintenance |
| (16) | NoDebt | None of these |

Discon

Have you ever been disconnected in relation to water, gas, electricity and the telephone because you couldn't afford it?

CODE ALL THAT APPLY

SET [4] OF

- | | | |
|-----|-------|---------------|
| (1) | Water | Water |
| (2) | Gas | Gas |
| (3) | Elec | Electric |
| (4) | Phone | Telephone |
| (5) | None | None of these |

UsedLs

Have you ever used less than you needed to in relation to water, gas, electricity and the telephone because you couldn't afford it?

CODE ALL THAT APPLY

SET [4] OF

- | | | |
|-----|-------|---------------|
| (1) | Water | Water |
| (2) | Gas | Gas |
| (3) | Elec | Electric |
| (4) | Phone | Telephone |
| (5) | None | None of these |

Borrow

SHOWCARD 42

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

SET [4] OF

- | | | |
|-----|---------|---------------|
| (1) | Pawned | Pawnbroker |
| (2) | Lender | Money lender |
| (3) | Friends | Friend(s) |
| (4) | Family | Family |
| (5) | None | None of these |

EndInt

THIS IS THE END OF RESPONDENT'S INTERVIEW
PRESS 1 TO CONTINUE

1..1

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Fieldwork documents

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2. Information leaflet for participants
3. Useful contacts leaflet
4. Show cards
5. Consent form for flagging on NHS Central Register