

GENERAL HEALTH AND COMMUNITY SERVICES

Thinking about the last 4 months, please tell us how many appointments you have had in total and how many of them were for low mood. Please do not count hospital appointments here.

Visit or appointment type	Number of appointments or visits in the last 4 months	
General practitioner (GP) at the GP <u>surgery</u>	Total number of visits	<input style="width: 50px; height: 20px;" type="text"/>
	Number of visits for low mood	<input style="width: 50px; height: 20px;" type="text"/>
GP at your <u>home</u>	Total number of appointments	<input style="width: 50px; height: 20px;" type="text"/>
	Number of appointments for low mood	<input style="width: 50px; height: 20px;" type="text"/>
GP on the <u>telephone</u> (<i>including out-of-hours service</i>)	Total number of consultations	<input style="width: 50px; height: 20px;" type="text"/>
	Number of consultations for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Nurse at GP <u>surgery</u>	Total number of visits	<input style="width: 50px; height: 20px;" type="text"/>
	Number of visits for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Nurse at your <u>home</u>	Total number of appointments	<input style="width: 50px; height: 20px;" type="text"/>
	Number of appointments for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Nurse on the <u>telephone</u> (<i>including out-of-hours service</i>)	Total number of consultations	<input style="width: 50px; height: 20px;" type="text"/>
	Number of consultations for low mood	<input style="width: 50px; height: 20px;" type="text"/>
NHS Direct	Total number of consultations	<input style="width: 50px; height: 20px;" type="text"/>
	Number of consultations for low mood	<input style="width: 50px; height: 20px;" type="text"/>
NHS Walk-In Centre	Total number of visits	<input style="width: 50px; height: 20px;" type="text"/>
	Number of visits for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Occupational Health Services	Total number of appointments	<input style="width: 50px; height: 20px;" type="text"/>
	Number of appointments for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Social worker or community support worker	Total number of appointments	<input style="width: 50px; height: 20px;" type="text"/>
	Number of appointments for low mood	<input style="width: 50px; height: 20px;" type="text"/>
Drug and alcohol support worker	Total number of appointments	<input style="width: 50px; height: 20px;" type="text"/>
	Number of appointments for low mood	<input style="width: 50px; height: 20px;" type="text"/>

HOSPITAL-BASED SERVICES

Thinking about **the last 4 months**, please tell us the total number of hospital visits or appointments you have had for ANY health issue. Please do not count visits included in the previous sections.

Have you had any other Outpatient Appointments in hospital?

(Do not include admissions to hospital or appointments with psychiatrist)

No If "no", continue to the next question.
Yes

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If YES, how many appointments have you had?

Have you had any visits to the Accidents and Emergency (A & E) Department?

No If "no", continue to the next question.
Yes

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If YES, how many visits have you had?

Have you had any visits to Urgent Care Centre or Minor Injuries Unit? *(Do not include A & E or Walk-in Centre visits)*

No If "no", continue to the next question.
Yes

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If YES, how many visits have you had?

Have you been admitted in hospital overnight?

No If "no", continue to the next question.
Yes

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If YES, how many times were you admitted?

How many nights did you stay in total? (for example, if you stayed for 3 nights on two occasions, please answer 6)

Have you been admitted in hospital WITHOUT overnight stay (i.e. day admission)?

No If "no", continue to the next question.
Yes

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If YES, how many times were you admitted?

MENTAL HEALTH SERVICES

Thinking about **the last 4 months**, please tell us the number of visits or appointments with the mental health services. Please do not count visits or appointments included in the previous section.

Have you had any appointments with a Psychotherapist or a Counsellor?

No If "no", continue to the next question.

Yes



If YES, how many sessions have you had?

Please tick the type of sessions you attended:

Individual or one-to-one sessions

Group sessions

Who referred you? (please tick) My GP

I referred myself

Other

Have you had any appointments with a Clinical Psychologist? *Please do not count the appointments reported above.*

No If "no", continue to the next question.

Yes



If YES, how many sessions have you had?

Please tick the type of sessions you attended:

Individual or one-to-one sessions

Group sessions

Have you had any appointments with a Community Mental Health Team Worker or Community Psychiatric Nurse?

No If "no", continue to the next question.

Yes



If YES, how many appointments have you had?

Have you had any appointments with Consultant Psychiatrist in hospital?

No If "no", continue to the next question.

Yes



If YES, how many appointments have you had?

MEDICATION

Thinking about the last 4 months, **have you taken any medication for mental health problems?**
 Select "Yes" if you are taking medication for low mood, depression, anxiety, psychosis, sleep problems and other mental health issues.

Yes No If "no", continue to the next section



Please tell us the following details about the medications you are taking. For ongoing medication, please tell us the current dose. For medication you have stopped in the last 4 months, please tell us the final dose

Name or description of Medication	Date you started taking it	Dose each time	Number of Times per day	Are you currently taking it?	If no longer taking it, when did you stop?
<i>e.g. Fluoxetine/Prozac</i>	<i>01/10/2016</i>	<i>20 mg</i>	<i>1</i>	<i>Yes/no</i>	<i>10/12/2016</i>

DAYS MISSED DUE TO HEALTH PROBLEMS

What is your current occupation and how many hours you work in a typical week? Please tick the relevant box.

Occupation	Tick the relevant box	How many hours in a typical week?
Full-time employment (including self-employed)	<input type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>
Part-time employment (including self-employed)	<input type="checkbox"/>	
Voluntary work	<input type="checkbox"/>	
Unemployed & looking for work	<input type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>
Unemployed & not looking for work	<input type="checkbox"/>	
Unemployed & not able to work for medical reasons	<input type="checkbox"/>	
Student	<input type="checkbox"/>	
Retired	<input type="checkbox"/>	

Other (specify)		→	How many hours in a typical week?

If you are EMPLOYED (including self-employed and entrepreneurs), please complete the following questions:

Would it be possible for you to tell us your **personal income** (before tax) from your current employment? £ **Per year**

Have you **missed any FULL days of work in the last 4 months** because of your health?

Please include only days missed for your own health.

Yes No

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If YES, how many days did you miss from work **in the last 4 months**? **Days**

Have you **missed part of a day's work in the last 4 months** because of your health?

Please include only days missed for your own health.

Yes No

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If YES, how many part days did you miss from work **in the last 4 months**? **Days**

If you are UNEMPLOYED, how many **weeks** were you unemployed **in the last 4 months**?

Weeks

Would it be possible for you to tell us the **income of your household** as a whole (before tax)?
Please include all sources of income, such as earnings from employment, pensions and benefits.

£ **Per year**