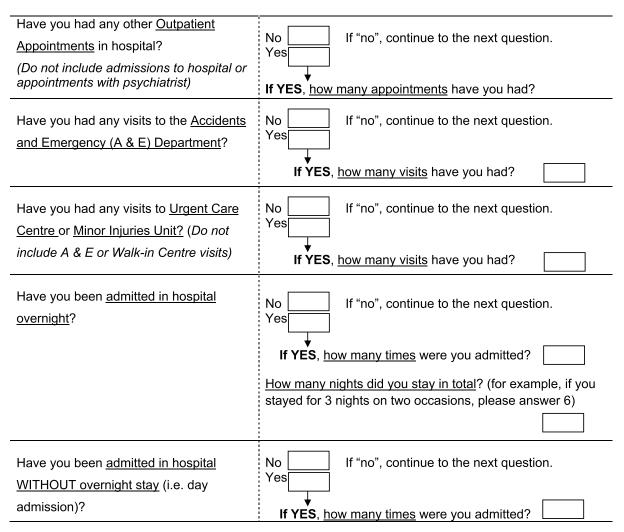
Thinking about <u>the last 4 months</u>, please tell us how many <u>appointments you have had in total</u> and <u>how many of them were for low mood</u>. Please do not count hospital appointments here.

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 Number of visits for low mood			
GP at your <u>home</u>	Total number of appointments Number of appointments for low mood			
GP on the <u>telephone</u> (including out-of-hours service)	Total number of consultations Number of consultations for low mood			
Nurse at GP <u>surgery</u>	Total number of visits Number of visits for low mood			
Nurse at your <u>home</u>	Total number of appointments Number of appointments for low mood			
Nurse on the <u>telephone</u> (including out-of-hours service)	Total number of consultations Number of consultations for low mood			
NHS Direct	Total number of consultations Number of consultations for low mood			
NHS Walk-In Centre	Total number of visits Number of visits for low mood			
Occupational Health Services	Total number of appointments Number of appointments for low mood			
Social worker or community support worker	Total number of appointments Number of appointments for low mood			
Drug and alcohol support worker	Total number of appointments Number of appointments for low mood			

HOSPITAL-BASED SERVICES

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



MENTAL HEALTH SERVICES

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

Have you had any appointments with a <u>Psychotherapist</u> or a <u>Counsellor</u> ?	No If "no", continue to the next question.			
	If YES, how many sessions have you had?			
	Please tick the <u>type of sessions</u> 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 <u>Clinical Psychologist</u> ? <i>Please do not</i>	No If "no", continue to the next question. Yes			
count the appointments reported	If YES, how many sessions have you had?			
above.	Please tick the <u>type of sessions</u> you attended:			
	Individual or one-to-one sessions Group sessions			
Have you had any appointments with a <u>Community Mental Health Team</u> Worker or Community Powebiatric	No If "no", continue to the next question.			
<u>Worker</u> or <u>Community Psychiatric</u> <u>Nurse</u> ?	↓ If YES, <u>how many appointments</u> have you had?			
Have you had any appointments with <u>Consultant Psychiatrist</u> in hospital?	No If "no", continue to the next question. Yes			
	↓ If YES, <u>how many appointments</u> have you had?			

CHEMIST Baseline Questionnaire Version 2.0 4th January 2017 (feasibility)

Thinking about <u>the last 4 months</u>, **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	

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

No

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.</i> Fluoxetine/Prozac	01/10/2016	20 mg	1	Yes/no	10/12/2016

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)			
Part-time employment (including self-			
employed)			
Voluntary work			
Unemployed & looking for work			
Unemployed & not looking for work			
Unemployed & not able to work for medical			
reasons			
Student			
Retired			

CHEMIST Baseline Questionnaire Version 2.0 4th January 2017 (feasibility)

Other (specify)			How many hours in a typical week?		
If you are EMPLOYED (including self-employed a following questions:	nd entrepreneurs	s), please	e complete the		
Would it be possible for you to tell us your person employment? £ Per year	n al income (befo	re tax) fr	om your current		
Have you missed any FULL days of work in the	a last 4 months	oecause	of your health?		
Please include only days missed for your own hea	alth.				
Yes No					
If YES, how many days did you miss from work <u>in</u>	the last 4 mont	<u>hs</u> ?	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 <u>own</u> health.					
Yes No					
If YES, how many part days did you miss from wo	ork <u>in the last 4 r</u>	nonths?	Days		
l If you are UNEMPLOYED, how many <u>weeks</u> wer	e you unemploye	d <u>in the</u>	last 4 months?		

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

CHEMIST Baseline Questionnaire Version 2.0 4th January 2017 (feasibility)