

GENERAL HEALTH AND COMMUNITY SERVICES IN THE LAST 4 MONTHS

Thinking about the **LAST 4 MONTHS**, please tell us how many appointments/visits 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 surgery	Total number of visits	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
GP at your home	Total number of appointments	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
GP on the telephone (including out-of-hours service)	Total number of consultations	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Nurse at GP surgery	Total number of visits	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Nurse at your home	Total number of appointments	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Nurse on the telephone (including out-of-hours service)	Total number of consultations	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
NHS Direct	Total number of consultations	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
NHS Walk-In Centre	Total number of visits	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Occupational Health Services	Total number of appointments	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Social worker or community support worker	Total number of appointments	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Drug and alcohol support worker	Total number of appointments	<input type="text"/>
	How many of these were for low mood	<input type="text"/>
Pharmacy	Total number of contacts for prescription services only	<input type="text"/>
	Total number of contacts for all other pharmacy services (e.g. flu jab, smoking cessation)	<input type="text"/>

Thinking about the **LAST 4 MONTHS**, please tell us the total number of hospital visits or

HOSPITAL-BASED SERVICES IN THE LAST 4 MONTHS

appointments you have had **for ANY health issue**. Please do **NOT** count visits included in the previous sections.

<p>Have you had any other <u>Outpatient Appointments</u> in hospital? <i>(Do not include admissions to hospital or appointments with psychiatrist)</i></p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/> ↓ If YES, <u>how many appointments</u> have you had? <input type="text"/></p>
<p>Have you had any visits to the <u>Accidents and Emergency (A & E) Department</u>?</p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/> ↓ If YES, <u>how many visits</u> have you had? <input type="text"/></p>
<p>Have you had any visits to <u>Urgent Care Centre</u> or <u>Minor Injuries Unit</u>? <i>(Do not include A & E or Walk-in Centre visits)</i></p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/> ↓ If YES, <u>how many visits</u> have you had? <input type="text"/></p>
<p>Have you been <u>admitted in hospital overnight</u>?</p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/> ↓ If YES, <u>how many times</u> were you admitted? <input type="text"/> <u>How many nights did you stay in total?</u> (for example, if you stayed for 3 nights on two occasions, please answer 6) <input type="text"/></p>
<p>Have you been <u>admitted in hospital WITHOUT overnight stay</u> (i.e. day admission)?</p>	<p>No <input type="text"/> If "no", continue overleaf. Yes <input type="text"/> ↓ If YES, <u>how many times</u> were you admitted? <input type="text"/></p>

MENTAL HEALTH SERVICES IN THE LAST 4 MONTHS

Thinking about the **LAST 4 MONTHS**, please tell us the number of visits or appointments you have had with mental health services. **Please do NOT count visits or appointments included in the previous sections.**

<p>Have you had any appointments with a <u>Psychotherapist</u> or a <u>Counsellor</u>?</p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/></p> <p>↓</p> <p>If YES, <u>how many sessions</u> have you had? <input type="text"/></p> <p>Please indicate the <u>type of sessions</u> you attended:</p> <p>Individual or one-to-one sessions <input type="text"/> Group sessions <input type="text"/></p> <p><u>Who referred you?</u> (please cross) My GP <input type="text"/> I referred myself <input type="text"/> Other <input type="text"/></p>
<p>Have you had any appointments with a <u>Clinical Psychologist</u>? <i>Please do not count the appointments reported above.</i></p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/></p> <p>↓</p> <p>If YES, <u>how many sessions</u> have you had? <input type="text"/></p> <p>Please indicate the <u>type of sessions</u> you attended:</p> <p>Individual or one-to-one sessions <input type="text"/> Group sessions <input type="text"/></p>
<p>Have you had any appointments with a <u>Community Mental Health Team Worker</u> or <u>Community Psychiatric Nurse</u>?</p>	<p>No <input type="text"/> If "no", continue to the next question. Yes <input type="text"/></p> <p>↓</p> <p>If YES, <u>how many appointments</u> have you had? <input type="text"/></p>
<p>Have you had any appointments with <u>Consultant Psychiatrist</u> in hospital?</p>	<p>No <input type="text"/> If "no", continue to SECTION 5b overleaf. Yes <input type="text"/></p> <p>↓</p> <p>If YES, <u>how many appointments</u> have you had? <input type="text"/></p>

SECTION 5b: MEDICATION. This section asks you about any medication you may take for mental health problems in the **LAST 4 MONTHS**.

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 or other mental health issues.

Yes No If "no", continue to **SECTION 5c** below



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

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	01/10/201 6	20 mg	1	Yes/no	10/12/2016

Please continue to SECTION 5c overleaf

SECTION 5c: OCCUPATION. This section asks you for information about your occupational status.

Please tell us about your current occupational status and, where applicable, how many hours you work in a typical week? Please put a cross in the relevant box and then follow the arrow to the appropriate box(es) on the right.

Occupation	Put a cross in the relevant box	How many hours in a typical week?	
Full-time employment (including self-employed)			Please continue to SECTION 5d overleaf
Part-time employment (including self-employed)			Please continue to SECTION 5d overleaf
Voluntary work only			Please continue to SECTION 6
Unemployed & looking for work		Please continue to SECTION 5e overleaf	
Unemployed & not looking for work			
Unemployed & not able to work for medical reasons			
Student		Please continue to SECTION 6	
Retired			
Other (specify)			Please continue to SECTION 6

SECTION 5d: If you are EMPLOYED (including self-employed), please complete the following information. (If you are UNEMPLOYED, please complete Section 5e below)

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

If **YES**, how many FULL days did you miss from work **in the LAST 4 MONTHS**? Days

2. 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

If **YES**, how many PART days did you miss from work **in the LAST 4 MONTHS**? Days

3. We would like to estimate the cost of any days of work you may have missed (where applicable). To help us do this, would it be possible for you to indicate **your personal income per year (before tax)**? Please only include earnings from employment, including self-employment or other forms of paid work.

£0 - £10,000	<input type="text"/>	£10,001 - £20,000	<input type="text"/>	£20,001 - £30,000	<input type="text"/>
£30,001 - £40,000	<input type="text"/>	£40,001 - £50,000	<input type="text"/>	£50,001 - £60,000	<input type="text"/>
£60,001 - £70,000	<input type="text"/>	£70,001 - £80,000	<input type="text"/>	£80,001 - £90,000	<input type="text"/>
£90,001 - £100,000	<input type="text"/>	More than £100,000	<input type="text"/>	I prefer not to say	<input type="text"/>

Please continue to SECTION 6 overleaf

SECTION 5e: If you are UNEMPLOYED, please complete the following information.

1. How many **weeks** were you unemployed **in the LAST 4 MONTHS**? Weeks