The Gateway Study

Participant questionnaire:

Week 4

This form is for the researcher to complete with an eligible participant who has consented to take part in the trial.

Participant's trial ID number: | | | | | | |

This research is funded by the NIHR Public Health Research Programme (Ref 16/122/20)

PLEASE READ THESE INSTRUCTIONS TO THE PARTICIPANT BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give to the questions I am going to ask you will help us find out whether the GATEWAY programme improves the health and well-being of young adult offenders.

Please try and answer ALL the questions, even if some of them may not seem relevant to you or sound similar, as all your answers give us valuable information.

If you find it difficult to answer any question, please give the best answer you can. If you do not want to answer a particular question just tell me and we can move on to the next.

As you answer the questions I will be filling out this form to record your answers. Your name will not be put on the form so no one else will know that these are your answers.

After we finish this questionnaire, you will receive a shopping voucher as a thank you for your time and taking part.

INSTRUCTIONS FOR RESEARCHERS (NOT TO BE READ OUT):

Please follow the instructions for each section carefully. The text in sections not restricted by copyright, have been changed to a script for reading out.

For each section, if the question requires a cross in the box, please use a cross rather than a tick. For example in the following question, if the answer to the question is 'Yes', you should place a cross firmly in the box next to Yes.

Do you drive a car? ☒ **Yes** ☐ **No**

If you are asked to write the participant's answer, please do so by entering the answer in the boxes provided, for example:

How old are you? | 1 | 9 | years

If a participant chooses not to answer a question or section, please leave the response(s) blank but write '**555**' in the margin, beside the question number or section heading.

Question number and any comment may be added to the additional comments box if necessary.

Please use a **black or blue** pen for all the questions.

Please do not use a pencil or any other coloured pen. If you make a mistake then please cross out the incorrect entry, by placing a single line through the original entry, initial, date and write the correct information to the side. The original entry should not be obscured. For example DOB ~~12/03/1998~~ 12/03/1999.

AC 08/06/2018

If you have any queries or problems completing this questionnaire please contact the Trial Coordinator, Ann Cochrane, by phone 01904 321084 or email ann.cochrane@york.ac.uk

Section 1: This first section asks some general questions about you

1.1 Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
dd *mm* *yyyy*

1.2 Sex
☐ Male ☐ Female ☐ Other

1.3 Marital Status *(Please choose one only)*

☐ Single/unmarried
☐ Living with partner
☐ Married
☐ Separated
☐ Divorced
☐ Widow/widower
☐ Other
☐ Not known

1.4 Which of these ethnic groups do you belong to? *(Please choose one only)*

☐ White British
☐ White European
☐ Mixed/Multiple Ethnic Group
☐ Asian/Asian British
☐ Black/African/Caribbean/Black British
☐ Gypsy/Traveller
☐ Other

1.5 What is your accommodation type? *(Please choose one only)*

☐ Hostel
☐ Living with parent
☐ Sleeping rough
☐ Housing Association
☐ Sofa surfing
☐ Private tenant
☐ Living with extended family
☐ Supported accommodation
☐ Shared living accommodation

1.6 What is your highest level of education completed? *(Please choose one only)*

☐ No qualifications: No formal qualifications
☐ Level 1: 1-4 GCSEs or equivalent qualifications
☐ Level 2: 5 GCSEs or more or equivalent qualifications
☐ Apprenticeships
☐ Level 3: 2 or more A-levels or equivalent qualifications
☐ Level 4 or above: Bachelor's degree or equivalent, and higher qualifications
☐ Other qualifications including foreign qualifications*

*If 'Other qualifications', please give details here:

Section 2: The questions in this section ask about your mental well-being

Below are some statements about feelings and thoughts.

Please put a cross in the box that best describes your experience of each statement over the last 2 weeks:

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Section 3: Your Health and Well-Being

This section asks for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.
Thank you for completing this survey!

For each of the following questions, please cross the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
b Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3

3. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Were limited in the <u>kind</u> of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did work or other activities <u>less carefully than usual</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

6. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

Section 4: The questions in this section are about you and your life in general, such as employment, and use of NHS services

1. Have you been employed in the last month? Yes ☐ No ☐

2. Have you used any health or social care service in the last month? Yes ☐ No ☐

If 'Yes' please can you tell me the number of times you have used any of these services:

GP VISITS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
DRUG/ALCOHOL SERVICE	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
A&E ADMISSIONS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
HOSPITAL IN-PATIENT	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
COMMUNITY MENTAL HEALTH TEAM	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
PSYCHIATRIC SERVICES (IN-PATIENT)	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
OTHER*	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐

*Please give details here:

3. Please list below use of any prescribed medication taken over the last one month

	Name of Medication:	Prescribed for:
i)		
ii)		
iii)		

Section 5: This section asks about how much alcohol you drink.

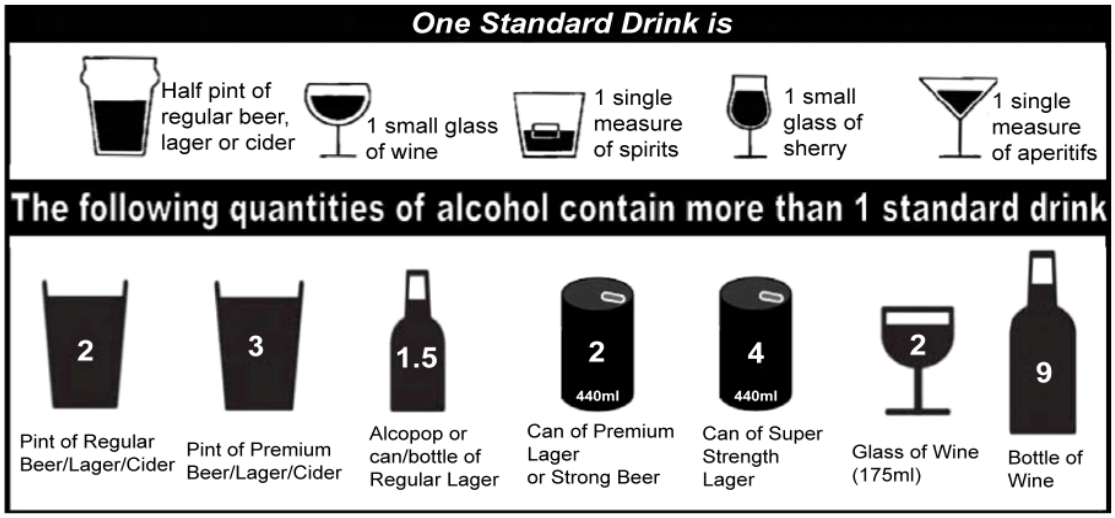
Now I am going to ask you some questions about your alcohol drinking over the last year. I will put a cross in the box against your answer.

How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

If you drink alcohol, how many units of alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10+
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐



How often do you have 6 or more units on a single occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How many times in past year have you found that you were not able to stop drinking after you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

AUDIT score = ☐☐ (staff use only)

Researcher: please add scores from side of each crossed box and enter in AUDIT score box.

Section 6: The questions in this section are about your use of drugs other than alcohol

The answers you give to these questions will be kept confidential and not shared with the police. Please just answer the questions and don't give any additional information as this may by law have to be reported.

Please tell me the answers which best describe your use of the drug(s) you use most. Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, we will leave it blank.

1. How often do you use drugs?
   - ☐ a. never
   - ☐ b. once or twice a year
   - ☐ c. once or twice a month
   - ☐ d. every weekend
   - ☐ e. several times a week
   - ☐ f. every day
   - ☐ g. several times a day

2. When did you last use drugs?
   - ☐ a. never used drugs (Go to Q5)
   - ☐ b. not for over a year
   - ☐ c. between 6 months and 1 year ago
   - ☐ d. several weeks ago
   - ☐ e. last week
   - ☐ f. yesterday
   - ☐ g. today

3. What usually makes you start to use drugs? (CROSS ALL THAT ARE TRUE)
   - ☐ a. you like the feeling
   - ☐ b. to be like your friends
   - ☐ c. to feel like an adult
   - ☐ d. because you feel nervous, tense, full of worries or problems
   - ☐ e. you feel sad, lonely, sorry for yourself

4. How do you get your drugs? (CROSS ALL THAT APPLY)
   - ☐ a. use at parties
   - ☐ b. get from friends
   - ☐ c. get from parents
   - ☐ d. buy my own
   - ☐ e. other (please explain)

5. When did you first use drugs?

- ☐ a. never (Go to Q13)
- ☐ b. recently
- ☐ c. after age 15
- ☐ d. at ages 14 or 15
- ☐ e. between ages 10-13
- ☐ f. before age 10

6. What time of day do you use drugs? (CROSS ALL THAT APPLY)

- ☐ a. at night
- ☐ b. afternoons
- ☐ c. before or during school or work
- ☐ d. in the morning or when I first awake
- ☐ e. I often get up during my sleep to use drugs

7. Why did you first use drugs? (CROSS ALL THAT APPLY)

- ☐ a. curiosity
- ☐ b. parents or relatives offered
- ☐ c. friends encouraged me
- ☐ d. to feel more like an adult
- ☐ e. to get high

8. Who do you use drugs with? (CROSS ALL THAT ARE TRUE)

- ☐ a. parents or relatives
- ☐ b. with brothers or sisters
- ☐ c. with friends own age
- ☐ d. with older friends
- ☐ e. alone

9. What effects have you had from drugs? (CROSS ALL THAT APPLY)

- [ ] a. got high
- [ ] b. got wasted
- [ ] c. became ill
- [ ] d. passed out
- [ ] e. overdosed
- [ ] f. freaked out
- [ ] g. used a lot and next day didn't remember

10. What effect has using drugs had on your life? (CROSS ALL THAT APPLY)

- [ ] a. none
- [ ] b. has interfered with talking to someone
- [ ] c. has prevented me from having a good time
- [ ] d. has interfered with my school work
- [ ] e. have lost friends because of drug use
- [ ] f. has gotten me into trouble at home
- [ ] g. was in a fight or destroyed property
- [ ] h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs

11. How do you feel about your use of drugs? (CROSS ALL THAT APPLY)

- [ ] a. no problem at all
- [ ] b. I can control it and set limits on myself
- [ ] c. I can control myself, but my friends easily influence me
- [ ] d. I often feel bad about my drug use
- [ ] e. I need help to control myself
- [ ] f. I have had professional help to control my drug use

12. How do others see you in relation to your drug use? (CROSS ALL THAT APPLY)

- [ ] a. can't say or no problem with drug use
- [ ] b. when I use drugs I tend to neglect my family or friends
- [ ] c. my family or friends advise me to control or cut down on my drug use
- [ ] d. my family or friends tell me to get help for my drug use
- [ ] e. my family or friends have already gone for help for my drug use

13. For each drug listed below, circle the one category which best fits the participant's response:

	Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Cannabis or Weed	1	2	3	4	5	6	7	8
Crack cocaine (rocks, white)	1	2	3	4	5	6	7	8
Cocaine (Coke, Charlie)	1	2	3	4	5	6	7	8
Barbiturates, (Quaaludes, Sopers, downers, reds)	1	2	3	4	5	6	7	8
PCP (angel dust)	1	2	3	4	5	6	7	8
Heroin (smack, horse)	1	2	3	4	5	6	7	8
Other Opiates (opium, morphine, etc.)	1	2	3	4	5	6	7	8
Valium, other tranquilizers	1	2	3	4	5	6	7	8
MDMA/Ecstasy/ Mandy/Pills	1	2	3	4	5	6	7	8
Ketamine	1	2	3	4	5	6	7	8
Magic (Mushrooms, Shrooms)	1	2	3	4	5	6	7	8
Nitrous Oxide (Nox, Laughing Gas)	1	2	3	4	5	6	7	8
Alkyl Nitrites (Poppers, Amyls, Liquid Gold NPS - previously known as 'legal highs'): - Synthetic cannabinoids/Spice/ Blue Cheese/Black Mamba/Mandown - Other Synthetic drugs	1	2	3	4	5	6	7	8

Thank you for your time. As a thank you, you will receive a shopping voucher *(confirm arrangements)***. We will be in touch again in three months to arrange our next interview, after which you will receive another voucher for answering our questions. If you change your contact details please can you let us know** *(inform of best ways of getting in touch)***. Thanks again for helping.**

FOR RESEARCHER TO COMPLETE

Do you feel blinding has been compromised at any point?

- ☐ Yes
- ☐ No

If blinding was compromised which allocation do you think the participant received?

- ☐ Gateway Caution
- ☐ Court Summons
- ☐ Other Conditional Caution

Additional comments:

Date questionnaire completed: ☐☐ / ☐☐ / ☐☐☐☐
dd *mm* *yyyy*

Name of researcher: _____

Signature of researcher: _____

Please make a photocopy of this form and place the copy in the agreed secure location at the University of Southampton. This original **blue form** should be returned to York Trials Unit at the University of York as soon as possible in the pre-paid envelope provided.

The Gateway Study

Participant questionnaire:

Week 16

This form is for the researcher to complete with an eligible participant who has consented to take part in the trial.

Participant's trial ID number: | | | | | | |

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How old are you? | 1 | 9 | years

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AC 08/06/2018

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Section 1: The questions in this section ask about your mental well-being

Below are some statements about feelings and thoughts.

Please put a cross in the box that best describes your experience of each statement over the last 2 weeks:

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Section 2: Your Health and Well-Being

This section asks for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.
Thank you for completing this survey!

For each of the following questions, please cross the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
b Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3

3. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Were limited in the <u>kind</u> of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did work or other activities <u>less carefully than usual</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

6. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

Section 3: The questions in this section are about you and your life in general, such as employment, and use of NHS services

1. Have you been employed in the last month? Yes ☐ No ☐

2. Have you used any health or social care service in the last month? Yes ☐ No ☐

If 'Yes' please can you tell me the number of times you have used any of these services:

GP VISITS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
DRUG/ALCOHOL SERVICE	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
A&E ADMISSIONS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
HOSPITAL IN-PATIENT	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
COMMUNITY MENTAL HEALTH TEAM	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
PSYCHIATRIC SERVICES (IN-PATIENT)	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
OTHER*	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐

*Please give details here:

3. Please list below use of any prescribed medication taken over the last three months

	Name of Medication:	**Prescribed for:**
i)		
ii)		
iii)		

Section 4: This section asks about how much alcohol you drink.

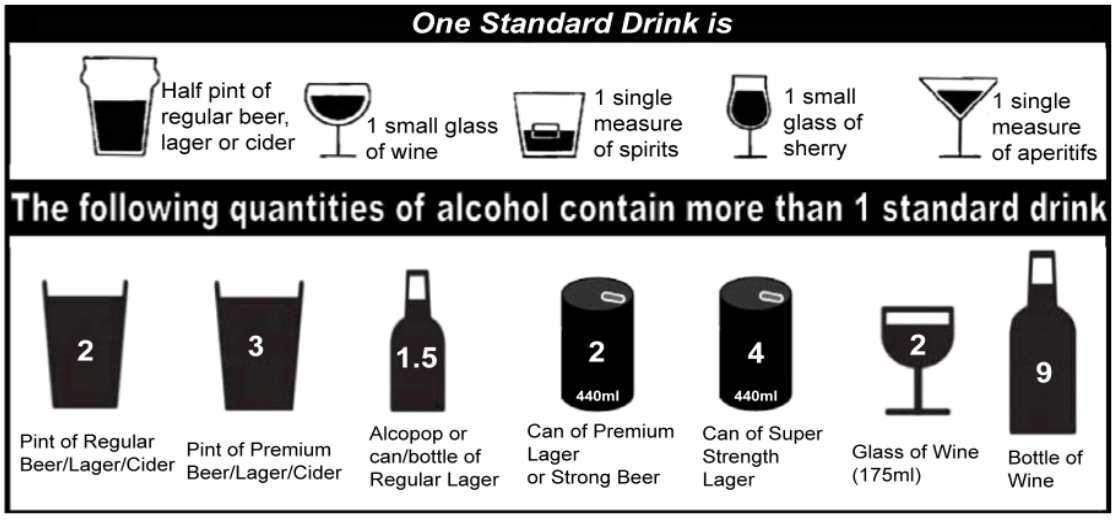
Now I am going to ask you some questions about your alcohol drinking over the last year. I will put a cross in the box against your answer.

How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

If you drink alcohol, how many units of alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10+
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐



How often do you have 6 or more units on a single occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How many times in past year have you found that you were not able to stop drinking after you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

AUDIT score = ☐☐ (staff use only)

Researcher: please add scores from side of each crossed box and enter in AUDIT score box.

Section 5: The questions in this section are about your use of drugs other than alcohol

The answers you give to these questions will be kept confidential and not shared with the police. Please just answer the questions and don't give any additional information as this may by law have to be reported.

Please tell me the answers which best describe your use of the drug(s) you use most. Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, we will leave it blank.

1. How often do you use drugs?
   - ☐ a. never
   - ☐ b. once or twice a year
   - ☐ c. once or twice a month
   - ☐ d. every weekend
   - ☐ e. several times a week
   - ☐ f. every day
   - ☐ g. several times a day

2. When did you last use drugs?
   - ☐ a. never used drugs (Go to Q5)
   - ☐ b. not for over a year
   - ☐ c. between 6 months and 1 year ago
   - ☐ d. several weeks ago
   - ☐ e. last week
   - ☐ f. yesterday
   - ☐ g. today

3. What usually makes you start to use drugs? (CROSS ALL THAT ARE TRUE)
   - ☐ a. you like the feeling
   - ☐ b. to be like your friends
   - ☐ c. to feel like an adult
   - ☐ d. because you feel nervous, tense, full of worries or problems
   - ☐ e. you feel sad, lonely, sorry for yourself

4. How do you get your drugs? (CROSS ALL THAT APPLY)
   - ☐ a. use at parties
   - ☐ b. get from friends
   - ☐ c. get from parents
   - ☐ d. buy my own
   - ☐ e. other (please explain)

5. When did you first use drugs?

- [ ] a. never (Go to Q13)
- [ ] b. recently
- [ ] c. after age 15
- [ ] d. at ages 14 or 15
- [ ] e. between ages 10-13
- [ ] f. before age 10

6. What time of day do you use drugs? (CROSS ALL THAT APPLY)

- [ ] a. at night
- [ ] b. afternoons
- [ ] c. before or during school or work
- [ ] d. In the morning or when I first awake
- [ ] e. I often get up during my sleep to use drugs

7. Why did you first use drugs? (CROSS ALL THAT APPLY)

- [ ] a. curiosity
- [ ] b. parents or relatives offered
- [ ] c. friends encouraged me
- [ ] d. to feel more like an adult
- [ ] e. to get high

8. Who do you use drugs with? (CROSS ALL THAT ARE TRUE)

- [ ] a. parents or relatives
- [ ] b. with brothers or sisters
- [ ] c. with friends own age
- [ ] d. with older friends
- [ ] e. alone

9. What effects have you had from drugs? (CROSS ALL THAT APPLY)

- [ ] a. got high
- [ ] b. got wasted
- [ ] c. became ill
- [ ] d. passed out
- [ ] e. overdosed
- [ ] f. freaked out
- [ ] g. used a lot and next day didn't remember

10. What effect has using drugs had on your life? (CROSS ALL THAT APPLY)

- [ ] a. none
- [ ] b. has interfered with talking to someone
- [ ] c. has prevented me from having a good time
- [ ] d. has interfered with my school work
- [ ] e. have lost friends because of drug use
- [ ] f. has gotten me into trouble at home
- [ ] g. was in a fight or destroyed property
- [ ] h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs

11. How do you feel about your use of drugs? (CROSS ALL THAT APPLY)

- [ ] a. no problem at all
- [ ] b. I can control it and set limits on myself
- [ ] c. I can control myself, but my friends easily influence me
- [ ] d. I often feel bad about my drug use
- [ ] e. I need help to control myself
- [ ] f. I have had professional help to control my drug use

12. How do others see you in relation to your drug use? (CROSS ALL THAT APPLY)

- [ ] a. can't say or no problem with drug use
- [ ] b. when I use drugs I tend to neglect my family or friends
- [ ] c. my family or friends advise me to control or cut down on my drug use
- [ ] d. my family or friends tell me to get help for my drug use
- [ ] e. my family or friends have already gone for help for my drug use

13. For each drug listed below, circle the one category which best fits the participant's response:

	Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Cannabis or Weed	1	2	3	4	5	6	7	8
Crack cocaine (rocks, white)	1	2	3	4	5	6	7	8
Cocaine (Coke, Charlie)	1	2	3	4	5	6	7	8
Barbiturates, (Quaaludes, Sopers, downers, reds)	1	2	3	4	5	6	7	8
PCP (angel dust)	1	2	3	4	5	6	7	8
Heroin (smack, horse)	1	2	3	4	5	6	7	8
Other Opiates (opium, morphine, etc.)	1	2	3	4	5	6	7	8
Valium, other tranquilizers	1	2	3	4	5	6	7	8
MDMA/Ecstasy/ Mandy/Pills	1	2	3	4	5	6	7	8
Ketamine	1	2	3	4	5	6	7	8
Magic (Mushrooms, Shrooms)	1	2	3	4	5	6	7	8
Nitrous Oxide (Nox, Laughing Gas)	1	2	3	4	5	6	7	8
Alkyl Nitrites (Poppers, Amyls, Liquid Gold NPS - previously known as 'legal highs'): - Synthetic cannabinoids/Spice/ Blue Cheese/Black Mamba/Mandown - Other Synthetic drugs	1	2	3	4	5	6	7	8

Section 6: This section asks about your childhood experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I can give you a web address or phone number for a local talking therapy service, which you could contact if you feel your mental health might be affected. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal?

☐ Yes ☐ No ☐ Don't know/ not sure ☐ Refused

2. Did you live with anyone who was a problem drinker or alcoholic?

☐ Yes ☐ No ☐ Don't know/ not sure ☐ Refused

3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

☐ Yes ☐ No ☐ Don't know/ not sure ☐ Refused

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

☐ Yes ☐ No ☐ Don't know/ not sure ☐ Refused

5. Were your parents separated or divorced?

☐ Yes ☐ No ☐ Parents not married ☐ Don't know/ not sure ☐ Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

☐ Never ☐ Once ☐ More than once ☐ Don't know/ not sure *Do not read:* ☐ Refused

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:

☐ Never	☐ Once	☐ More than once	*Do not read:* ☐ Don't know/ not sure	☐ Refused

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

☐ Never	☐ Once	☐ More than once	*Do not read:* ☐ Don't know/ not sure	☐ Refused

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

☐ Never	☐ Once	☐ More than once	*Do not read:* ☐ Don't know/ not sure	☐ Refused

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

☐ Never	☐ Once	☐ More than once	*Do not read:* ☐ Don't know/ not sure	☐ Refused

11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

☐ Never	☐ Once	☐ More than once	*Do not read:* ☐ Don't know/ not sure	☐ Refused

As I mentioned when we started this section, I can give you a web address or phone number for a talking therapy service, if you feel this could be helpful. Would you like me to give you these details?

☐ Details declined

☐ Details accepted and provided

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Thank you for your time. As a thank you, you will receive a shopping voucher *(confirm arrangements)*. **We will be in touch again in eight months to arrange our next interview, after which you will receive another voucher for answering our questions. If you change your contact details please can you let us know** *(inform of best ways of getting in touch)*. **Thanks again for helping.**

FOR RESEARCHER TO COMPLETE

Do you feel blinding has been compromised at any point?

- ☐ Yes
- ☐ No

If blinding was compromised which allocation do you think the participant received?

- ☐ Gateway Caution
- ☐ Court Summons
- ☐ Other Conditional Caution

Has a demographics form also been completed?

- ☐ Yes
- ☐ No

Additional comments:

Date questionnaire completed: ☐☐ / ☐☐ / ☐☐☐☐
dd *mm* *yyyy*

Name of researcher:

Signature of researcher:

Please make a photocopy of this form and place the copy in the agreed secure location at the University of Southampton. This original **pink form** should be returned to York Trials Unit at the University of York as soon as possible in the pre-paid envelope provided.

The Gateway Study

Participant questionnaire:

Year One

This form is for the researcher to complete with an eligible participant who has consented to take part in the trial.

Participant's trial ID number: | | | | | | |

This research is funded by the NIHR Public Health Research Programme (Ref 16/122/20)

PLEASE READ THESE INSTRUCTIONS TO THE PARTICIPANT BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give to the questions I am going to ask you will help us find out whether the GATEWAY programme improves the health and well-being of young adult offenders.

Please try and answer ALL the questions, even if some of them may not seem relevant to you or sound similar, as all your answers give us valuable information.

If you find it difficult to answer any question, please give the best answer you can. If you do not want to answer a particular question just tell me and we can move on to the next.

As you answer the questions I will be filling out this form to record your answers. Your name will not be put on the form so no one else will know that these are your answers.

After we finish this questionnaire, you will receive a shopping voucher as a thank you for your time and taking part.

INSTRUCTIONS FOR RESEARCHERS (NOT TO BE READ OUT):

Please follow the instructions for each section carefully. The text in sections not restricted by copyright, have been changed to a script for reading out.

For each section, if the question requires a cross in the box, please use a cross rather than a tick. For example in the following question, if the answer to the question is 'Yes', you should place a cross firmly in the box next to Yes.

Do you drive a car? ☒ **Yes** ☐ **No**

If you are asked to write the participant's answer, please do so by entering the answer in the boxes provided, for example:

How old are you? | 1 | 9 | years

If a participant chooses not to answer a question or section, please leave the response(s) blank but write '**555**' in the margin, beside the question number or section heading.

If a question doesn't apply to the participant leave it **blank**. Do not write other comments in the CRF unless explicitly where requested.

Question number and any comment may be added to the additional comments box if necessary.

Please use a **black or blue** pen for all the questions.

Please do not use a pencil or any other coloured pen. If you make a mistake then please cross out the incorrect entry, by placing a single line through the words or numbers, and write the correct information to the side. For example DOB ~~12/03/1998~~ 12/03/1999.

If you have any queries or problems completing this questionnaire please contact the Trial Coordinator, Ann Cochrane, by phone 01904 321084 or email ann.cochrane@york.ac.uk

Section 1: The questions in this section ask about your mental well-being

Below are some statements about feelings and thoughts.

Please put a cross in the box that best describes your experience of each statement over the last 2 weeks:

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Section 2: Your Health and Well-Being

This section asks for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.
Thank you for completing this survey!

For each of the following questions, please cross the one box that best describes your answer.

1. **In general, would you say your health is:**

Excellent	Very Good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. **The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
b Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3

3. **During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Were limited in the <u>kind</u> of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. **During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did work or other activities <u>less carefully than usual</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. **During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?**

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

6. **These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. **During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

Section 3: The questions in this section are about you and your life in general, such as employment, and use of NHS services

1. Have you been employed in the last month? Yes ☐ No ☐

2. Have you used any health or social care service in the last month? Yes ☐ No ☐

   If 'Yes' please can you tell me the number of times you have used any of these services:

GP VISITS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
DRUG/ALCOHOL SERVICE	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
A&E ADMISSIONS	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
HOSPITAL IN-PATIENT	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
COMMUNITY MENTAL HEALTH TEAM	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐
PSYCHIATRIC SERVICES (IN-PATIENT)	Yes ☐	No ☐	If 'Yes', mark number of days spent:	☐☐
OTHER*	Yes ☐	No ☐	If 'Yes', mark number of attendances:	☐☐

*Please give details here:

3. Please list below use of any prescribed medication taken over the last one month

	Name of Medication:	Prescribed for:
i)		
ii)		
iii)		

4. What is your accommodation type? *(please cross one box only)*

☐ Hostel
☐ Living with parent
☐ Sleeping rough
☐ Housing Association
☐ Sofa surfing
☐ Private tenant
☐ Living with extended family
☐ Supported accommodation
☐ Shared living accommodation

Section 4: This section asks about how much alcohol you drink.

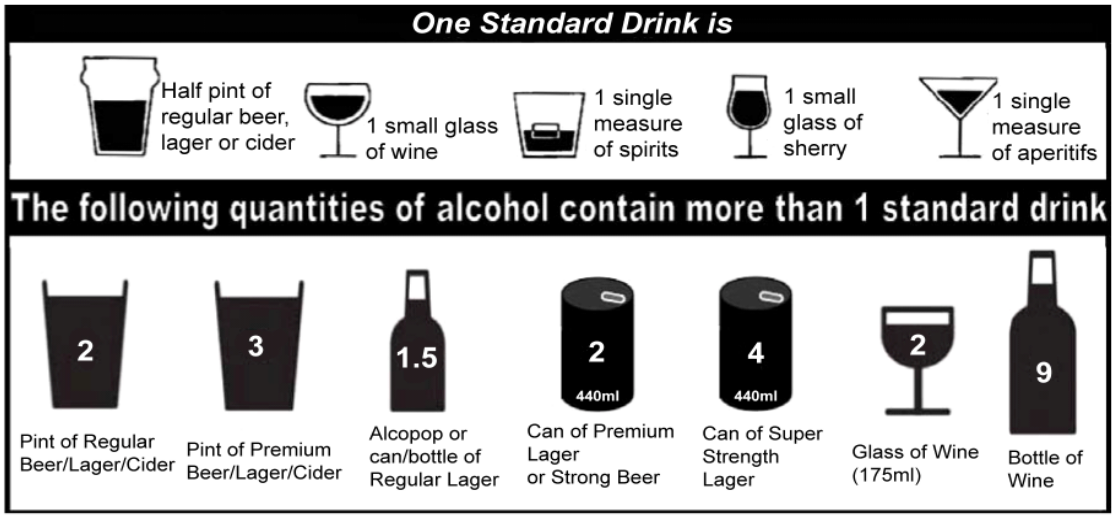
Now I am going to ask you some questions about your alcohol drinking over the last year. I will put a cross in the box against your answer.

How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

If you drink alcohol, how many units of alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10+
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐



How often do you have 6 or more units on a single occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How many times in past year have you found that you were not able to stop drinking after you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

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

No	Yes, but not in the last year	Yes, during the last year
0 ☐	2 ☐	4 ☐

AUDIT score = ☐☐ (staff use only)

Researcher: please add scores from side of each crossed box and enter in AUDIT score box.

Section 5: The questions in this section are about your use of drugs other than alcohol

The answers you give to these questions will be kept confidential and not shared with the police. Please just answer the questions and don't give any additional information as this may by law have to be reported.

Please tell me the answers which best describe your use of the drug(s) you use most. Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, we will leave it blank.

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   - ☐ a. never
   - ☐ b. once or twice a year
   - ☐ c. once or twice a month
   - ☐ d. every weekend
   - ☐ e. several times a week
   - ☐ f. every day
   - ☐ g. several times a day

2. When did you last use drugs?
   - ☐ a. never used drugs (Go to Q5)
   - ☐ b. not for over a year
   - ☐ c. between 6 months and 1 year ago
   - ☐ d. several weeks ago
   - ☐ e. last week
   - ☐ f. yesterday
   - ☐ g. today

3. What usually makes you start to use drugs? (CROSS ALL THAT ARE TRUE)
   - ☐ a. you like the feeling
   - ☐ b. to be like your friends
   - ☐ c. to feel like an adult
   - ☐ d. because you feel nervous, tense, full of worries or problems
   - ☐ e. you feel sad, lonely, sorry for yourself

4. How do you get your drugs? (CROSS ALL THAT APPLY)
   - ☐ a. use at parties
   - ☐ b. get from friends
   - ☐ c. get from parents
   - ☐ d. buy my own
   - ☐ e. other (please explain)

5. When did you first use drugs?

- ☐ a. never (Go to Q13)
- ☐ b. recently
- ☐ c. after age 15
- ☐ d. at ages 14 or 15
- ☐ e. between ages 10-13
- ☐ f. before age 10

6. What time of day do you use drugs? (CROSS ALL THAT APPLY)

- ☐ a. at night
- ☐ b. afternoons
- ☐ c. before or during school or work
- ☐ d. in the morning or when I first awake
- ☐ e. I often get up during my sleep to use drugs

7. Why did you first use drugs? (CROSS ALL THAT APPLY)

- ☐ a. curiosity
- ☐ b. parents or relatives offered
- ☐ c. friends encouraged me
- ☐ d. to feel more like an adult
- ☐ e. to get high

8. Who do you use drugs with? (CROSS ALL THAT ARE TRUE)

- ☐ a. parents or relatives
- ☐ b. with brothers or sisters
- ☐ c. with friends own age
- ☐ d. with older friends
- ☐ e. alone

9. What effects have you had from drugs? (CROSS ALL THAT APPLY)

- [ ] a. got high
- [ ] b. got wasted
- [ ] c. became ill
- [ ] d. passed out
- [ ] e. overdosed
- [ ] f. freaked out
- [ ] g. used a lot and next day didn't remember

10. What effect has using drugs had on your life? (CROSS ALL THAT APPLY)

- [ ] a. none
- [ ] b. has interfered with talking to someone
- [ ] c. has prevented me from having a good time
- [ ] d. has interfered with my school work
- [ ] e. have lost friends because of drug use
- [ ] f. has gotten me into trouble at home
- [ ] g. was in a fight or destroyed property
- [ ] h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs

11. How do you feel about your use of drugs? (CROSS ALL THAT APPLY)

- [ ] a. no problem at all
- [ ] b. I can control it and set limits on myself
- [ ] c. I can control myself, but my friends easily influence me
- [ ] d. I often feel bad about my drug use
- [ ] e. I need help to control myself
- [ ] f. I have had professional help to control my drug use

12. How do others see you in relation to your drug use? (CROSS ALL THAT APPLY)

- [ ] a. can't say or no problem with drug use
- [ ] b. when I use drugs I tend to neglect my family or friends
- [ ] c. my family or friends advise me to control or cut down on my drug use
- [ ] d. my family or friends tell me to get help for my drug use
- [ ] e. my family or friends have already gone for help for my drug use

13. For each drug listed below, circle the one category which best fits the participant's response:

	Never used	Tried but quit	Several times a year	Several times a month	Week-ends only	Several times a week	Daily	Several times a day
Cannabis or Weed	1	2	3	4	5	6	7	8
Crack cocaine (rocks, white)	1	2	3	4	5	6	7	8
Cocaine (Coke, Charlie)	1	2	3	4	5	6	7	8
Barbiturates, (Quaaludes, Sopers, downers, reds)	1	2	3	4	5	6	7	8
PCP (angel dust)	1	2	3	4	5	6	7	8
Heroin (smack, horse)	1	2	3	4	5	6	7	8
Other Opiates (opium, morphine, etc.)	1	2	3	4	5	6	7	8
Valium, other tranquilizers	1	2	3	4	5	6	7	8
MDMA/Ecstasy/ Mandy/Pills	1	2	3	4	5	6	7	8
Ketamine	1	2	3	4	5	6	7	8
Magic (Mushrooms, Shrooms)	1	2	3	4	5	6	7	8
Nitrous Oxide (Nox, Laughing Gas)	1	2	3	4	5	6	7	8
Alkyl Nitrites (Poppers, Amyls, Liquid Gold NPS - previously known as 'legal highs'): - Synthetic cannabinoids/Spice/ Blue Cheese/Black Mamba/Mandown - Other Synthetic drugs	1	2	3	4	5	6	7	8

Thank you for taking the time to answer all these questions and for taking part in our study. As a thank you, you will receive a shopping voucher *(confirm arrangements)***.**

This was the final study interview. There are no more interviews required.

Thanks again for helping.

FOR RESEARCHER TO COMPLETE

Do you feel blinding has been compromised at any point?

- ☐ Yes
- ☐ No

If blinding was compromised which allocation do you think the participant received? *(please cross one box only)*

- ☐ Gateway Caution
- ☐ Court Summons
- ☐ Other conditional caution

Has a demographics form also been completed?

- ☐ Yes
- ☐ No

Additional comments:

Date questionnaire completed: ☐☐ / ☐☐ / ☐☐☐☐
dd *mm* *yyyy*

Name of researcher:

Signature of researcher:

Please make a photocopy of this form and place the copy in the agreed secure location at the University of Southampton. This original **green form** should be returned to York Trials Unit at the University of York in the pre-paid envelope provided.