Adult psychiatric morbidity in England, 2007

Results of a household survey

Appendices and Glossary

Edited by Sally McManus, Howard Meltzer, Traolach Brugha, Paul Bebbington, Rachel Jenkins

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Appendix A
Assessment of psychiatric disorders – additional detail

Contents
For most of the disorders and behaviours covered in this report the methods section of the relevant chapter fully describes the assessment variables and process. Additional details are provided in this Appendix for three chapters. These are where the number of questions involved in the scoring was too great to list in the substantive chapter or where detailed algorithms were involved.

A1 Common mental disorders (Chapter 2)
A2 Antisocial and borderline personality disorders (Chapter 6)
A3 Alcohol misuse and dependency (Chapter 9)
A1 Common mental disorders

The process of assessment of common mental disorder (CMD) is given in the methods section of Chapter 2. The information below supplements this description with details of the items and the combinations required for:
• calculation of CIS-R symptom scores;
• calculation of total CIS-R scores;
• algorithms for production of ICD-10 diagnoses; and
• grouping ICD-10 diagnoses into broad categories.

A1.1 Calculation of CIS-R symptom scores

Calculation of symptom score for somatic symptoms
Score one for each of:
• Noticed ache or pain/discomfort for four days or more in the past seven days.
• Ache or pain/discomfort lasted more than three hours on any day in the past week/on that day.
• Ache or pain/discomfort has been very unpleasant in the past week.
• Ache or pain/discomfort has bothered you when you were doing something interesting in the past week.

Calculation of symptom score for fatigue
Score one for each of:
• Felt tired/lacking in energy or four days or more in the past seven days.
• Felt tired for more than three hours in total on any day in past week.
• Felt so tired/lacking in energy that you’ve had to push yourself to get things done on at least one occasion during the past week.
• Felt tired/lacking in energy when doing things you enjoy or used to enjoy at least once during past week.

Calculation of symptom score for concentration and forgetfulness
Score one for each of:
• Noticed problems with concentration/memory for four days or more in the past week.
• Could not always concentrate on a TV programme, read a newspaper article or talk to someone without mind wandering in past week.
• Problems with concentration actually stopped you from getting on with things you used to do or would like to do.
• Forget something important in past seven days.

Calculation of symptom score for sleep problems
Score one for each of:
• Had problems with sleep for four nights or more out of past seven.
• Spent at least a quarter of an hour trying to get to sleep on the night with least sleep in the past week.
• Spent at least one hour trying to get to sleep on the night with the least sleep.
• Spent three or more hours trying to get to sleep on four nights or more in the past week.
• Slept at least for a quarter of an hour longer than usual sleeping on the night you slept longest.
• Slept for one hour or more longer than usual sleeping on the night you slept longest.
• Slept for more than three hours longer than usual on four nights or more in past week.

Calculation of symptom score for irritability
Score one for each of:
• Felt irritable or short tempered/angry on four days or more.
• Felt irritable or short tempered/angry for more than one hour on any day in past week.
• Felt so irritable or short tempered/angry that you wanted to shout at someone in past week (even if you hadn’t actually shouted).
• Had arguments, rows or quarrels or lost your temper with someone in past seven days and felt it was unjustified on at least one occasion.

**Calculation of symptom score for worry about physical health**

Score one for each of:
- Worried about physical health/serious physical illness on four days or more in past seven days.
- Felt that you had been worrying too much, in view of actual health.
- Worrying had been very unpleasant in past week.
- Not able to take mind off health worries at least once by doing something else in past week.

**Calculation of symptom score for depression**

Score one for each of:
- Unable to enjoy or take an interest in things as much as usual in past week.
- Felt sad, miserable or depressed/unable to enjoy or take an interest in things on four days or more in the past week.
- Felt, sad, miserable or depressed/unable to enjoy or take an interest in things for more than three hours in total on any day in past week.
- When sad, miserable or depressed you did not become happier when something nice happened, or when in company.

**Calculation of symptom score for depressive ideas**

Score one for each of:
- Felt guilty or blamed yourself when things went wrong when it hasn’t been your fault at least once in past seven days.
- Felt that you are not as good as other people during past week.
- Felt hopeless, for instance about your future, during the past seven days.
- Felt that life isn’t worth living in past week.
- Thought of killing yourself in the past week.

**Calculation of symptom score for worry**

Score one for each of:
- Been worrying about things other than physical health on four or more days out of past seven days.
- Have been worrying too much in view of your circumstances.
- Worrying has been very unpleasant in past week.
- Have worried for more than three hours in total on any of past seven days.

**Calculation of symptom score for anxiety**

Score one for each of:
- Felt generally anxious/nervous/tense on four or more of past seven days.
- Anxiety/nervousness/tension has been very unpleasant in past week.
- When anxious/nervous/tense, have had one or more of following symptoms:
  - heart racing or pounding;
  - hands sweating or shaking;
  - feeling dizzy;
  - difficulty getting your breath;
  - butterflies in your stomach;
  - dry mouth; or
  - nausea or feeling as though you wanted to vomit.
- Felt anxious/nervous/tense for more than three hours in total in any one of past seven days.

**Calculation of symptom score for phobias**

Score one for each of:
- Felt nervous/anxious about (situation/thing) four or more times in past seven days.
• On occasions when felt anxious/nervous/tense, had one or more of the following symptoms:
  - heart racing or pounding;
  - hands sweating or shaking;
  - feeling dizzy;
  - difficulty getting your breath;
  - butterflies in your stomach;
  - dry mouth; or
  - nausea or feeling as though you wanted to vomit.
• Avoided situation or thing because it would have made you anxious/nervous/tense once in past seven days.
• Avoided situation or thing four times or more because it would have made you anxious, nervous or tense.

Calculation of symptom score for panic
Score one for each of:
• Anxiety or tension got so bad you got in panic (e.g. felt that you might collapse or lose control unless you did something about it) once in past week.
• Anxiety or tension got so bad you got in panic more than once.
• Feelings of panic have been very unpleasant or unbearable in past week.
• This panic/worst of these panics lasted longer than 10 minutes.

Calculation of symptom score for compulsions
Score one for each of:
• Found yourself doing things over again (that you had already done) on four days or more in past week.
• Have tried to stop repeating behaviour/doing these things over again during past week.
• Repeating behaviour/doing these things over again made you upset or annoyed with yourself in past week.
• Repeated behaviour three or more times during past week.

Calculation of symptom score for obsessions
Score one for each of:
• Unpleasant thoughts or ideas kept coming into your mind on four days or more in past week.
• Tried to stop thinking any of these thoughts in past week.
• Became upset or annoyed with yourself when you have had these thoughts in past week.
• Longest episode of having such thoughts was a quarter of an hour or longer.

A1.2 Calculation of total CIS-R scores

The total CIS-R score used in this report was obtained by summing the symptom scores described above. This total score reflects the overall severity of neurotic symptoms and can range from zero to 57. For the presentation of data in this report the scores are grouped into four groups: 0 – 5; 6 – 11; 12 – 17; 18 and over. A score of 12 and over indicates significant levels of neurotic symptoms and can be considered the threshold score for assigning an assessment of neurotic disorder. A score of 18 and over suggests a level of symptoms likely to require treatment.

A1.3 Algorithms for production of ICD-10 diagnoses

The common mental disorders reported in Chapter 2 were also produced from the CIS-R schedule (reproduced as part of the questionnaire in Appendix D). The production of the six categories of disorder shown in Chapter 2 occurred in two stages: first, the respondents’ responses to the CIS-R were used to produce specific ICD-10 diagnoses of neurosis. This was done by applying the algorithms described below. Second, the range of ICD-10 diagnoses were grouped together to produce the six categories used in the calculation of prevalence. No hierarchical rules were applied.
**F32.00 Mild depressive episode without somatic symptoms**

1. **Symptom duration** \( \geq 2 \) weeks

2. **Two or more** from:
   - Depressed mood
   - Loss of interest
   - Fatigue

3. **Two or three** from:
   - Reduced concentration
   - Reduced self-esteem
   - Ideas of guilt
   - Pessimism about future
   - Suicidal ideas or acts
   - Disturbed sleep
   - Diminished appetite

4. **Social impairment**

5. **Fewer than four** from:
   - Lack of normal pleasure/interest
   - Loss of normal emotional reactivity
   - A.M. waking \( \geq 2 \) hours early
   - Loss of libido
   - Diurnal variation in mood
   - Diminished appetite
   - Loss of \( \geq 5\% \) body weight
   - Psychomotor agitation
   - Psychomotor retardation

**F32.01 Mild depressive episode with somatic symptoms**

1. **Symptom duration** \( \geq 2 \) weeks

2. **Two or more** from:
   - Depressed mood
   - Loss of interest
   - Fatigue

3. **Two or three** from:
   - Reduced concentration
   - Reduced self-esteem
   - Ideas of guilt
   - Pessimism about future
   - Suicidal ideas or acts
   - Disturbed sleep
   - Diminished appetite

4. **Social impairment**

5. **Four or more** from:
   - Lack of normal pleasure/interest
   - Loss of normal emotional reactivity
   - A.M. waking \( \geq 2 \) hours early
   - Loss of libido
   - Diurnal variation in mood
• Diminished appetite
• Loss of ≥5% body weight
• Psychomotor agitation
• Psychomotor retardation

**F32.10 Moderate depressive episode without somatic symptoms**

1. Symptom duration ≥2 weeks

2. Two or more from:
   • Depressed mood
   • Loss of interest
   • Fatigue

3. Four or more from:
   • Reduced concentration
   • Reduced self-esteem
   • Ideas of guilt
   • Pessimism about future
   • Suicidal ideas or acts
   • Disturbed sleep
   • Diminished appetite

4. Social impairment

5. Fewer than four from:
   • Lack of normal pleasure /interest
   • Loss of normal emotional reactivity
   • A.M. waking ≥2 hours early
   • Loss of libido
   • Diurnal variation in mood
   • Diminished appetite
   • Loss of ≥5% body weight
   • Psychomotor agitation
   • Psychomotor retardation

**F32.11 Moderate depressive episode with somatic symptoms**

1. Symptom duration ≥2 weeks

2. Two or more from:
   • Depressed mood
   • Loss of interest
   • Fatigue

3. Four or more from:
   • Reduced concentration
   • Reduced self-esteem
   • Ideas of guilt
   • Pessimism about future
   • Suicidal ideas or acts
   • Disturbed sleep
   • Diminished appetite

4. Social impairment
5. *Four or more from:*
   - Lack of normal pleasure /interest
   - Loss of normal emotional reactivity
   - A.M. waking ≥2 hours early
   - Loss of libido
   - Diurnal variation in mood
   - Diminished appetite
   - Loss of ≥5% body weight
   - Psychomotor agitation
   - Psychomotor retardation

**F32.2 Severe depressive episode**

1. *All three from:*
   - Depressed mood
   - Loss of interest
   - Fatigue

2. *Four or more from:*
   - Reduced concentration
   - Reduced self-esteem
   - Ideas of guilt
   - Pessimism about future
   - Suicidal ideas or acts
   - Disturbed sleep
   - Diminished appetite

3. Social impairment

4. *Four or more from:*
   - Lack of normal pleasure /interest
   - Loss of normal emotional reactivity
   - A.M. waking ≥2 hours early
   - Loss of libido
   - Diurnal variation in mood
   - Diminished appetite
   - Loss of ≥5% body weight
   - Psychomotor agitation
   - Psychomotor retardation

**F40.00 Agoraphobia without panic disorder**

1. Fear of open spaces and related aspects: crowds, distance from home, travelling alone
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥2
5. No panic attacks

**F40.01 Agoraphobia with panic disorder**

1. Fear of open spaces and related aspects: crowds, distance from home, travelling alone
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥2
5. Panic disorder (overall panic score ≥2)
F40.1 Social phobias

1. Fear of scrutiny by other people: eating or speaking in public etc.
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥2

F40.2 Specific (isolated) phobias

1. Fear of specific situations or things, e.g. animals, insects, heights, blood, flying etc.
2. Social impairment
3. Avoidant behaviour must be prominent feature
4. Overall phobia score ≥2

F41.0 Panic disorder

1. Criteria for phobic disorders not met
2. Recent panic attacks
3. Anxiety-free between attacks
4. Overall panic score ≥2

F41.1 Generalised anxiety disorder

1. Duration ≥6 months
2. Free-floating anxiety
3. Autonomic overactivity
4. Overall anxiety score ≥2

F41.2 Mixed anxiety and depressive disorder

1. (Sum of scores for each CIS-R section) ≥12
2. Criteria for other categories not met

F42 Obsessive-compulsive disorder

1. Duration ≥2 weeks
2. At least one act/thought resisted
3. Social impairment
4. Overall scores: obsession score=4, or compulsion score=4, or obsession + compulsion scores ≥6

A1.4 Grouping ICD-10 diagnoses into broad categories

Depression
As with the preceding survey, F32.00 and F32.01 were grouped to produce mild depressive episode (i.e. with or without somatic symptoms). F32.10 and F32.11 were similarly grouped to produce moderate depressive episode. Mild depressive episode, moderate depressive episode and severe depressive episode (F32.2) were then combined to produce the final category of depressive episode.

All phobias
The ICD-10 phobic diagnoses F40.00, F40.01, F40.1 and F40.2, were combined into one category of phobia. This is in line with the preceding surveys.

Categories for analysis
This process produced six categories of CMD for analysis:
• Mixed anxiety and depressive disorder;
• Generalised anxiety disorder;
• Depressive episode;
• All phobias;
• Obsessive compulsive disorder; and
• Panic disorder.

A2 Antisocial and borderline personality disorders

Full details of the assessment of borderline personality disorder (BPD) and antisocial personality disorder (ASPD) are given in the methods section of Chapter 6. The tables below supplement this description with details of the phase one items used to produce the personality disorder screening scores, which informed the assignment of phase two sampling fractions.

Phase one SCID-II self-completion screen

The question names shown in the tables below (e.g. ‘pd73’, ‘pd74’) refer to the question names used in the phase one questionnaire (reproduced in Appendix D). These are the questions used to assess each diagnostic criterion for BPD, conduct disorder and adult antisocial personality. A diagnosis of ASPD required both conduct disorder and adult antisocial personality to be present.

BPD: scored items in the SCID-II self-completion (phase one)

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Frantic efforts to avoid real or imagined abandonment</td>
<td>pd73</td>
</tr>
<tr>
<td>2 A pattern of unstable and intense interpersonal relationships</td>
<td>alternating between extremes of idealisation and devaluation</td>
</tr>
<tr>
<td>3 Identity disturbance: markedly and persistently unstable</td>
<td>self-image or sense of self</td>
</tr>
<tr>
<td>4 Impulsivity in at least 2 areas that are potentially self-damaging</td>
<td>spending, sex, substance abuse, reckless driving, binge eating</td>
</tr>
<tr>
<td>5 Recurrent suicidal behaviour, gestures, or threats, or self</td>
<td>pd79</td>
</tr>
<tr>
<td>6 Affective instability due to a marked reactivity of mood</td>
<td>(e.g. intense episodic dysphoria, irritability or anxiety, usually lasting</td>
</tr>
<tr>
<td>7 Chronic feelings of emptiness</td>
<td>a few hours and only rarely more than a few days)</td>
</tr>
<tr>
<td>8 Inappropriate, intense anger or difficulty controlling anger</td>
<td>(e.g. frequent displays of temper, constant anger, recurrent physical</td>
</tr>
<tr>
<td>9 Transient, stress-related paranoid ideation or severe dissociative</td>
<td>fights)</td>
</tr>
<tr>
<td></td>
<td>pd86</td>
</tr>
<tr>
<td></td>
<td>pd87</td>
</tr>
</tbody>
</table>
A3 Alcohol misuse and dependence

Details of the assessment of alcohol misuse and dependence are given in the methods section of Chapter 9. The information given below provides additional detail on the questions and scoring of the tools used to assess for alcohol misuse and dependence.

A3.1 Scoring the Alcohol Use Disorders Identification Test (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT) was used for the assessment of alcohol misuse. This provides a score based on a series of questions covering different aspects of drinking behaviour as shown below.

1. How often do you have a drink containing alcohol?
   Never (0)
   Monthly or less (1)
   Two to four times a month (2)
   Two to three times a week (3)
   Four or more times a week (4)

Conduct disorder: scored items in the SCID-II self-completion (phase one)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before age 15 often bullied, threatened or intimidated others</td>
</tr>
<tr>
<td>2</td>
<td>Before age 15 often initiated physical fights</td>
</tr>
<tr>
<td>3</td>
<td>Before age 15 has used a weapon that can cause serious harm to others (e.g. a bat, brick, broken bottle, knife or gun)</td>
</tr>
<tr>
<td>4</td>
<td>Before age 15 has been physically cruel to people</td>
</tr>
<tr>
<td>5</td>
<td>Before age 15 has been physically cruel to animals</td>
</tr>
<tr>
<td>6</td>
<td>Before age 15 has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery)</td>
</tr>
<tr>
<td>7</td>
<td>Before age 15 has forced someone into sexual activity</td>
</tr>
<tr>
<td>8</td>
<td>Before age 15 has deliberately engaged in fire setting with the intention of causing serious damage</td>
</tr>
<tr>
<td>9</td>
<td>Before age 15 has deliberately destroyed other’s property (other than by fire setting)</td>
</tr>
<tr>
<td>10</td>
<td>Before age 15 has broken into someone else’s house, building or car</td>
</tr>
<tr>
<td>11</td>
<td>Before age 15 often lies to obtain goods or favours or to avoid obligations (i.e. cons others)</td>
</tr>
<tr>
<td>12</td>
<td>Before age 15 has stolen items of non trivial value without confronting a victim (e.g. shoplifting, stealing but without breaking and entering, forgery)</td>
</tr>
<tr>
<td>13</td>
<td>Before age 15 has run away from home overnight at least twice while living in parental home or parental surrogate home (or once without returning for a lengthy period)</td>
</tr>
<tr>
<td>14</td>
<td>Before age 13 often stayed out at night despite parental prohibitions</td>
</tr>
<tr>
<td>15</td>
<td>Before age 13 often truant from school</td>
</tr>
</tbody>
</table>

Adult antisocial personality: scored items in the SCID-II self-completion (phase one)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Since age 15 failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest</td>
</tr>
<tr>
<td>2</td>
<td>Deceitfulness, as indicated by repeated lying use of aliases or conning others for profit or pleasure</td>
</tr>
<tr>
<td>3</td>
<td>Impulsivity or failure to plan ahead</td>
</tr>
<tr>
<td>4</td>
<td>Irritability and aggressiveness, as indicated by repeated physical fights or assaults</td>
</tr>
<tr>
<td>5</td>
<td>Reckless disregard for safety of self or others</td>
</tr>
<tr>
<td>6</td>
<td>Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations</td>
</tr>
<tr>
<td>7</td>
<td>Lacks remorse as indicated by being indifferent to, or rationalising having hurt, mistreated or stolen from another</td>
</tr>
</tbody>
</table>

\[ yinact = 6 \]

\[ \text{pd109} \]
2. How many drinks containing alcohol do you have in a typical day when you are drinking?
   1 or 2 (0)
   3 or 4 (1)
   5 or 6 (2)
   7 to 9 (3)
   10 or more (4)

3. How often do you have six or more drinks on any one occasion?
   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

6. 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 (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   Never (0)
   Less than monthly (1)
   Monthly (2)
   Weekly (3)
   Daily or almost daily (4)

9. Have you or someone else been injured because of your drinking?
   No (0)
   Yes, but not in the last year (2)
   Yes, during the last year (4)
10. Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down?
   No (0)
   Yes, but not in the last year (2)
   Yes, during the last year (4)

**Scoring**
The total score is computed across all 10 items and the threshold score to indicate hazardous drinking behaviour was deemed to be 8.

### A3.2 Assessment of alcohol dependence using the SADQ-C

People who scored 10 or more on the AUDIT questionnaire then completed the Severity of Alcohol Dependence Questionnaire – Community (SADQ-C). This was completed using computer assisted self interviewing. The SADQ-C is comprised of 20 questions, the exact wording of which can be found in the survey questionnaire reproduced in Appendix D. It is a modified version of the SAD-Q, which was used in the APMS 2000 survey.

Responses to each question are given a score from 0 to 3. A total score is then computed by adding the scores for all items. An assessment of level of alcohol dependence is then made based on the total score as follows:
- Score 0 to 3 = no dependence;
- Score 4 to 19 = mild dependence;
- Score 20 to 34 = moderate dependence; and
- Score 35 to 60 = severe dependence.

People who did not complete the SADQ-C because they had an AUDIT score of less than 10 were assessed as having no dependence and assigned an SADQ-C score of zero.
**B1.1 About Latent Class Analysis**

Latent class analysis (LCA) is a statistical technique for finding subtypes of related cases (latent classes) from multivariate categorical data. The analysis fits a model to the data that (a) identifies a given number of latent classes, and (b) generates probabilities, for each respondent, of their being in each class (one probability per class). Respondents are then assigned to the class for which they have the highest probability. In this way, as with cluster analysis, it divides individual cases in a dataset into discrete non-overlapping groups.

Applied to the APMS dataset, LCA allows us to investigate whether there are discrete groups of people who share recognisable combinations of psychiatric conditions. Once groups such as these are found, the analysis generates a probability for each respondent of their being in each class and assigns them to the class for which they have the highest probability of membership. Once this is done it is straightforward to relate membership of each class to respondents’ answers to these and other survey questions.

The data was modelled using the package Latent GOLD. A typical analysis involved fitting several models with different numbers of classes. It was then possible to write SPSS syntax to compare different models – for example to compare a model containing five classes with one containing six. This allowed us to identify the most useful model.

In Chapter 12 we describe the findings of the LCA modelling.

**B1.2 Modelling the data**

Fifteen binary variables were used as input to the LCA. They each defined the presence/absence of one the following conditions:

- Generalised anxiety disorder in the past week;
- Mixed anxiety/depressive disorder in the past week;
- Obsessive compulsive disorder in the past week;
- Depressive episode in the past week;
- Panic disorder or any phobia in the past week;
- Alcohol dependency in the past six months;
- Drug dependency in the past year;
- Psychotic disorder in the past year;
- Borderline personality disorder (BPD) in the past year;
- Antisocial personality disorder (ASPD) in the past year;
- Posttraumatic stress disorder (PTSD) in the past week;
- Attention deficit hyperactivity disorder (ADHD) in the past six months;
• Eating disorder in the past year;
• Problem gambling in the past year; and
• Suicide attempt in the past year.

This dataset is sparse: there are $2^{15} \times 32,768$ possible patterns of answers but only 7,404 respondents, the majority of whom have no psychiatric conditions, therefore only a small proportion of the possible response patterns are attained. A consequence of this is that many of the standard test statistics produced by LCA packages to evaluate and compare models with different number of classes are not valid. We therefore had to rely more heavily on subjective criteria in choosing the number of classes for our final model.

**B1.3 Dealing with missing cases**

LCA does not allow cases with any missing data to be used in the modelling. Of the 7,404 respondents in total, just over 85% (6,346 respondents) had complete data (i.e. were non-missing on all fifteen analysis variables). The remaining respondents were missing data for between one and seven conditions (with most respondents missing either on one or two conditions with decreasing frequency thereafter so that only a handful were missing on six or seven conditions).

In some types of multivariate analysis losing 15 percent of your sample might not be considered problematic in drawing adequate conclusions about relationships in a dataset. However, in this case it was clear that the removal of cases with missing values would reduce the available response patterns thereby compromising our search for patterns of comorbidity.

Respondents had missing values for a variety of reasons such as: being a partial respondent (i.e. not completing the full interview, including those who did not do the self-completion component), or responding ‘don’t know’ or refusing to answer a question required for a diagnostic outcome.

It was decided that those with missing values on four or more conditions (26 respondents in total) should be excluded from the analysis, whilst reasonable steps should be taken to replace the missing values on the remaining cases.

While there are many possible approaches to imputing missing data, any approach which predicts the presence, rather than absence of a condition, would be difficult to defend. We felt it more prudent to err on the side of assuming the absence of a condition where information was missing. Therefore, where a condition has very low prevalence in the data - for example, BPD and ASPD - it seemed reasonable to recode a missing value as ‘not present’. However, we needed to find an appropriate prevalence ‘cut-off’ for applying this rule.

In replacing missing values in this way, there is clearly a trade-off between including more cases on the one hand and imputing ‘incorrectly’ on the other. A cut-off of one percent seemed to achieve an ideal balance between these two competing criteria: there was little to be gained - in terms of the number of additional respondents – by increasing this cut-off to two percent, while decreasing it to 0.5 percent would have involved losing nearly 400 extra cases.

The following conditions had a prevalence of less than one percent:

• BPD;
• ASPD;
• Suicide attempt;
• Problem gambling;
• Psychosis; and
• ADHD.
Therefore we replaced all missing values on these variables with zero, indicating absence of the condition. Additionally, although its prevalence was around 3 percent, we also replaced some of the missing values on PTSD in the same manner. This was done for respondents who answered ‘don’t know’ to the question on whether they had had a major trauma, on the assumption that if they did not know whether or not they had had one, then they had probably not.

Replacing missing values where possible in this way increased the percentage of our sample available for LCA from 85% to 99% of all respondents.

B1.4 Identifying the number of classes

As part of a latent class analysis we need to identify the number of classes. In practice, it is unlikely that there will be a single ‘correct’ model so it is usual to consider a range of possible models containing different numbers of classes and choose the most appropriate using some criteria.

A general approach to statistical model fitting is to try to balance the fit and the parsimony of a model – generally if two models fit a data set equally well the one with fewer parameters will be chosen. Under this principle, in LCA, if a model with k+1 classes fits the data just as well as one with k classes the k-class model will be chosen.

LCA software packages such as Latent GOLD provide the analyst with statistics to help in the choice of the correct number of classes in the data. In particular it provides several goodness-of-fit statistics to help decide on an appropriate model; a formal hypothesis test can also be performed to see if a k+1-class model is an improvement on a k-class model.

However, as mentioned above the p-values calculated by the package are not valid when analysing a dataset as sparse as the APMS data. Furthermore, the size of the dataset (15 variables) is large enough to mean that the significance tests might not be very powerful. Even when classes display a large difference on one or two variables the overall significance test will be found to be “not significant” if the classes are similar on the other variables.

This means that rather than choosing a model on the basis of the p-values obtained from a formal hypothesis test, we used a more informal method of assessment. First, Latent GOLD was used to fit models with varying numbers of classes, in this case those with between two and eight classes. Goodness-of-fit statistics were then examined for each of the models. These statistics allowed us to rule out certain models as having too poor a fit to be considered, and also gave an approximate upper limit for the number of classes that needed to be considered.

The choice between these was then made on the basis of several less formal considerations:

• The most important of these was interpretability of the classes. A model with k interpretable classes was preferred to one with (k+1) classes where one or more of the classes was not recognisable in clinical terms.

• We assigned respondents to clusters (using modal assignment) and examined how the composition of the clusters changed as we moved from one solution (with k clusters) to the next (k+1 clusters). This allowed us to examine the stability of the models and to understand how new clusters formed and from which clusters in the previous solution.

• We considered the sizes of the clusters. In this case we expected to have one or two relatively small groups comprising those with multiple conditions. However, a model with several very small groups would be neither stable nor interpretable.

• We examined membership probabilities, in particular the probability that a respondent belongs to the cluster to which he/she has been assigned. Ideally each individual would have a fitted probability of 1 of being in their assigned group but in reality this figure is lower.
We found that all clusters in all models with up to six clusters were interpretable but once seven clusters was reached, the “new” cluster was not recognisable. We also found that when we looked at the seven cluster solution, the new cluster which appeared was much less robust than the rest in terms of the average probability of membership. Again this suggested that a six cluster solution was more appropriate for the data.

When we looked at the change in the composition of cluster membership we found that each successive solution added a new cluster from the remnants of one or more of the previous clusters but apart from this the remaining clusters were relatively stable. The six cluster solution produced a new cluster (not present in the five cluster solution), which, although very small, clearly represents those individuals with very high levels of comorbidity who would otherwise be subsumed into cluster four. For this reason, having ruled out the seven cluster solution, six clusters was preferred to five.

B1.5 Classifying individuals and describing classes

Once a working model has been chosen, the analyst will usually try to relate membership of each class with the respondent’s answers to each question and thus describe each class.

One method of doing this is to examine the parameter estimates obtained by the model. Latent GOLD estimates the probability associated with each class for its answers to each question. For example, a member of cluster four has a 22% probability of having alcohol dependency, whereas a member of cluster two has only a 5% probability of this. Thus, cluster four will be more associated with alcohol dependency than cluster two.

Another method is to examine the responses rather than the parameters. This method requires respondents to be assigned to their modal class and hence does not take into account the uncertainty concerning class membership.

Either of these methods can be used to help describe classes. The first method has the advantage that it does not require that individuals are assigned to clusters. On the other hand, the second method might be preferable as its class labels are based on descriptions of a real sample rather than estimates of parameters (many of which could have quite large standard errors).

We used the first method when comparing the interpretability of solutions with different numbers of classes. However, once we had chosen our final solution we assigned respondents to clusters and treated the resulting variable like any other analysis variable when comparing the characteristics of each cluster.
Appendix C

Derived variables used in the main report

Contents

C1 Socio-demographic variables
C2 Neurotic symptoms and common mental disorders
C3 Trauma and posttraumatic stress disorder
C4 Suicidal thoughts, suicide attempts and self-harm
C5 Psychosis
C6 Antisocial and borderline personality disorders
C7 Attention deficit hyperactivity disorder
C8 Eating disorders
C9 Alcohol misuse and dependence
C10 Drug use and dependence
C11 Gambling behaviour
C12 Psychiatric comorbidity
C13 Methods and other variables
C14 Psychoactive medication currently used
C15 Talking therapies and service use
C16 Variables accounting for survey method

Detailed and current documentation for all the archived variables will be available from the UK Data Archive when the APMS 2007 dataset is deposited (see www.data-archive.ac.uk/).
### C1 SOCIO-DEMOGRAPHIC VARIABLES

#### RESPSEX
- **Sex of selected respondent**
- **Value**
  - 1: Male
  - 2: Female

#### AGE10YR
- **Age of selected respondent in 10 year age bands**
- **Value Label**
  - 1: 16 - 24
  - 2: 25 - 34
  - 3: 35 - 44
  - 4: 45 - 54
  - 5: 55 - 64
  - 6: 65 - 74
  - 7: 75+

#### AGE20YR
- **Age of selected respondent in 20 year age bands**
- **Value Label**
  - 1: 16 - 34
  - 2: 35 - 54
  - 3: 55 - 74
  - 4: 75+

#### ETHNIC4
- **Ethnic origin of selected respondent in four categories**
- **Value Label**
  - 1: White
  - 2: Black
  - 3: South Asian (Indian, Pakistani or Bangladeshi)
  - 4: Mixed or other

#### EDQUAL5
- **Highest educational qualification of selected respondent in five categories (plus no qualifications)**
- **Value Label**
  - 1: Degree
  - 2: Teaching, HND, nursing
  - 3: A Level
  - 4: GCSE or equivalent
  - 5: Foreign or other
  - 6: No qualifications

#### REMARDF
- **Marital status of selected respondent**
- **Value Label**
  - 1: Married
  - 2: Cohabiting
  - 3: Single
  - 4: Widowed
  - 5: Divorced
  - 6: Separated

#### DVILO3A
- **ILO employment status of selected respondent in three categories**
- **Value Label**
  - 1: In Employment
  - 2: Unemployed
  - 3: Economically Inactive

---

**GOR06**
- **Government Office Region**
- **Value Label**
  - 1: North East
  - 2: North West
  - 3: Yorkshire and Humber
  - 4: East England
  - 5: East Midlands
  - 6: West Midlands
  - 7: London
  - 8: South West
  - 9: South East

**NEWSHA**
- **Strategic Health Authorities (new)**
- **Value Label**
  - 1: North East
  - 2: North West
  - 3: Yorkshire & The Humber
  - 4: East Midlands
  - 5: West Midlands
  - 6: East of England
  - 7: London
  - 8: South West
  - 9: South East Coast
  - 10: South Central

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### C2 NEUROTIC SYMPTOMS AND COMMON MENTAL DISORDERS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS/R/OUR</td>
<td>CIS-R score in four groups</td>
<td>1</td>
<td>0–5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>6–11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>12–17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>18 and over</td>
</tr>
<tr>
<td>PANIC</td>
<td>Panic disorder in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>GAD</td>
<td>Generalised anxiety disorder in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>MAOD</td>
<td>Mixed anxiety/depressive disorder in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive compulsive disorder in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>PHOB</td>
<td>Any phobia in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>DEP</td>
<td>Depressive episode in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>NEUROTIC</td>
<td>Any neurotic disorder in past week</td>
<td>0</td>
<td>Not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>NOSYMP</td>
<td>Any neurotic symptoms in past week</td>
<td>0</td>
<td>Has symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>No symptoms</td>
</tr>
<tr>
<td>NUMDIS</td>
<td>Number of CMD in past week</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### C3 TRAUMA AND POSTTRAUMATIC STRESS DISORDER

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSDEVER</td>
<td>Major traumatic event experienced in lifetime</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>MAJOR16</td>
<td>Major traumatic event experienced since the age of 16</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>PTSDCOM</td>
<td>TSQ (Trauma Screening Questionnaire) total score</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>PTSDPOS</td>
<td>TSQ Score 6 or more: screen positive for probable PTSD</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
### C4 SUICIDAL THOUGHTS, SUICIDE ATTEMPTS AND SELF-HARM

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUICTHWK</td>
<td>Thought about suicide in past week (face to face question)</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>DSH4C10</td>
<td>Received help from someone else following last suicide attempt</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICTHYR</td>
<td>Thought about suicide in past year (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH5</td>
<td>Ever self-harmed (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICTHIF</td>
<td>Thought about suicide ever (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH6HARM</td>
<td>Ever self-harmed (self-completion)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICTHWK</td>
<td>Attempted suicide in past week (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH9</td>
<td>Sought help from medical services following (last) occasion of self-harm</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICATWK</td>
<td>Attempted suicide in past year (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH10</td>
<td>Sought help from psychiatric services following (last) occasion of self-harm</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICATYR</td>
<td>Attempted suicide in past year (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH8</td>
<td>Sought help from community/local authority service following last suicide attempt</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>SUICATIF</td>
<td>Attempted suicide ever (face to face question)</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSH7</td>
<td>Sought help from helpline/voluntary organisation following last suicide attempt</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>DSHTRY</td>
<td>Attempted suicide ever (self-completion question)</td>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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### Appendix C: Derived Variables Used in the Main Report

#### C5 Psychosis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC_PROB</td>
<td>Probable psychosis: approach consistent with 2000 survey</td>
<td>0</td>
<td>No probable psychosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Probable psychosis</td>
</tr>
<tr>
<td>PSYC_DIS</td>
<td>Psychotic disorder: psychotic episode in past year present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (PSYC_DIS_WT)</td>
<td>0</td>
<td>No psychotic disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Psychotic disorder</td>
</tr>
<tr>
<td>PSYC_DIS_WT</td>
<td>Weighting variable to use with PSYC_DIS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C6 Antisocial and Borderline Personality Disorders

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPDPH2</td>
<td>Borderline personality disorder present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (BDPD_WT)</td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Absent</td>
</tr>
<tr>
<td>BDPD_WT</td>
<td>Weighting variable to use with BPDPH2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPDPH2</td>
<td>Antisocial personality disorder present at phase two (or screened out as absent at phase one). To be used with specific weighting variable (ASPD_WT)</td>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Absent</td>
</tr>
<tr>
<td>ASPD_WT</td>
<td>Weighting variable to use with ASPDPH2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### C7 ATTENTION DEFICIT HYPERACTIVITY DISORDER

<table>
<thead>
<tr>
<th>DVADHD1</th>
<th>Score on the ASRS screen (0-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DVADHD2</th>
<th>ASRS Grouped score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>0 - 1</td>
</tr>
<tr>
<td>2</td>
<td>2 - 3</td>
</tr>
<tr>
<td>3</td>
<td>4 - 5</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DVADHD4</th>
<th>Possible ADHD present or not (threshold score 4+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>0 - 3</td>
</tr>
<tr>
<td>2</td>
<td>4 or more</td>
</tr>
</tbody>
</table>

### C8 EATING DISORDERS

<table>
<thead>
<tr>
<th>SCOFF2</th>
<th>Eating disorders threshold score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>0 or 1 SCOFF score</td>
</tr>
<tr>
<td>2</td>
<td>2+ SCOFF score</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDIMPACT</th>
<th>SCOFF score 2+ and food interferes with life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>SCOFF score 2+ and food interferes with life</td>
</tr>
<tr>
<td>2</td>
<td>Not present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BMIGP4</th>
<th>Grouped BMI based on self-reported height and weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>Less than 18.5</td>
</tr>
<tr>
<td>2</td>
<td>18.5 to less than 25</td>
</tr>
<tr>
<td>3</td>
<td>25 to less than 30</td>
</tr>
<tr>
<td>4</td>
<td>30 or more</td>
</tr>
</tbody>
</table>
### C9 Alcohol Use

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDITSC</td>
<td>Score on AUDIT (drinking) questions</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>AUDITGP</td>
<td>Grouped audit score</td>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>0–7</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8–15</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>16–40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRNKPROB</td>
<td>Drink problem (score &gt; 8) present</td>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>Has problem (score 8+)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No problem</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>SADQSC</td>
<td>Score on SADQ-C (Severity of Alcohol Dependence Questionnaire – Community version)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>SADQGP</td>
<td>Grouped score on SADQ-C</td>
<td>Value</td>
<td>Label</td>
</tr>
<tr>
<td>1</td>
<td>no dependence</td>
<td>no dependence</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>mild dependence</td>
<td>mild dependence</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>moderate dependence</td>
<td>moderate dependence</td>
<td></td>
</tr>
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### C10 Drug Use

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## C12 Psychiatric Comorbidity

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<td>&quot;Comorbid internalising&quot;</td>
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## C13 Psychoactive Medication

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<td>MEDDEP</td>
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**C14 TALKING THERAPIES AND SERVICE USE**

- **DOCWK2S**: Spoken with GP in past two weeks about a mental or emotional problem
  - Value Label
  - 1 Yes
  - 2 No

- **DOCPSC**: Spoken with GP in past year about a mental or emotional problem
  - Value Label
  - 1 Yes
  - 2 No

- **INQTRMEN**: Inpatient stay in past quarter for a mental or emotional problem
  - Value Label
  - 1 Yes
  - 2 No

- **OUTQTRME**: Outpatient visit in past quarter for a mental or emotional problem
  - Value Label
  - 1 Yes
  - 2 No

- **PSYCTHER**: Currently having psychotherapy, psychoanalysis, individual or group therapy
  - Value Label
  - 1 Yes
  - 2 No

- **COGTHER**: Currently having behaviour or cognitive therapy
  - Value Label
  - 1 Yes
  - 2 No

- **ARTTHER**: Currently having art, music or drama therapy
  - Value Label
  - 1 Yes
  - 2 No

- **SOCTRAIN**: Currently having social skills training
  - Value Label
  - 1 Yes
  - 2 No

- **MARIHER**: Currently having marital or family therapy
  - Value Label
  - 1 Yes
  - 2 No

- **SEXTHER**: Currently having sex therapy
  - Value Label
  - 1 Yes
  - 2 No

- **COUNSEL**: Currently having counselling
  - Value Label
  - 1 Yes
  - 2 No

- **OTHHER**: Currently having other therapy for a mental or emotional problem
  - Value Label
  - 1 Yes
  - 2 No

**ANYHER** Currently having any counselling or therapy
- Value Label
- 1 Yes
- 2 No

**TRMTEN** Currently in receipt of any medication, counselling, or therapy treatment
- Value Label
- 1 Yes
- 2 No

**DAYCOMYR** Used a day activity centre in past year
- Value Label
- 1 Yes
- 2 No

**PSYTRTYR** Seen a psychiatrist in the past year
- Value Label
- 1 Yes
- 2 No

**PSYLGTYR** Seen a psychologist in past year
- Value Label
- 1 Yes
- 2 No

**CPNYR** Seen a community psychiatric nurse in past year
- Value Label
- 1 Yes
- 2 No

**CLDNYR** Seen a community learning difficulty nurse in past year
- Value Label
- 1 Yes
- 2 No

**OTHNSEYR** Used other nursing services in past year
- Value Label
- 1 Yes
- 2 No

**SOCWRKYR** Seen a social worker in past year
- Value Label
- 1 Yes
- 2 No

**SFHELPYR** Used self help/support group in past year
- Value Label
- 1 Yes
- 2 No

**HMHELPYR** Used home help/home care worker in past year
- Value Label
- 1 Yes
- 2 No

**OREACHYR** Used outreach worker/family support in past year
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</tr>
</tbody>
</table>

**C15 VARIABLES ACCOUNTING FOR SURVEY METHOD**

- **ANYCCAR**: Any community care service in past year
  - Value 1: Yes
  - Value 2: No

- **ANYHLCA**: Received any health care for mental health or emotional reason (past year from GP, past quarter from hospital)
  - Value 1: Yes
  - Value 2: No

- **ANYDACA**: Received any day care service in past year
  - Value 1: Yes
  - Value 2: No
Appendix D

Phase one questionnaire and phase two contents

Contents

Phase one questionnaire

Phase two contents
APMS 2007: phase one questionnaire and phase two contents

PHASE ONE

1. Household information

StartDat
Date interview with respondent was started. Press <Enter> to confirm date.

ASK FOR EACH PERSON THE HOUSEHOLD:

Name
RECORD THE NAME FOR RESPONDENT FIRST, THEN A NAME FOR EACH MEMBER OF THE HOUSEHOLD.

Sex
1 Male
2 Female

Birth
What is name/your date of birth? DATE

IF Birth = Don't know OR Refusal THEN
Age= What was name/your age last birthday? 98 or more = CODE 97 HELP<F9>
Range: 0… 97

DVage
AGE FOR THE WHOLE SAMPLE, FROM BIRTH AND AGE IF
Range: 0… 120

IF DVage >=16 THEN
MarStat
CODE FIRST THAT APPLIES.
What is name/your/legal martial status?
Are you living with someone: HELP<F9>
1 Single, that is never married
2 Married and living with your husband/wife
3 Married and separated from your husband/wife
4 Divorced
5 Widowed?
6 Spontaneous only: a legally-recognised Civil partnership and separated from civil partner
7 Spontaneous only: formerly a civil partner, the Civil partnership now legally dissolved
8 Spontaneous only: a surviving civil partner: his/her partner having since died

Respdnt
ENTER THE PERSON NUMBER OF THE RESPONDENT.
Range: 1… 14

IF (DVage >=1) AND (No. in Household>1) THEN
Hhld
In whose name is the accommodation owned or rented?
CODE ALL THAT APPLY.

IF Hhldr = more than 1 person THEN
HhldNum
You have told me that (name) and (name) jointly own or rent the accommodation. Who has the highest income (from earnings, benefits, pensions and any other sources)?
ENTER PERSON NUMBER.

HRP
The Household Reference Person is:
Name of HRP

1 Continue

R
I would now like to ask how the people in your household are related to each other.
CODE RELATIONSHIP HELP<F9>
1 Spouse (including civil partner)
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 Half brother/sister
14 Foster brother/sister
15 Brother/sister in-law
16 Grandchild
17 Grandparent
18 Other relative
19 Other non-relative

ASK ALL
Proxy

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2. General health & wellbeing

ASK IF SELECTED RESPONDENT

SF1
How is your health in general?
Would you say your health is...
RUNNING PROMPT
1 Excellent
2 very good
3 good
4 fair
5 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
2 No

SF3
And does your health now limit you in climbing several flights of stairs?

1 Yes
2 No

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
2 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
2 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
2 No

SF7
And during the past 4 weeks, did you work or do other activities less carefully than usual as a result of your emotional health?
1 Yes
2 No

SF8
SHOWCARD A
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 not at all,
2 a little bit,
3 moderately,
4 quite a bit,
5 or, extremely?

SF9
SHOWCARD B
For each of the following questions, 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 of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF10
SHOWCARD B
And how much of the time during the past 4 weeks did you have a lot of energy?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF11
SHOWCARD B
And how much of the time during the past 4 weeks have you felt downhearted and low?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Fullife
SHOWCARD B
And how much of the time during the past 4 weeks have you felt full of life?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Worn
SHOWCARD B
And how much of the time during the past 4 weeks did you feel worn out?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Tired
SHOWCARD B
And how much of the time during the past 4 weeks did you feel tired?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

SF12
SHOWCARD B
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 of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

Happy
Taking all things together, how would you say you are these days - would you say you’re very happy, fairly happy, or not too happy these days?
1 Very happy
2 Fairly happy
3 Not too happy

CONHOMD
SHOWCARD C
To what extent do you agree with the following statement. Over the next 3-5 years I expect to have many more positive than negative experiences.
1 Strongly disagree
2 Moderately disagree
3 Slightly disagree
3. Activities of Daily Living (ADL)

ASK ALL

AcDm1
SHOWCARD D
This next section is about practical activities. Looking at showcard D, do your [name of proxy respondent] have any difficulty with any of the following activities:

...personal care such as dressing, bathing, washing, or using the toilet?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm2
And do you [name of proxy respondent] have any difficulty with...
...getting out and about or using transport?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm3
And do you [name of proxy respondent] have any difficulty with...
...medical care such as taking medicines or pills, having injections or changes of dressing?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm4
And do you [name of proxy respondent] have any difficulty with...
...household activities like preparing meals, shopping, laundry and housework?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm5
And do you [name of proxy respondent] have any difficulty with...
...practical activities such as gardening, decorating, or doing household repairs?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm6
And do you [name of proxy respondent] have any difficulty with...
...dealing with paperwork, such as writing letters, sending cards or filling forms?
1 No, no difficulty at all
2 Yes, some difficulty
3 Yes, a lot of difficulty

AcDm7
And do you [name of proxy respondent] have any difficulty with...
...managing money, such as budgeting for food or paying bills?
1 No, no difficulty at all
2 Yes, some difficulty
4. Caring responsibilities

IF (Proxy = selected respondent) OR (AcHelp = No) THEN

Care1
Do you look after, or give help or support to family members, friends, neighbours or others because
they have a long-term physical or mental ill-health or disability, or problems related to age?
Please do not count anything you do as part of your paid employment.
1 Yes
2 No

IF (Proxy = selected respondent) AND (Care1 = Yes) THEN

Care2
About how many hours a week do you spend looking after or helping them?
Please include any time you spend travelling so that you can do these activities.
1 0-4 hours a week
2 5-9 hours a week
3 10-19 hours a week
4 20-34 hours a week
5 35-49 hours a week
6 50-99 hours a week
7 100 or more hours a week
8 VARIES - usually under 10 hours a week
9 VARIES - usually 10 or more hours a week

IF Care2 = >10 hours a week THEN

Care3
SHOWCARD F
The following questions are about your caring responsibilities.
Looking at showcard F please indicate for each of the following statements how far they
reflect your caring responsibilities.
I have constant time pressure due to having too much to do ...
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Care2 = >10 hours a week THEN

Care4
SHOWCARD F
Over the past few years, my caring responsibilities have become more demanding ...
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Care2 = >10 hours a week THEN

Care5
SHOWCARD F
My caring responsibilities rarely let me go, they are still on my mind when I go to bed ...
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree
5. **Health conditions**

**ASK ALL**

**Health**

SHOWCARD G

Now please look at the health conditions listed on this card. Have you/(name of proxy respondent) ever had any of them since the age of 16?

INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.

**PROBE**: 'What others?'

**CODE ALL THAT APPLY**

1. Cancer
2. Diabetes
3. Epilepsy/fits
4. Migraine or frequent headaches
5. Dementia or Alzheimer’s disease
6. Anxiety, depression or other mental health issue
7. Cataracts/eye/sight problems (even if corrected with glasses or contacts)
8. Ear/hearing problems (even if corrected with a hearing aid)
9. Stroke
10. Heart attack/angina
11. High blood pressure
12. Bronchitis/emphysema
13. Arthritis
14. Allergies
15. Stomach ulcer or other digestive problems
16. Liver problems
17. Bowel/colon problems
18. Bladder problems/incontinence
19. Asthma
20. Bone, back, joint or muscle problems
21. Infectious disease
22. Skin problems
23. Other, please specify
96. None of these

**IF Health = Other THEN**

**HealthX**

INTERVIEWER: Enter name of other health condition.

**IF Health = RESPONSE THEN**

**HDoct**

You told me that you/(name of proxy respondent) had (name of health condition). Did a doctor or other health professional diagnose this condition?

1. Yes
2. No

**IF Health = RESPONSE THEN**

**HYear**

Have you/(name of proxy respondent) had (name of health condition) in the last 12 months? Please say 'yes' if you have had this condition, even if you have not experienced any symptoms because you use medication or an aid.

INTERVIEWER: AN AID IS SOMETHING WHICH ASSISTS SOMEONE TO OVERCOME AN IMPAIRMENT, SUCH AS A WALKING STICK, ZIMMER FRAME, GLASSES OR HEARING AID.

1. Yes
2. No
6. Use of psychoactive medications and injections

ASK ALL

**Medic**
(May I just check), are you/(name of proxy respondent) taking any pills or tablets that have been prescribed for you?

INTERVIEWER: DO NOT INCLUDE INHALERS, SUPPOSITORY, PATCHES, CREAMS, INJECTIONS, OINTMENTS OR LOTIONS.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**IF Medic = Yes THEN**

**MedicWh**

SHOW CARD H

Please look at this card. Are you/(name of proxy respondent) currently taking any of these medications?

**CODE ALL THAT APPLY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Largactil (chlorpromazine)</td>
</tr>
<tr>
<td>2</td>
<td>Stelazine ( trifluoperazine)</td>
</tr>
<tr>
<td>3</td>
<td>Haldol, Serance ( haloperidol)</td>
</tr>
<tr>
<td>4</td>
<td>Resperidal ( risperidone)</td>
</tr>
<tr>
<td>5</td>
<td>Zympaxa ( olanzapine)</td>
</tr>
<tr>
<td>6</td>
<td>Clozaril ( clozapine)</td>
</tr>
<tr>
<td>7</td>
<td>Phiazi ( lithium carbonate)</td>
</tr>
<tr>
<td>8</td>
<td>Dolmitil ( sulpiride)</td>
</tr>
<tr>
<td>9</td>
<td>Serquel (quetiapine)</td>
</tr>
<tr>
<td>10</td>
<td>Abyli (alarzotazol)</td>
</tr>
<tr>
<td>11</td>
<td>None of these</td>
</tr>
</tbody>
</table>

**IF (Medic = Yes) AND (MedicWh = Yes) THEN**

**Mpack**

May I see the container or packet for (name of medication)?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Packet seen - drug coded correctly</td>
</tr>
<tr>
<td>2</td>
<td>Packet seen - drug not coded correctly</td>
</tr>
<tr>
<td>3</td>
<td>Packet not seen</td>
</tr>
</tbody>
</table>

**IF Mpack = Packet seen - drug coded correctly OR Packet Not Seen THEN**

**Mwhy**

(May I just check) What condition do you/(name of proxy respondent) take (name of medication) for?

**IF Medic = Yes THEN**

**MedicWh2**

SHOW CARD J

And are you/(name of proxy respondent) currently having a regular course of injections which has been prescribed for you?

**CODE ALL THAT APPLY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Prozac (fluoxetine)</td>
</tr>
<tr>
<td>2</td>
<td>Lustral (venlafaxine)</td>
</tr>
<tr>
<td>3</td>
<td>Seconal (barbiturate)</td>
</tr>
<tr>
<td>4</td>
<td>Effexor (venlafaxine)</td>
</tr>
<tr>
<td>5</td>
<td>Norbl (benzodioxine)</td>
</tr>
<tr>
<td>6</td>
<td>Manexin (modobemide)</td>
</tr>
</tbody>
</table>

<p>| | |</p>
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<th></th>
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<tbody>
<tr>
<td>7</td>
<td>Tryptizol (amitriptyline)</td>
</tr>
<tr>
<td>8</td>
<td>Tofranil (imipramine)</td>
</tr>
<tr>
<td>9</td>
<td>Anafra nil (clomipramine)</td>
</tr>
<tr>
<td>10</td>
<td>Prothiaden (dothiepin)</td>
</tr>
<tr>
<td>11</td>
<td>Sinequan (doxepin)</td>
</tr>
<tr>
<td>12</td>
<td>Cipramil (clotiapram)</td>
</tr>
<tr>
<td>13</td>
<td>Zispin (mirtazapine)</td>
</tr>
<tr>
<td>14</td>
<td>None of these</td>
</tr>
</tbody>
</table>
7. Service use

GP consultations

ASK ALL

DocYear
In the past 12 months, have you/(name of proxy respondent) spoken to a GP or family doctor on your own behalf, either in person or by telephone about a physical illness or complaint?

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

1. Yes
2. No

DocPsyc
In the past 12 months, have you/(name of proxy respondent) 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?

DO NOT INCLUDE TELEPHONE CALLS TO NHS DIRECT

1. Yes
2. No

IF DocPsyc = Yes THEN

PMatNum
When you/(name of proxy respondent) 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 THE RESPONDENT HAVE?
ENTER NUMBER OF MENTAL PROBLEMS MENTIONED
IF MORE THAN 6 - TAKE THE 6 MOST IMPORTANT
IF NONE - CODE 0
Range: 0…6

GP diagnosis coding block
(Asked for each diagnosis reported)

IF DocPsyc = Yes THEN

PMat
WHAT IS THE MATTER WITH RESPONDENT?
ENTER ONE OF CONDITIONS/SYMPREMS RESPONDENT MENTIONED (THIS IS CONDITION NUMBER [LGENHLTH] OF [PMATNUM]).

IF DocPsyc = Yes THEN

PICD
CODE FOR COMPLAINT AT PMAT
IF CODE NOT FOUND, ENTER 98 HERE

IF DocPsyc = Yes THEN

PICDDsc
DESCRIPTION OF CODE SELECTED AT PICD.

IF DocYear = Yes THEN

DocTalk
During the two weeks ending yesterday, apart from any visit to a hospital, did you/(name of proxy respondent) talk to a GP or family doctor on your own behalf, either in person or by telephone?
IN-PATIENT STAYS
ASK ALL
InStay
During the past year, have you been in hospital as an in-patient, overnight or longer for treatment or tests?
1 Yes
2 No
IF InStay = Yes THEN
InStayQtr
Have you been in hospital as an in-patient, overnight or longer for treatment or tests, during the past 3 months?
1 Yes
2 No
IF (InStay = Yes) AND (InStayQtr = Yes) THEN
InWhy
Were you in hospital because of...
1 a physical health problem,
2 or a mental, nervous or emotional problem?
3 Spontaneous: both of these

OUT-PATIENT VISITS
ASK ALL
OutStay
(Apart from seeing your own doctor when you/(name of proxy respondent) stayed in hospital) In the past 12 months have you/(name of proxy respondent) been to a hospital or clinic for treatment or check-ups, as an out-patient or day-patient?
1 Yes
2 No
IF (InStay = Yes) AND (InStayQtr = Yes) THEN
InWhy
Were you in hospital because of...
1 a physical health problem,
2 or a mental, nervous or emotional problem?
3 Spontaneous: both of these

COUNSELLING ASK ALL
csHav
SHOWCARD M
Looking at this card, could you tell me if you/(name of proxy respondent) are currently having any counselling or therapy for a mental, nervous or emotional problem for example at home, at a doctor's surgery, a health centre, hospital or clinic?
1 Yes
2 No
IF cS1Hav = Yes THEN
cs
SHOWCARD M
Which type/s of counselling or therapy are you having?
1 Psychotherapy, psychoanalysis, individual or group therapy
2 Behaviour or cognitive therapy
3 Art, music or drama therapy
4 Social skills training
5 Marital or family therapy
6 Sex therapy
7 Counselling
8 Any other type of therapy

IF cS1 = Another type of therapy THEN
csav
RECORD VERBATIM ‘OTHER TYPE OF COUNSELLING OR THERAPY.’

IF cS1 = Psychotherapy, psychoanalysis, individual or group therapy THEN
csLng
How long have you been having this (name of therapy)?
1 Less than 3 months
2 3 months but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years but less than 5 years
6 5 years but less than 10 years
7 10 years or more
Which services have you/(name of proxy respondent) used?
CODE ALL THAT APPLY
1 Psychiatrist
2 Psychologist
3 Community psychiatric nurse (CPN)
4 Community learning difficulty nurse
5 Other nursing services
6 Social Worker
7 Self-help/support group
8 Home help/home care worker
9 Outreach worker/family support

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

1 Yes
2 No

DayY
SHOWCARD N
Please can you tell me whether you/(name of proxy respondent) have used any of these day activity services over the last year?
COMMUNITY MENTAL HEALTH CENTRE
DAY ACTIVITY CENTRE
SHELTERED WORKSHOP
1 Yes
2 No
3 Spontaneous only: Would have liked to but not available

DayWht
What did you/(name of proxy respondent) do there?
CODE ALL THAT APPLY
1 Work
2 Education
3 Social activities
4 Other

DayWOth
What was the other activity?

CC2aY
SHOWCARD P
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/(name of proxy respondent) used any of these services in the last year? For example, you/(name of proxy respondent) may have been visited at home by some of these people.

1 Yes
2 No
8. Self-reported height and weight

ASK IF SELECTED RESPONDENT

Height
I am now going to ask some questions about your height and weight. How tall are you without shoes?
INTERVIEWER: CODE UNIT OF MEASUREMENT. ESTIMATE IF NOT SURE.
1 Metres and Centimetres
2 Feet and Inches
3 Cannot give estimate

IF Height = Metres and Centimetres THEN
HTMetres
INTERVIEWER: ENTER METRES
ACCEPT ESTIMATES
Range: 1…3

IF Height = Metres and Centimetres THEN
HTCms
INTERVIEWER: ENTER CENTIMETRES
ACCEPT ESTIMATES
Range: 0…99

IF Height = Feet and Inches THEN
HTFeet
INTERVIEWER: ENTER FEET
ACCEPT ESTIMATES
Range: 3…8

IF Height = Feet and Inches THEN
HTInches
INTERVIEWER: ENTER INCHES
ACCEPT ESTIMATES
Range: 0…11

IF (sex = Female) AND (DVage ≤ 45) THEN
Preg
I just need to check as it does affect weight, are you currently pregnant?
1 Yes
2 No
3 Not Asked

IF Preg = No OR Preg = Not Asked THEN
Weight
What is your current weight, without clothes on?
INTERVIEWER: CODE UNIT OF MEASUREMENT. ESTIMATE IF NOT SURE.
1 Kilograms
2 Stones and pounds
3 Cannot give estimate

IF (Preg = No OR Not Asked) AND (Weight = Kilograms) THEN
WTKilos
INTERVIEWER: ENTER KILOGRAMS. ACCEPT ESTIMATES.
Range: 20…300

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN
WTPounds
INTERVIEWER: ENTER STONES. ACCEPT ESTIMATES.
Range: 0…15

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds) THEN
WTPounds
INTERVIEWER: ENTER POUNDS. ACCEPT ESTIMATES.
Range: 0…15
SECTION A - SOMATIC SYMPTOMS

ASK IF SELECTED RESPONDENT

APPETITE AND WEIGHT

Q18 Have you noticed a marked loss in your appetite in the past month?
1 Yes
2 No

Q19 Have you lost any weight in the past month?
1 Yes
2 No

IF Q19 = Yes THEN
Q19a Were you trying to lose weight or on a diet?
1 Yes
2 No

IF Q19 = Yes AND (Q19a = No) THEN
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 lost half a stone or more
2 lost less than half a stone

IF Q19 = No/Don’t know THEN
Q21 Have you noticed a marked increase in your appetite in the past month?
1 Yes
2 No

IF Q19 = No/Don’t know THEN
Q22 Have you gained weight in the past month?
Do not include weight gain due to pregnancy.
1 Yes
2 No/Don’t know

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

9. Common Mental Disorders (CMDs) -- CIS-R

ASK IF SELECTED RESPONDENT

APPETITE AND WEIGHT

Q18 Have you noticed a marked loss in your appetite in the past month?
1 Yes
2 No

Q19 Have you lost any weight in the past month?
1 Yes
2 No

IF Q19 = Yes THEN
Q19a Were you trying to lose weight or on a diet?
1 Yes
2 No

IF Q19 = Yes AND (Q19a = No) THEN
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 lost half a stone or more
2 lost less than half a stone

IF Q19 = No/Don’t know THEN
Q21 Have you noticed a marked increase in your appetite in the past month?
1 Yes
2 No

IF Q19 = No/Don’t know THEN
Q22 Have you gained weight in the past month?
Do not include weight gain due to pregnancy.
1 Yes
2 No/Don’t know

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents
SECTION B - FATIGUE

ASK IF SELECTED RESPONDENT

B1 Have you noticed that you've been getting tired in the past month?
   1 Yes
   2 No

IF B1 = No THEN

B2 During the past month, have you felt you've been lacking in energy?
   1 Yes
   2 No

IF (B1 = Yes) OR (B2 = Yes) THEN

B3 INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Do you know why you have been feeling tired/lacking in energy?
   1 Yes
   2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND B3 = Yes THEN

B3a SHOW CARD Q
What is the main reason? Can you choose from this card?
   1 Problems with sleep
   2 Medication
   3 Physical illness
   4 Working too hard
   5 Stress, worry or other psychological reason
   6 Physical exercise
   7 Other

IF ((B1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise) THEN

B4 INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
In the past seven days, including last (day) on how many days have you felt tired/lacking in energy?
   1 4 days or more
   2 1 to 3 days
   3 None

IF ((B1 = Yes) OR (B2 = Yes)) AND B3 = No AND B3a = NOT Physical exercise AND (B4 = 4 days or more) OR (B4 = 1 to 3 days) THEN

B5 INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?
   1 Yes
   2 No
SECTION C - CONCENTRATION AND FORGETFULNESS

ASK IF SELECTED RESPONDENT

C1
In the past month, have you had any problems in concentrating on what you are doing?
1. Yes, problems concentrating
2. No

C2
Have you noticed any problems with forgetting things in the past month?
1. Yes
2. No

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN

C4
Since last (day), on how many days have you noticed problems with your concentration/memory?
1. 4 days or more
2. 1 to 3 days
3. None

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN

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
2. No/not always

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN

C6
How long have you been having the problems with your concentration as you have described?
1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more

If you said you had been forgetting things (C2), show next card:

C7
Have you forgotten anything important in the past seven days?
1. Yes
2. No

IF ((C1 = Yes) OR (C2 = Yes)) AND ((C4 = 4 days or more) OR (C4 = 1 to 3 days)) THEN

C8
How long have you been feeling tired/lacking in energy in the way you have just described?
1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more

If you said you had been feeling tired/lacking in energy (C8), show next card:

C9
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, on at least one occasion
2. No

IF ((C1 = Yes) OR (B2 = Yes)) AND (B3 = No AND B3a = NOT Physical exercise) AND ((B4 = 4 days or more) OR (B4 = 1 to 3 days)) THEN
SECTION D - SLEEP PROBLEMS

ASK IF SELECTED RESPONDENT

D1
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
2 No

IF D1 = No THEN
D2
Has sleeping more than you usually do been a problem for you in the past month?
1 Yes
2 No

IF (D1 = Yes) OR (D2 = Yes) THEN
D3
On how many of the past seven nights did you have problems with your sleep?
1 4 nights or more
2 1 to 3 nights
3 None

IF ((D1 = Yes) OR (D2 = Yes)) AND (D3 = 4 nights or more) OR (D3 = 1 to 3 nights) THEN
D4
Do you know why you are having problems with your sleep?
1 Yes
2 No

IF (D1 = Yes) OR (D2 = Yes) AND (D3 = 4 nights or more) OR (D3 = 1 to 3 nights) AND D4 = Yes THEN
D4a
Can you look at this card and tell me the main reason for these problems?
1 Noise
2 Shift work/too busy to sleep
3 Illness/discomfort
4 Worry/thinking
5 Needing to go to the toilet
6 Having to do something (e.g. look after baby)
7 Tired
8 Medication
9 Other

IF (D1 = Yes) OR (D2 = Yes) AND (D3 = 4 nights or more) OR (D3 = 1 to 3 nights) THEN
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 Less than 1/4 hr
2 At least 1/4 hr but less than 1 hr
3 At least 1 hr but less than 3 hrs
4 3 hrs or more
**SECTION E - IRRITABILITY**

**ASK IF SELECTED RESPONDENT**

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, no more than usual  
2 No

**IF E1 = No THEN**

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  
2 No

**IF (E1 = Yes) OR (E2 = Yes) THEN**

E3  
Since last (day), on how many days have you felt irritable or short tempered/angry?  
1 4 days or more  
2 1 to 3 days  
3 None

**IF (E1 = Yes) OR (E2 = Yes) THEN**

E4  
What sort of things made you irritable or short tempered/angry in the past week?  
CODE VERBATIM

**IF (E1 = Yes) OR (E2 = Yes) THEN**

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  
2 No

**IF (E1 = Yes) OR (E2 = Yes) THEN**

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  
2 No

**IF (E1 = Yes) OR (E2 = Yes) THEN**

E7  
In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?  
1 Yes  
2 No

**IF (E1 = Yes) OR (E2 = Yes) AND (E3 = 4 days or more) OR (E3 = 1 to 3 days) AND E7 = Yes THEN**

E7a  
Did this happen once or more than once (in the past week)?  
1 Once  
2 More than once

**IF (E1 = Yes) OR (E2 = Yes) AND (E3 = 4 days or more) OR (E3 = 1 to 3 days) AND E7 = Yes AND E7a = Once THEN**

E8  
Do you think this was justified?  
1 Yes, justified  
2 No, not justified

**IF (E1 = Yes) OR (E2 = Yes) AND (E3 = 4 days or more) OR (E3 = 1 to 3 days) AND E7 = Yes AND E7a = More than once THEN**

E9  
Do you think this was justified on every occasion?  
1 Yes  
2 No, at least one was unjustified

**IF (E1 = Yes) OR (E2 = Yes) AND (E3 = 4 days or more) OR (E3 = 1 to 3 days) THEN**

E10  
SHOW CARD U  
How long have you been feeling irritable or short tempered/angry as you have described?  
1 Less than 2 weeks  
2 2 weeks but less than 6 months  
3 6 months but less than 1 year  
4 1 year but less than 2 years  
5 2 years or more
SECTION F - WORRY ABOUT PHYSICAL HEALTH

ASK IF SELECTED RESPONDENT

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, worried
2 No/concerned

IF (F1 = No/concerned) AND NOT IF (Health = None) THEN
F2Route
INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT HEALTH?
YOU ENTERED THE FOLLOWING ILLNESSES: (health conditions)
1 Yes, has mentioned a physical health problem
2 No physical health problem

IF F2Route = No physical health problem THEN
F2
During the past month, did you find yourself worrying that you might have a serious physical illness?
1 Yes
2 No

IF ((F1 = Yes, worried) OR (F2 = Yes)) THEN
F3
Thinking about the past seven days, including last (day), on how many days have you found yourself worrying about your physical health / worrying that you might have a serious physical illness?
1 4 days or more
2 1 to 3 days
3 None

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 = 1 to 3 days) THEN
F4
In your opinion, have you been worrying too much in view of your actual health?
1 Yes
2 No

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 = 4 days or more) THEN
F5
In the past week, have this worrying been...
RUNNING PROMPT...
1 very unpleasant
2 a little unpleasant
3 or not unpleasant

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SECTION G - DEPRESSION

ASK IF SELECTED RESPONDENT

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
2  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
2  No/no enjoyment or interest

IF G1 = Yes THEN

G4
INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE
In the past week have you had a spell of feeling sad, miserable or depressed?
1  Yes
2  No

IF G2 = No THEN

G5
INTERVIEWER: PLEASE USE INFORMANTS 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
2  No/no enjoyment or interest

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN

G6
Since last [day] on how many days have you felt [depressed or unable to take an interest in / / things / sad, miserable or depressed / unable to enjoy or take an interest in]?
1  4 days or more
2  1 to 3 days
3  None

IF ((G4 = Yes) OR (G5 = No/no enjoyment or interest)) THEN

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
2  No

IF ((G4 = Yes) OR (G5 = No/no enjoyment)) THEN

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, at least once
2  No
SECTION H - DEPRESSIVE IDEAS
ASK IF SELECTED RESPONDENT AND DVG11>=1

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 in the morning
2 in the evening
3 no difference/other

H2 INTERVIEWER PLEASE READ OUT: Many people find that feeling miserable, depressed or unable to take an interest in things can affect their interest in sex. Over the past month, do you think your interest in sex has...
RUNNING PROMPT
1 increased
2 decreased
3 has it stayed the same?
4 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
2 No

H3B ... have you been doing things more slowly, for example, walking more slowly?
1 Yes
2 No

H3C ... have you been less talkative than normal?
1 Yes
2 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, at least once
2 No

H5 During the past week, have you been feeling you are not as good as other people?
1 Yes
2 No

H6 Have you felt hopeless at all during the past seven days, for instance about your future?
1 Yes
2 No

H10 Thank you for answering those questions on how you have been feeling. I would now like to ask you a few questions about worrying.
1 Continue
SECTION I - WORRY

ASK IF SELECTED RESPONDENT

11 (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, worrying
2 No/concerned

IF 11 = No/concerned THEN
12 Have you had any worries at all in the past month?
1 Yes
2 No

IF ((I1 = Yes) OR (I2 = Yes)) THEN
16 INTRO
For the next few questions, I want you to think about worries you have had other than those about your physical health.
1 Continue

IF ((I1 = Yes) OR (I2 = Yes)) THEN
16 On how many of the past seven days have you been worrying about things (other than your physical health)?
1 4 days or more
2 1 to 3 days
3 None

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
17 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
2 No

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
18 In the past week, has this worrying been:
REFER TO WORRIES OTHER THAN THOSE ABOUT PHYSICAL HEALTH
RUNNING PROMPT
1 very unpleasant
2 a little unpleasant
3 or not unpleasant?

IF ((I1 = Yes) OR (I2 = Yes)) AND ((I6 = 4 days or more) OR (I6 = 1 to 3 days)) THEN
19 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
2 No
SECTION J - ANXIETY

ASK IF SELECTED RESPONDENT

J1
Have you been feeling anxious or nervous in the past month?
1 Yes, anxious or nervous
2 No

IF J1 = No THEN

J2
In the past month, did you ever find your muscles felt tense or that you couldn't relax?
1 Yes
2 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 thing when there was no real danger?
1 Yes
2 No

IF DVJ4 = anxiety and phobia THEN

J4
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 Always brought on by phobia
2 Sometimes generally anxious

IF DVJ4 = anxiety and phobia AND J5 = Sometimes generally anxious THEN

J5
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 4 days or more
2 1 to 3 days
3 None

IF DVJ4 = only general anxiety THEN

J6
On how many of the past seven days have you felt generally anxious/nervous/tense?
1 4 days or more
2 1 to 3 days
3 None

IF ((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days))) THEN

J8
In the past week, has your anxiety/nervousness/tension been:
RUNNING PROMPT

1 very unpleasant,
2 a little unpleasant,
3 or not unpleasant?

IF (J6 = 4 days or more) OR (J6 = 1 to 3 days) OR (J7 = 4 days or more) OR (J7 = 1 to 3 days)) THEN

J9
SHOW CARD Y
In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?
1 Yes
2 No

IF (J6 = 4 days or more) OR (J6 = 1 to 3 days) OR (J7 = 4 days or more) OR (J7 = 1 to 3 days)) AND J9 = Yes THEN

J9A
SHOW CARD Y
Which of these symptoms did you have when you felt anxious/nervous/tense?
CODE ALL THAT APPLY

1 Heart racing or pounding
2 Hands sweating or shaking
3 Feeling dizzy
4 Difficulty getting your breath
5 Butterflies in stomach
6 Dry mouth
7 Nausea or feeling as though you wanted to vomit

IF (J6 = 4 days or more) OR (J6 = 1 to 3 days) OR (J7 = 4 days or more) OR (J7 = 1 to 3 days)) THEN

J10
Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?
1 Yes
2 No

IF (J6 = 4 days or more) OR (J6 = 1 to 3 days) OR (J7 = 4 days or more) OR (J7 = 1 to 3 days)) THEN

J11
How long have you had these feelings of general anxiety/nervousness/tension as you described?
SHOW CARD Z

1 Less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more
SECTION K - PHOBIAS

ASK IF SELECTED RESPONDENT AND 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
2 No

IF (DVK1 = Others) OR (K2 = Yes) THEN

SHOW CARD BA
Can you look at this card and tell me which of the situations or things listed [made you the most anxious/nervous/tense / did you avoid the most] in the past month?
CODE ALL THAT APPLY
1 Crowds or public places
2 Enclosed spaces
3 Social situations
4 Sight of blood or injury
5 Specific single cause
6 Other (SPECIFY)

IF K3 = Other phobia THEN

XK3
CSR - PHOBIA
SPECIFY OTHER PHOBIA

IF DVK1 = phobic anxiety in past month THEN

K4
In the past seven days, how many times have you felt nervous or anxious about (SITUATION(S)/THING(S))? 
1 4 times or more
2 1 to 3 times
3 None

IF DVK1 = phobic anxiety in past month AND (K4 = 4 times or more) OR (K4 = 1 to 2 times)) THEN

SHOW CARD BB
In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?
HEART RACING OR POUNDING
HANDS SWEATING OR SHAKING
FEELING DIZZY
DIFFICULTY GETTING YOUR BREATH
BUTTERFLIES IN STOMACH
DRY MOUTH
NAUSEA OR FEELING AS THOUGH YOU WANTED TO VOMIT
1 Yes
2 No
SECTION L – PANIC
ASK IF SELECTED RESPONDENT AND DVK1 = 1 OR 2 THEN
L1
Thinking about the past month, did your anxiety or tension ever get so bad that you got a panic, for instance make you feel that you might collapse or lose control unless you did something about it?
1 Yes
2 No

IF L1 = Yes THEN
L2
How often has this happened in the past week?
1 Once
2 More than once
3 Not at all

IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN
L3
In the past week, have these feelings of panic been:
RUNNING PROMPT
1 a little uncomfortable or unpleasant,
2 or have they been very unpleasant or unbearable?

IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN
L4
Did this panic/the worst of these panics last for longer than 10 minutes?
1 Yes
2 No

IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN
L5
Are you relatively free of anxiety between these panics?
1 Yes
2 No

IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN
L6
Is this panic always brought on by (list of phobias mentioned)?
1 Yes
2 No

IF L1 = Once AND ((L2 = Once) OR (L2 = More than once)) THEN
L7
SHOW CARD BC
How long have you been having these feelings of panic as you have described?
1 Less than 2 weeks
2 2 weeks but less than 6 months
3 6 months but less than 1 year
4 1 year but less than 2 years
5 2 years or more

SECTION M – COMPULSIONS
ASK IF SELECTED RESPONDENT
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
2 No

IF M1 = Yes THEN
M2
On how many days in the past week did you find yourself doing things over again that you had already done?
1 4 days or more
2 1 to 3 days
3 None

IF M1 = Yes AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M3
Since last (day) what sorts of things have you done over and over again?

IF M1 = Yes
AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M4
During the past week, have you tried to stop yourself repeating (BEHAVIOUR)/doing any of these things over again?
(NOTE: Compulsion(s) mentioned at M3: [M3])
1 Yes
2 No

IF M1 = Yes
AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
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: [M3])
1 Yes, upset or annoyed
2 No, not at all

IF M1 = Yes
AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M6
Is this panic always brought on by (list of phobias mentioned)?
1 Yes
2 No

IF M1 = Yes
AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) THEN
M7
INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3
1 Yes
2 No

IF M1 = Yes
AND ((M2 = 4 days or more) OR (M2 = 1 to 3 days)) AND M6 = Yes THEN
M8
Thinking about the past week, which of the things you mentioned did you repeat the most times?
SECTION N - OBSESSIONS

ASK IF SELECTED RESPONDENT

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
2  No

IF N1 = Yes THEN

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 thought
2  Worrying in general

IF N1 = Yes AND N2 = Same thought THEN

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

IF N1 = Yes AND N2 = Same thought THEN

N4
Since last (day), how many days have you had these unpleasant thoughts?
1  4 days or more
2  1 to 3 days
3  None

IF N1 = Yes AND N2 = Same thought AND (N4 = 4 days or more OR N4 = 1 to 3 days) THEN

N5
During the past week, have you tried to stop yourself thinking any of these thoughts?
1  Yes
2  No

IF N1 = Yes AND N2 = Same thought AND (N4 = 4 days or more OR N4 = 1 to 3 days) THEN

N6
Have you become upset or annoyed with yourself when you have had these thoughts in the past week?
1  Yes, upset or annoyed
2  Not at all

IF N1 = Yes AND N2 = Same thought AND (N4 = 4 days or more OR N4 = 1 to 3 days) THEN

N7
In the past week, was the longest episode of having such thoughts...
RUNNING PROMPT
1  a quarter of an hour or longer,
SECTION O - OVERALL EFFECTS AND MULTIPLE EPISODES OF DEPRESSION

ASK IF SELECTED RESPONDENT

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
2 No

IF O1 = Yes THEN

O1A

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

1 Once
2 More than once

IF O1 = No THEN

O1B

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

1 Yes
2 No

AnyDep

Have you ever had a spell of feeling sad, miserable or depressed or unable to enjoy or take an interest in things?

1 Yes
2 No

PrevDep

Earlier you said that you have been feeling sad, miserable or depressed/unable to enjoy or take an interest in things lately. Have you had a spell of feeling like this before?

INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

1 Yes
2 No

IF ((AnyDep = Yes) OR (PrevDep = Yes)) THEN

AgeDep

About how old were you the first time you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things?

INTERVIEWER: INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE.

INCLUDE ANY CURRENT SPELL OF DEPRESSION.

Range: 4...99

IF ((AnyDep = Yes) OR (PrevDep = Yes)) AND AgeDep = RESPONSE THEN

YrsDep

Have you had a spell of feeling sad, miserable or depressed/unable to enjoy or take an interest in things in the last 10 years / 5 years?

INTERVIEWER: USE INFORMANTS OWN WORDS IF POSSIBLE INCLUDE ANY CURRENT SPELL.

1 Yes
Suicidal thoughts, attempts and self-harm

ASK IF SELECTED RESPONDENT

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.

1. Continue

DSH1
Have you ever felt that life was not worth living?
1. Yes
2. No

IF DSH1 = Yes THEN

DSH1a
Was this...
READ OUT AND CODE FIRST THAT APPLIES
1. ... in the last week,
2. ... in the last year,
3. ... at some other time?

DSH2
Have you ever wished that you were dead?
1. Yes
2. No

IF DSH2 = Yes THEN

DSH2a
Was this...
READ OUT AND CODE FIRST THAT APPLIES
1. ... in the last week?
2. ... in the last year?
3. ... at some other time?

DSH3
Have you ever thought of taking your life, even if you would not really do it?
1. Yes
2. No

IF DSH3 = Yes THEN

DSH3a
Was this...
READ OUT AND CODE FIRST THAT APPLIES
1. ... in the last week,
2. ... in the last year,
3. ... at some other time?

DSH4
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1. Yes
2. No
IF DSH5 = Yes THEN
DSHH
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1 Yes
2 No

IF DSH5 = Yes THEN
DSH8
Did you do any of these things because it relieved unpleasant feelings of anger, tension, anxiety or depression?
1 Yes
2 No

IF DSH5 = Yes THEN
DSH9
Have you received medical attention for deliberately harming yourself in any of these ways?
1 Yes
2 No

IF DSH5 = Yes THEN
DSH10
Have you seen a psychiatrist, psychologist or counsellor because you had harmed yourself?
1 Yes
2 No

IF ((DSH4a = in the last week OR in the last year)) OR ((DSH1a = in the last week) OR (DSH4a = in the last year)) OR ((DSH2a = in the last week) OR (DSH4 = No))) THEN
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.
1 Continue

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents
11. **Psychosis - PSQ**

**ASK IF SELECTED RESPONDENT**

**PSQIntro**

Now I would like to ask you about thoughts and feelings you may have had over the past year.

1. 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
2. No
3. Unsure

**IF PSQ1 = Yes THEN**

**PSQ1a**

Was there an obvious reason for this?

1. Yes
2. No
3. Unsure

**IF (PSQ1 = Yes) AND (PSQ1a = No) THEN**

**PSQ1b**

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

1. Yes
2. No
3. Unsure

**IF (PSQ1 = Yes) AND (PSQ1a = No) AND (PSQ1b = Yes OR Unsure) THEN**

**PSQ1bV**

Could you tell me a little more about that?

CODE VERBATIM

**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
2. No
3. Unsure

**IF PSQ2 = Yes THEN**

**PSQ2a**

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

1. Yes
2. No
3. Unsure

**IF (PSQ2 = Yes) AND (PSQ2a = Yes OR Unsure) THEN**

**PSQ2aV**

How do you explain what happened?

CODE VERBATIM

**PSQ3**

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

1. Yes
2. No
3. Unsure

**IF PSQ3 = Yes THEN**

**PSQ3a**

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

1. Yes
2. No
3. Unsure

**IF (PSQ3 = Yes) AND (PSQ3a = Yes) THEN**

**PSQ3b**

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

1. Yes
2. No
3. Unsure

**IF (PSQ3 = Yes) AND (PSQ3a = Yes) AND (PSQ3b = Yes OR Unsure) THEN**

**PSQ3bV**

Why do you think this was happening?

CODE VERBATIM

**PSQ4**

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

1. Yes
2. No
3. Unsure

**IF PSQ4 = Yes THEN**

**PSQ4a**

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

1. Yes
2. No
3. Unsure

**IF (PSQ4 = Yes) AND (PSQ4a = Yes OR Unsure) THEN**

**PSQ4aV**

What was going on that felt so strange?

CODE VERBATIM

**PSQ5**

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

1. Yes
2. No
3. Unsure
12. Attention Deficit Hyperactivity Disorder (ADHD) – ASRS

ASK IF SELECTED RESPONDENT

Intro
SHOWCARD BD
Please look at this showcard, and for the next few questions choose the answer that best describes how you have felt over the past 6 months.

1. Continue

adhdwrap
SHOWCARD BD
How often do you have trouble wrapping up the fine details of a project, once the challenging parts have been done?

Please take your answer from showcard BD
ADD IF NECESSARY: ‘PROJECTS INCLUDE ALL SORTS OF THINGS, LIKE MAKING SOMETHING, DOING HOMEWORK, OR DIY AROUND THE HOUSE’

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

adhdorg
SHOWCARD BD
(Still thinking about now and over the last 6 months), how often do you have difficulty getting things in order when you have to do a task that requires organisation?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

adhdapp
SHOWCARD BD
(Still thinking about now and over the last 6 months), how often do you have problems remembering appointments or things you have agreed to do?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

adhdavd
SHOWCARD BD
(Still thinking about now and over the last 6 months), when you have a task that requires a lot of thought, how often do you avoid or delay getting started?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

adhdsit
SHOWCARD BD
13. Work Related Stress (ERI & JCQ)

ASK IF SELECTED RESPONDENT AND AGE<70

Work
Did you do any paid work in the 7 days ending Sunday the (date), either as an employee or as self-employed?

1. Yes
2. No

IF Work = Yes THEN

ERI1
(How far do these statements reflect your situation)
I have constant time pressure due to heavy workload.

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

IF Work = Yes THEN

ERI2
(How far do these statements reflect your situation)
I have many interruptions and disturbances in my job.

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

IF Work = Yes THEN

ERI3
(How far do these statements reflect your situation)
Over the past few years, my job has become more and more demanding.

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree

IF Work = Yes THEN

ERI4
(How far do these statements reflect your situation)
I receive the respect I deserve from my line manager.

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree
5. Spontaneous only: Not applicable (no line manager)
IF Work = Yes THEN
ERI5
(How far do these statements reflect your situation. My job promotion prospects are poor.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI6
(How far do these statements reflect your situation. I have experienced or I expect to experience an undesirable change in my work situation.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI7
(How far do these statements reflect your situation. My job security is poor.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN
ERI8a
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my colleagues.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree
5 Spontaneous only: Not applicable (no colleagues)

IF Work = Yes THEN
ERI8b
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my clients.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree
5 SPONTANEOUS ONLY: Not applicable (no clients)

IF Work = Yes THEN
ERI8c
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work from my customers.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree
5 Spontaneous only: Not applicable (no customers)
IF Work = Yes THEN

ERI15
(How far do these statements reflect your situation. If I postpone something that I was supposed to do today I'll have trouble sleeping at night.
1 Strongly agree
2 Slightly agree
3 Slightly disagree
4 Strongly disagree

IF Work = Yes THEN

WORK2
Thank you. The next set of questions are also about your current job.
SHOWCARD BF
For each question, please look at this card and give the answer that comes closest to reflecting your work situation.
1 Continue

IF Work = Yes THEN

JCQ1
SHOWCARD BF
Do you have a choice in deciding HOW you go about your work?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never

IF Work = Yes THEN

JCQ2
SHOWCARD BF
Do you have a choice in deciding WHAT you do at work?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never

IF Work = Yes THEN

JCQ3
SHOWCARD BF
Do you get help and support from your colleagues?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never
5 Does not apply/ has no colleagues

IF Work = Yes THEN

JCQ4
SHOWCARD BF
Are your colleagues willing to listen to your work related problems?
1 Often
2 Sometimes
3 Seldom
4 Never/ Almost Never
5 Does not apply/ has no colleagues
14. Smoking – (Fagerstrom Test)

ASK IF SELECTED RESPONDENT
Smokintr
The following questions are about smoking.
1. Continue

Cigever
Have you ever smoked a cigarette?
1. Yes
2. No

IF Cigever = Yes THEN
Cignow
Do you smoke cigarettes at all nowadays?
1. Yes
2. No

IF (Cigever = Yes) AND (Cignow = Yes) THEN
QtyWeek
About how many cigarettes a day do you usually smoke on weekdays?
INTERVIEWER: PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
Range: 0…97

IF (Cigever = Yes) AND (Cignow = Yes) THEN
QtyWknd
About how many cigarettes a day do you usually smoke on weekends?
INTERVIEWER: PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
Range: 0…97

IF (Cigever = Yes) AND (Cignow = Yes) THEN
DVCig1
Total Cigarettes smoked
Range: 0…997

IF (Cigever = Yes) AND (Cignow = Yes) THEN
EasNoSmk
How easy or difficult would you find it to go without smoking for a whole day...
RUNNING PROMPT
1. very easy
2. fairly easy
3. fairly difficult
4. or very difficult?

IF (Cigever = Yes) AND (Cignow = Yes) THEN
GiveUp
Would you like to give up smoking altogether?
1. Yes
2. No
15. Drinking

ASK IF SELECTED RESPONDENT

DrinkNow
I'm now going to ask you about drinking.
Do you ever drink alcohol nowadays, including drinks you brew or make at home?
1 Yes
2 No

IF DrinkNow = No THEN

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 Very occasionally
2 Never

AUDIT & SAD-QC

START OF SELF COMPLETION

ASK IF ((Proxy = Selected respondent) AND (DrinkNow = Yes OR DrinkAny = occasionally))

DrkIntro
The next set of questions is for you to fill in yourself on the computer.
INTERVIEWER: EXPLAIN THAT THE INSTRUCTIONS WILL APPEAR ON SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH RESPONDENT.
EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS INFORMANTS SHOULD SELF-COMPLETE. IF RESISTANCE, DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.
1 CASI to be completed by respondent
2 CASI to be read by interviewer, respondent to enter answers
3 CASI to be read and answers to be entered by the interviewer

IF (DrkIntro = CASI to be completed by respondent OR CASI to be read by interviewer, respondent to enter answers) THEN

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 a computer?
PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)
If you think the question DOES NOT APPLY to you or you DO NOT UNDERSTAND the question press 9.
1 Yes
2 No
9 Don’t Understand/Does Not Apply

IF (DrkIntro = CASI to be completed by respondent OR CASI to be read by interviewer, respondent to enter answers) THEN

DrTest2
Which of the following hot drinks do like?
PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE
1 Tea
2 Coffee
3 Hot Chocolate
4 Bovril
5 Ovaltine
6 None of these

DrkOr
In the last 12 months, how often have you had a drink containing alcohol?
1 Never
2 Monthly
3 Two to four times a month
4 Two to three times a week
5 Four or more times a week

IF ((DrkOr = monthly) OR (DrkOr = two or more times a month)) THEN

DrkAmt
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 small glass of wine.
1 One or two
2 Three or four
3 Five or six
4 Seven, eight, or nine
5 Ten or more

IF (DrkOr = two or more times a month) THEN

LotOften
How often do you have 6 or more drinks on one occasion?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

IF (DrkOr = two or more times a month) THEN

NotStop
How often during the last year have you found that you were not able to stop drinking once you had started?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily

IF (DrkOr = two or more times a month) THEN

FailDrk
How often during the last year have you failed to do what was normally expected from you because of drinking?
1 Never
2 Less than monthly
3 Monthly
4 Weekly
5 Daily or almost daily
IF DrkOft = two or more times a month THEN
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
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

IF DrkOft = two or more times a month THEN
Guilty
How often during the last year have you had a feeling of guilt or remorse after drinking?
1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

IF DrkOft = two or more times a month THEN
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
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

IF (DrkOft = monthly) OR (DrkOft = two or more times a month) THEN
Injured
Have you or someone else been injured as a result of your drinking?
1. Yes, but not in the last year
2. Yes, during the last year
3. No

IF (DrkOft = monthly) OR (DrkOft = two or more times a month) THEN
Advised
Has a relative, a friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
1. Yes, but not in the last year
2. Yes, during the last year
3. No

DVAudit
COMPUTED VARIABLE
AUDIT SCORE (computed from DrkOft to Advised)

ASK IF DVAudit>10

woke
Now thinking about your drinking in the last 6 months, would you say that the day after drinking alcohol...
...you woke up feeling sweaty
awoke
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you felt very frightened when you awoke
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

morn
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you liked to have a morning drink
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

quick
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you always gulped your first few drinks down as quickly as possible
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

shakes
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank in the morning to get rid of the shakes
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

crave
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you had a very strong craving for drink when you awoke
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

quarter
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank more than 1/4 bottle spirits a day (or 4 pints of beer/2 cans strong lager/1 bottle table wine)
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

half
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank more than 1/2 bottle spirits a day (or 8 pints of beer/4 cans strong lager/2 bottles table wine)
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

whole
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank more than 1 bottle spirits a day (or 15 pints of beer/8 cans strong lager/4 bottles table wine)
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

IF (quarter = Sometimes OR often OR always or nearly always)
AND (half = Sometimes OR often OR always or nearly always)
THEN
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank more than 2 bottles spirits a day (or 30 pints of beer/15 cans strong lager/8 bottles table wine)
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

IF (quarter = Sometimes OR often OR always or nearly always)
AND (half = Sometimes OR often OR always or nearly always)
AND (whole = Sometimes OR often OR always or nearly always)
THEN
Still thinking about the last six months, would you say that the day after drinking alcohol…
… you drank more than 2 bottles spirits a day (or 30 pints of beer/15 cans strong lager/8 bottles table wine)
1 Never, or almost never,
2 sometimes,
3 often,
4 or always, or nearly always?

IF (DrinkNow = Yes) OR (DrinkAny = Yes)
THEN
Ssweat
Imagine the following situation.
(1) You have hardly drunk alcohol for a few weeks
(2) You then drink very heavily for two days
How would you feel in the morning after those two days of heavy drinking? Would you say that...
I would start to sweat
1 Not at all,
2 slightly,
3 moderately,
4 or, quite a lot?

IF (DrinkNow = Yes) OR (DrinkAny = Yes)
THEN
Shake
How would you feel in the morning after those two days of heavy drinking? Would you say that...
My hands would shake
1 Not at all,
2 slightly,
3 moderately,
4 or, quite a lot?

IF (DrinkNow = Yes) OR (DrinkAny = Yes)
THEN
Body shake
How would you feel in the morning after those two days of heavy drinking? Would you say that...
My body would shake
1 Not at all,
2 slightly,
16. Drugs

ASK IF ((Proxy = Selected respondent) AND (DrkIntro = Not response))

START OF SELF COMPLETION FOR RESPONDENTS NOT COMPLETING THE DRINKING SECTION

DrgIntro2

The next set of questions, 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.

EXPLAIN THAT THE COMPUTER WILL LOCK THEIR ANSWERS AFTER THEY HAVE COMPLETED THE SECTION, SO THAT YOU THE INTERVIEWER WILL NOT BE ABLE TO SEE THE ANSWERS.

INFORMANTS SHOULD SELF-COMPLETE. IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER OFFER TO READ THE QUESTIONS, BUT INFORMANTS SHOULD STILL TYPE THE ANSWERS INTO THE LAPTOP THEMSELVES IF AT ALL POSSIBLE.

1 CASI to be completed by respondent
2 CASI to be read by interviewer, respondent to enter answers
3 CASI to be read and answers to be entered by the interviewer

IF ((DrgIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers)) THEN

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 a computer?

PRESS 1 FOR YES, PRESS 2 FOR NO THEN PRESS ENTER (THE KEY WITH THE COLOURED STICKER)

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

1 Yes
2 No
9 Don't Understand/Does Not Apply

IF ((DrgIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers)) THEN

DrgTest2

Which of the following hot drinks do you like?

PLEASE ENTER THE NUMBERS OF ALL THE DRINKS THAT YOU LIKE.

1 Tea
2 Coffee
3 Hot Chocolate
4 Bovril
5 Ovaltine
6 None of these

IF ((DrgIntro2 = CASI to be completed by respondent OR CASI to be read by the interviewer, respondent to enter answers)) THEN

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.

1 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'
1 Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
2 Amphetamines (speed, whizz, uppers, billy)
3 Cocaine or coke
4 Crack (rock,stoners)
5 Ecstasy (E)
6 Heroin (smack, skag, H, brown)
7 Acid or LSD
8 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'
1 Magic mushrooms
2 Methadone or physeptone
3 Seeremon
4 Tranquilisers (temazepam, valium)
5 Amyl nitrate (poppers)
6 Anabolic steroids (steroids)
7 Glues, solvents, gas or aerosols (to sniff)
8 None of these

IF (ADrug = cannabis OR amphetamines OR cocaine or coke OR crack OR ecstasy OR heroin OR acid or LSD) THEN
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'
1 Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)
2 Amphetamines (speed, whizz, uppers, billy)
3 Cocaine or coke
4 Crack (rock,stoners)
5 Ecstasy (E)
6 Heroin (smack, skag, H, brown)
7 Acid or LSD
8 None of these

IF (ADrug2 = magic mushrooms OR methadone or physeptone OR seeremon OR tranquilisers OR amyl nitrate OR anabolic steroids OR glues, solvents, gas or aerosols) THEN
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'
1 Magic mushrooms
2 Methadone or physeptone
3 Seeremon
4 Tranquilisers (temazepam, valium)
5 Amyl nitrate (poppers)
6 Anabolic steroids (steroids)
7 Glues, solvents, gas or aerosols (to sniff)
8 None of these

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IF \( YDrug = \text{NOT None} \) OR \( YDrug2 = \text{NOT None} \) THEN

\[ \text{O德州} \]
Have you ever experienced a drug overdose of any type of drug, where you accidentally took too much or the drug was stronger than you were used to?

1 Yes
2 No

IF \( OdEver = \text{Yes} \) THEN

\[ \text{OdTimes} \]
How many times has this happened to you in your life?

1 Once
2 2 to 3 times
3 4 or 5 times
4 6 - 9 times
5 10 or more times

IF \( (YDrug = \text{NOT None}) \) OR \( (YDrug2 = \text{NOT None}) \) THEN

\[ \text{InjInject} \]
The next questions are about your own experience of drug injecting.

1 Continue

IF \( (YDrug = \text{amphetamines OR Cocaine OR Crack OR Ecstasy OR Heroin}) \) OR \( (YDrug2 = \text{Methadone OR physeptone OR tranquilisers}) \) THEN

\[ \text{InjEver} \]
Have you ever injected drugs?

1 Yes
2 No

IF \( \text{InjEver} = \text{Yes} \) THEN

\[ \text{InjAge} \]
About how old were you when you first injected?

Range: 5…97

IF \( \text{InjEver} = \text{Yes} \) THEN

\[ \text{InjReg} \]
Have you ever injected regularly?

1 Yes
2 No

IF \( \text{InjEver} = \text{Yes} \) THEN

\[ \text{InjOften} \]
About how many times have you EVER injected?

1 Less than 10 times
2 10 to 100 times
3 More than 100 times

IF \( \text{InjEver} = \text{Yes} \) THEN

\[ \text{InjMB4} \]
Did you inject in the last month?

1 Yes
2 No

IF \( YDrug2 = \text{glues, solvents, gas or aerosols OR methadone OR physeptone OR tranquilisers} \) THEN

\[ \text{UseMB4} \]
Now thinking about the past month, have you used \((\text{name of drug})\) in the past month?

1 Yes
2 No

IF \( \text{UseMB4} = \text{Yes} \) THEN

\[ \text{OftenB4} \]
About how often were you using \((\text{name of drug})\) in the past month?

1 About daily
2 2 to 3 times per week
3 About once a week
4 Less than once a week

IF \( (YDrug = \text{cannabis}) \) AND \( (\text{UseMB4} = \text{Yes}) \) THEN

\[ \text{SDSIcont} \]
Thinking about your cannabis use, do you think your use of cannabis is out of control?

1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

IF \( (YDrug = \text{cannabis}) \) AND \( (\text{UseMB4} = \text{Yes}) \) THEN

\[ \text{SDSIscont} \]
Does the prospect of not having cannabis make you anxious or worried?

1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

IF \( (YDrug = \text{cannabis}) \) AND \( (\text{UseMB4} = \text{Yes}) \) THEN

\[ \text{SDSInor} \]
Do you worry about your use of cannabis?

1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

IF \( (YDrug = \text{cannabis}) \) AND \( (\text{UseMB4} = \text{Yes}) \) THEN

\[ \text{SDSIsStop} \]
Do you wish you could stop?

1 Never-almost never
2 Sometimes
3 Often
4 Always-nearly always

IF \( (YDrug = \text{cannabis}) \) AND \( (\text{UseMB4} = \text{Yes}) \) THEN

\[ \text{SDSSWOut} \]
How difficult do you find it to go without cannabis?

1 Not difficult
2 Quite Difficult
3 Very Difficult
4 Impossible
17. Personality Disorder - (SCID-II for Antisocial and Borderline Personality Disorder)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The next set of questions are about the kind of person you generally are, that is, how you have usually felt or behaved over the past several years. (Remember not to think too hard about the answers, the first answer you think of is fine.) PRESS 1 FOR YES, PRESS 2 FOR NO OR 9 IF YOU DO NOT UNDERSTAND THE QUESTION OR IT 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
2 No
9 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
2 No
9 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
2 No
9 Don’t Understand/Does Not Apply

PD76 Does your sense of who you are often change dramatically?
1 Yes
2 No
9 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
2 No
9 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
2 No
9 Don’t Understand/Does Not Apply

PD79 Have you often done things impulsively?
APMS 2007 phase one questionnaire documentation and phase two contents

PD80
Before you were 15, would you bully or threaten other kids?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD81
Have you ever cut, burned, or scratched yourself on purpose?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD82
Do you have a lot of sudden mood changes?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD83
Do you often feel empty inside?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD84
Do you often have temper outbursts or get so angry that you lose control?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD85
Do you hit people or throw things when you get angry?
1 Yes
2 No
9 Don’t Understand/Does Not Apply

PD86
Do even little things get you very angry?
1 Yes
2 No
9 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
2 No
9 Don’t Understand/Does Not Apply
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD06: Before you were 15, did you deliberately destroy things that weren't yours?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD07: Before you were 15, did you break into houses, other buildings, or cars?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD08: Before you were 15, did you lie a lot or con other people?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD09: Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD100: Before you were 15, did you run away and stay away overnight?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD101: Before you were 13, did you often stay out very late, long after the time you were supposed to be home?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD102: Before you were 13, did you often skip school?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>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?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>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?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD105: Have you ever hit or thrown things at your spouse or partner?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD106: Since you were 15, have you ever hit a child, yours or someone else's, so hard that he or she had bruises, or had to stay in bed or see a doctor?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD107: Since you were 15, have you been in any fights?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>PD107a: Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>IF PD107a = Yes THEN PD107b: How many times in the last five years?</td>
<td>Range: 1…100</td>
</tr>
<tr>
<td>IF PD107a = Yes THEN PD107c: Were you ever intoxicated with drink or drugs before any of these incidents?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>IF PD107a = Yes THEN PD107d: Did any of these incidents involve any of the following people?</td>
<td>PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED</td>
</tr>
<tr>
<td></td>
<td>1 Spouse or partner</td>
</tr>
<tr>
<td></td>
<td>2 Girlfriend or boyfriend</td>
</tr>
<tr>
<td></td>
<td>3 Children</td>
</tr>
<tr>
<td></td>
<td>4 Other family member</td>
</tr>
<tr>
<td></td>
<td>5 Friend</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Since you were 15, have you passed bad cheques?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you were 15, have you been paid for sex?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you were 15, have you ever used an alias or pretended to be someone else?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you were 15, have you often 'conned' others to get what you want?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you were 15, have you used a weapon, like a stick, knife, or gun in a fight?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you feel guilty or remorseful for previous behaviour such as having hurt, mistreated, or stolen from other people?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>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?</td>
<td>1 Yes, 2 No, 9 Don't Understand/Does Not Apply</td>
</tr>
<tr>
<td>Since you were 15, have you used or sold drugs?</td>
<td>1 Yes, 2 No</td>
</tr>
</tbody>
</table>
18. Social Functioning Questionnaire - (SFQ)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
For the next few statements, please choose the response that comes closest to how you have been over the past two weeks:

1. Continue

SFQA
I complete my tasks at work and home satisfactorily.
1. Most of the time
2. Usually
3. Occasionally
4. Not at all

SFQB
I find my tasks at work and at home very stressful.
1. Most of the time
2. Usually
3. Occasionally
4. Not at all

SFQC
I have no money problems
1. No problems at all
2. Slight problems only
3. Definite problems
4. Very severe problems

SFQD
I have difficulties in getting and keeping close relationships.
1. Severe difficulties
2. Some difficulties
3. Occasional difficulties
4. No difficulties at all

SFQE
I have problems in my sex life.
1. Severe problems
2. Moderate problems
3. Occasional problems
4. No problems at all

SFQF
I get on well with my family and other relatives.
1. Yes, always
2. Yes, usually
3. No, some problems
4. No, severe problems

SFQG
I feel lonely and isolated from other people.
19. Asperger syndrome - (Asperger Self Completion Questionnaire)

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The following statements are about the kind of person that you are, and the way you prefer to do things. You might find some of the statements a bit odd, but please answer all of them to the best of your ability, even if some of them don’t seem to apply to you.

ASover
I prefer to do things the same way over and over again.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASsound
I often notice small sounds when others do not.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASpolite
Other people frequently tell me that what I’ve said is impolite, even though I think it is polite.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASdates
I am fascinated by dates.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASsoccal
I find social situations easy.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASdetail
I tend to notice the details that others do not.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASfriend
I find it easy to make new friends.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASlisten
I know how to tell if someone listening to me is getting bored.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASread
I particularly enjoy reading fiction.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASpeople
I find myself drawn more strongly to people than to things.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASstory
When I’m reading a story, I find it difficult to work out the characters intentions.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASparty
I would rather go to a party than a library.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

ASdomore
I find it easy to do more than one thing at once.
1. Definitely agree
2. Slightly agree
When I talk on the phone, I’m not sure when it’s my turn to speak.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

I find it easy to work out what someone is thinking or feeling just by looking at their face.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

I like to plan any activities I participate in carefully.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

I enjoy social occasions.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

I am not very good at remembering people’s date of birth.
1. Definitely agree
2. Slightly agree
3. Slightly disagree
4. Definitely disagree

You’ve said that you prefer to do things the same way each time you plan activities carefully.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you are particularly good at things like noticing small sounds when others do not/remembering details like dates.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you sometimes have difficulties knowing how and when to speak and being told that you are impolite.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you may avoid social situations or find them difficult to find yourself drawn strongly to things.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you have an interest in facts about things but not in characters in stories.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you are particularly good at things like noticing small sounds when others do not/remembering details like dates.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you sometimes have difficulties knowing how and when to speak and being told that you are impolite.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you may avoid social situations or find them difficult to find yourself drawn strongly to things.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all

You’ve said that you have an interest in facts about things but not in characters in stories.
1. To a great extent
2. To some extent
3. A little bit
4. Not at all
20. Gambling

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

**Gamb1**
The next few questions are about gambling. By 'gambling' we mean things like:
- buying lottery tickets or scratchcards for yourself;
- playing games or making bets for money on the internet (online gambling);
- playing football pools, bingo or fruit machines;
- playing games or making bets with friends for money;
- betting on races and/or with a bookmaker;
- and table games in a casino.

Have you spent any money on any of these things in the last 12 months?
1. Yes
2. No
9. Don't Understand/Does Not Apply

**IF Gamb1 = No THEN**

**Gamb2**
Just to check, does that mean that you haven’t gambled at all in the last 12 months, or do you gamble very occasionally, perhaps to buy a lottery ticket, scratch card, or play on a fruit machine?
1. Very occasionally in last year
2. Not at all in the last year

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamEscp**
Do you gamble as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety or depression?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamLoss**
After losing money gambling, do you often return another day to get even?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamLie**
Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamPreoc**
Are you preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences or planning the next venture, or thinking of ways to get money with which to gamble)?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamDesir**
Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF (Gamb1 = Yes) OR (Gamb2 = Yes) THEN**

**GamStop**
Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**IF GamStop = Yes THEN**

**GamIrrit**
Are you restless or irritable when attempting to cut down or stop gambling?
1. Yes
2. No
9. Don’t Understand/Does Not Apply
21. Post Traumatic Stress Disorder (PTSD) – TSQ
and working in Armed Forces

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

PTSDever
The next questions are about traumatic events or experiences that might have happened to you at any time in your life. The term traumatic event or experience means something like a major natural disaster, a serious automobile accident, being raped, seeing someone killed or seriously injured, having a loved one die by murder or suicide, or any other experience that either put you or someone close to you at risk of serious harm or death.

Has a traumatic event or experience ever happened to you at any time in your life?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF PTSDever = Yes THEN

PTSDlong
How long ago did that traumatic experience happen? If you have experienced more than one, please answer about the most recent.
1  Within the last 6 months
2  More than 6 months ago, but since the age of 16
3  More than 6 months ago, before the age of 16

IF (PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16) THEN

PTSDrem
Have you experienced, at least twice in the past week:
Upsetting memories or thoughts about the event that have come into your mind against your will
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF (PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16) THEN

PTSDdr
Have you experienced, at least twice in the past week:
Upsetting dreams about the event
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF (PTSDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months ago, but since the age of 16) THEN

PTSDcon
Have you experienced, at least twice in the past week:
Acting or feeling as though the event were happening again
1  Yes
2  No
9  Don’t Understand/Does Not Apply
IF PTSDarm = Yes AND PTSDDever = Yes THEN
PTSDarms
Was the traumatic event or experience you referred to before...
1 ...a military experience,
2 ...a non-military experience,
3 ...or both?

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

PTSDarm
Have you ever served in the Armed Forces or the Reserve Armed Forces?
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF PTSDarm = Yes THEN
PTSDarmf
In what year did you first serve in the Armed Forces?
Please enter the year as numbers for example 1990
Range: 1900...2007

IF PTSDarm = Yes THEN
PTSDarmc
Are you currently serving in the Armed Forces?
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF PTSDarm = Yes AND PTSDarmc = Yes THEN
PTSDarmb
Which branch of the Armed Forces (or, did you serve with?
SELECT ALL THAT APPLY.
1 Royal Naval Service
2 Army
3 Royal Air Force
4 As a Reservist, Cadet, Territorial Army
5 Other

IF PTSDarm = Yes AND PTSDarmc = No THEN
PTSDarml
In what year did you last serve in the Armed Forces?
Please enter the year as numbers for example 1990
Range: 1900...2007

Heightened awareness of potential dangers to yourself and others
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF (PTSDDever = Yes) AND (PTSDlong = Within the last 6 months OR More than 6 months
ago, but since the age of 16)) THEN
PTSDjum
Have you experienced, at least twice in the past week:
Being jumpy or being startled at something unexpected
1 Yes
2 No
9 Don't Understand/Does Not Apply

IF PTSDarm = Yes AND PTSDDever = Yes THEN
PTSDarms
Was the traumatic event or experience you referred to before...
22. Domestic violence and abuse

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro2
The next questions ask about events you may or may not have experienced since the age of 16. Please include all relevant events, even if they did not seem important to you at the time. Remember that all your answers will be completely confidential, and that the computer will lock them up so that the interviewer cannot see what you have answered.

Va
Has a current or previous partner ever prevented you from having your fair share of the household money? (By partner we mean any boyfriend or girlfriend, as well as a husband, wife, or civil partner).
1  Yes
2  No
3  Never been in a relationship

IF Va = Yes THEN
Va12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF Va = Yes OR No THEN
Vb
Has a current or previous partner ever stopped you from seeing friends and (or) relatives?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Va = Yes OR No) AND (Vb = Yes) THEN
Vb12
Has this happened in the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF Va = Yes OR No THEN
Vc
Has a current or previous partner ever frightened you, by threatening to hurt you or someone close to you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Va = Yes OR No) AND (Vc = Yes) THEN
Vc12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF Va = Yes OR No THEN
Vd
Has a current or previous partner ever pushed you, held or pinned you down or slapped you?
1  Yes
2  No
9  Don't Understand/Does Not Apply

IF (Va = Yes OR No) AND (Vd = Yes) THEN
Vd12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don't Understand/Does Not Apply
IF Va = Yes OR No THEN
Vh
Has a current or previous partner ever threatened to kill you?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vh = Yes)) THEN
Vh12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF Va = Yes OR No THEN
Vi
Has a current or previous partner ever used a weapon against you e.g. a knife?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vi = Yes)) THEN
Vi12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF Va = Yes OR No THEN
Vj
Has a current or previous partner ever used some other kind of force against you?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF ((Va = Yes OR No) AND (Vj = Yes)) THEN
Vj12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

VSa
Since the age of 16, has anyone talked to you in a sexual way that made you feel uncomfortable?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF Vsa = Yes THEN
Vsa12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

VSb
Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way without your consent?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF VSb = Yes THEN
VSb12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

VSc
Since the age of 16, has anyone had sexual intercourse with you without your consent?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF VSc = Yes THEN
VSc12
Has this happened within the past 12 months?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IntroU16
The next few questions are about events you may or may not have experienced BEFORE the age of 16.
1  Continue

VSa
Before the age of 16, did anyone talk to you in a sexual way that made you feel uncomfortable?
1  Yes
2  No
9  Don’t Understand/Does Not Apply

IF VSa = Yes THEN
VSa16
How old were you when this first happened?
Range: 0…16

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23. **Suicidal thoughts, attempts and self-harm [2]**

**ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION**

**DHSIntro**
The next few questions are being asked again from earlier in the interview.
1. Continue

**DHSlife**
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. Have you ever thought of taking your life, even if you would not really do it?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**DHStry**
Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**DHSharm**
Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

**TalkToGP**
The sorts of things we have asked you about here are very serious and it is important that you talk to someone, for example your GP or The Samaritans, if you find yourself thinking them.
1. Continue
24. Eating Disorders – SCOFF

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The next few questions are about food and eating in the last year, that is since (date).
1. Continue

eat3st
During the last year, have you lost more than one stone in a 3 month period?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

eatful
Still thinking about the last year... have you made yourself sick because you felt uncomfortably full?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

eatcont
Still thinking about the last year... did you worry you had lost control over how much you eat?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

eatoth
Still thinking about the last year... did you believe yourself to be fat when others said you were too thin?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

eatlife
Still thinking about the last year... would you say that food dominated your life?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

eatfeel
Still thinking about the last year... did your feelings about food interfere with your ability to work, meet personal responsibilities, and/or enjoy a social life?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

25. Discrimination

ASK IF SELECTED RESPONDENT AND COMPLETING SELF COMPLETION

Intro
The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.
1. Continue

Diseth
Have you been unfairly treated in the last 12 months, that is since (date), because of your skin colour or ethnicity?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

Dissex
Have you been unfairly treated in the last 12 months, that is since (date), because of your sex?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

Disrel
Have you been unfairly treated in the last 12 months, that is since (date), because of your religious beliefs?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

DisAge
Have you been unfairly treated in the last 12 months, that is since (date), because of your age?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

Dismen
Have you been unfairly treated in the last 12 months, that is since (date), because of your mental health?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

Disphy
Have you been unfairly treated in the last 12 months, that is since (date), because of any other health problem or disability?
1. Yes
2. No
9. Don’t Understand/Does Not Apply

Disori
Have you been unfairly treated in the last 12 months, that is since (date), because of your sexual orientation?
1. Yes
INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU.
REMEMBER THAT YOU CAN DEMONSTRATE THAT THE RESPONDENT'S SELF-COMPLETION DATA HAS BEEN LOCKED.
INTERVIEWER: 5000
Range: 1000…9997
END OF SELF COMPLETION
26. **Intellectual Functioning – TICS-M, Animal Naming Test & NART**

**TELEPHONE INTERVIEW FOR COGNITIVE STATUS**

**ASK IF SELECTED RESPONDENT AND DVAGE >= 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, and I hope you don't mind.

First, I'm going to ask you some questions about the date today.

1. Continue

PMADAY

What day of the week is it today?

1. (Day)
2. Anything else/does not know

PMATODAY

What is the date of the month today?

1. (Date)
2. Anything else/does not know

PMAmonth

What month is it?

1. (Month)
2. Anything else/does not know

PMAYear

What year is it?

1. (Year)
2. Anything else/does not know

Season

What season is it?

1. Spring
2. Summer
3. Autumn
4. Winter
5. Anything else/does not know

AGE

What is your age?

Range: 0…120

DVAgeQ

DV to calculate if respondent correctly answers age

1. Correct
2. Incorrect

List1

I'm going to read you a list of 10 words. Please listen carefully and try to remember them.
Plant
What is the prickly green plant found in the desert?
1  Cactus
2  Anything else

Say
Please say 'Methodist Episcopalian'
1  Said exactly right
2  Anything else

Queen
Who is the reigning King or Queen?
1  Elizabeth, Queen Elizabeth or Queen Elizabeth 2nd
2  Anything else

PM
Who is the prime minister now?
1  Correct Surname – Blair/Brown
2  Anything else

West
What is the opposite of East?
1  West
2  Anything else

List2
A little while ago I read out a list of 10 words. How many of those words can you remember now?
CODE: ALL RECALLED CORRECTLY.
IF NO WORDS RECALLED CORRECTLY PRESS ENTER.
0  None Remembered
1  CABIN
2  PIPE
3  ELEPHANT
4  CHEST
5  SILK
6  THEATRE
7  WATCH
8  WHIP
9  PILLOW
10  GIANT

NATIONAL ADULT READING TEST (NART)
ASK IF SELECTED RESPONDENT AND Language = Yes

Now, I would like you to look at this card
1  Continue

\texttt{imnart2}
SHOWCARD BG
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 how it is said. We will stop before the end of the list.
ALLOW ONLY PRECISE PRONUNCIATIONS. MARK ALL ERRORS OR DON’T KNOWS INCORRECT.
1  Continue

q1
\texttt{kwaw}
CHORD
1  Correct
2  Incorrect/don’t know

q2
\texttt{ake}
ACHE
1  Correct
2  Incorrect/don’t know

q3
\texttt{depp}
DEPOT
1  Correct
2  Incorrect/don’t know

q4
\texttt{aiw}
AISLE
1  Correct
2  Incorrect/don’t know

q5
BOO-kay or ‘BG-kay’
BOUQUET
1  Correct
2  Incorrect/don’t know

q6
\texttt{searm}
PSALM
1  Correct
2  Incorrect/don’t know

q7
\texttt{kAY-pon}
q8  'di-NIGH'  
DENY  
1  Correct  
2  Incorrect/don't know

q9  'NAW-ah'  
NAUSEA  
1  Correct  
2  Incorrect/don't know

q10  'debt'  
DEBT  
1  Correct  
2  Incorrect/don't know

q11  'CUR-iast'  
COURTEOUS  
1  Correct  
2  Incorrect/don't know

q12  'RARE-elle'  
RARIFY  
1  Correct  
2  Incorrect/don't know

q13  'e-KWV-oh-ka'  
EQUIVOCAL  
1  Correct  
2  Incorrect/don't know

q14  'NIGH-eva'  
NAIVE  
1  Correct  
2  Incorrect/don't know

q15  'MUTT-a-koom'  
CATACOMB  
1  Correct  
2  Incorrect/don't know

q16  'jay-kf'  
GAOLED  
1  Correct  
2  Incorrect/don't know

q17  'time'  
THYME  
1  Correct  
2  Incorrect/don't know

q18  'ar'  
HEIR  
1  Correct  
2  Incorrect/don't know

q19  'RAY-DICKS'  
RADIX  
1  Correct  
2  Incorrect/don't know

q20  'ASS-iig-neigh'  
ASSIGNATE  
1  Correct  
2  Incorrect/don't know

q21  'high-EIGHT-uh'  
HIATUS  
1  Correct  
2  Incorrect/don't know

q22  'suit'  
SUBTLE  
1  Correct  
2  Incorrect/don't know

q23  'PRO-one-eight'  
PROCIMATE  
1  Correct  
2  Incorrect/don't know

q24  'ra'  
GIST  
1  Correct
APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

q33
'dram'
DRACHM
1 Correct
2 Incorrect/don't know

q34
's-on'
AEO
1 Correct
2 Incorrect/don't know

q35
'place-EE-bo'
PLACEBO
1 Correct
2 Incorrect/don't know

q36
'ab-STEAM-ee-us'
ABSTEMIOUS
1 Correct
2 Incorrect/don't know

q37
'day-TARNT'
DETENTE
1 Correct
2 Incorrect/don't know

q38
'ga-f'
IDYLL
1 Correct
2 Incorrect/don't know

q39
'ga-o-ER-par-f'
PUERPERAL
1 Correct
2 Incorrect/don't know

q40
'a-VERR'
VER
1 Correct
2 Incorrect/don't know

q41
'go-wsh'
GAUCHE
1 Correct
ANIMAL NAMING TEST

ASK IF SELECTED RESPONDENT

Animal1
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  Respondent can name an article of clothing
2  Respondent does not understand/cannot name an article of clothing

IF Animal1 = respondent can name an article of clothing

Animal2
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.

1  Continue

IF Animal1 = respondent can name an article of clothing

Animal3
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
27. Stressful life events

ASK IF SELECTED RESPONDENT

Intro
Next, I would like to ask you about things that may have happened to you or problems you may have faced during your life:

1. Continue

Trauma1
SHOW CARD BH
Looking at this card, could you tell me if you have ever experienced any of these problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7
1. Serious illness, injury or assault to yourself
2. Serious illness, injury or assault to a close relative
3. Death of an immediate family member of yours
4. Death of a close family friend or other relative, like an aunt, cousin or grandparent
5. Separation due to marital difficulties, divorce or steady relationship broken down
6. Serious problem with a close friend, neighbour or relative
7. None of these

IF Trauma1 = NOT None of these THEN

TR1WHn
SHOW CARD BJ
Thinking about the (name of traumatic event). When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16

Trauma2
SHOW CARD BK
Now looking at this card, could you tell me if you have ever experienced any of these problems or events shown on the card, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 7
1. Being made redundant or sacked from your job
2. Looking for work without success for more than 1 month
3. Major financial crisis, like losing the equivalent of 3 months income
4. Problem with police involving court appearance
5. Something you valued being lost or stolen
6. None of these

IF Trauma2 = NOT None of these THEN

TR2WHn
SHOW CARD BL
Thinking about the (name of traumatic event). When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16

3. More than 6 months ago, and before the age of 16

Trauma3
SHOW CARD BM
Now looking at this card, could you tell me if you have ever experienced any of these problems or events, at any time in your life:

CODE ALL THAT APPLY

IF NONE - CODE 8
1. Bullying
2. Violence at work
3. Violence in the home
4. Sexual abuse
5. Being expelled from school
6. Running away from your home
7. Being homeless
8. None of these

IF Trauma3 = NOT None of these THEN

TR3WHn
SHOW CARD BN
Thinking about the (name of traumatic event). When did that happen?

INTERVIEWER: IF SEVERAL EVENTS OF THE SAME TYPE, ASK ABOUT THE MOST RECENT ONE

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16
28. **Parenting**

ASK IF SELECTED RESPONDENT

**ChildInst**
Up to the age of 16 did you spend any time in any kind of institution such as a children's home, borstal, or young offenders unit?
(EXCLUDE PRIVATE EDUCATION BOARDING SCHOOL)

1. Yes
2. 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
2. No
3. Does not apply, e.g. foreign national

**MnPintro**
Now a few questions about you and your parents when you were growing up.
1. Continue

**BothMnP**
Did you live more or less continuously with both of your natural parents at home until you were 16?
INTERVIEWER: EXPLAIN IF NECESSARY: That is your birth parents.
*YES* TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.

1. Yes
2. No

IF BothMnP = No THEN

**YNobBoth**
Is that because there was ...READ OUT...
1. ... a divorce or separation,
2. or, a death,
3. or, you, adopted,
4. or, your parents never lived together,
5. or, is there another reason? [IF VOLUNTEERED, SPECIFY AT NEXT QUESTION]

IF BothMnP = No AND YNobBoth = Other reason THEN

**XYNobBoth**
IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE "7" AND <Enter>

IF BothMnP = No THEN

**MnPorPa**
And may I check, [ if after that] did you live more or less continuously with your mother or with your father until you were 16?
1. Mother
2. Father
3. Both Mother and Father equally
4. Other relative
5. Other (in care, fostered, etc)
29. Social support

ASK IF SELECTED RESPONDENT

DLSS1
The next few questions are about people you feel close to, including relatives, friends and acquaintances.
1 Continue

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?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

CloseR3
Now I would like to ask about people you feel close to who do not live with you. How many relatives aged 16 or over, who do not live with you, do you feel close to?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

CloseFr
How many friends or acquaintances who do not live with you would you describe as close or good friends?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

IF ([CloseR3 >= 1] OR [CloseFr >= 1]) THEN

OutSee
Thinking about all of the people who do not live with you and whom you feel close to or regard as good friends, how many did you communicate with in the past week?
INTERVIEWER: IF NONE ENTER '0'
Range: 0…97

DLSS2
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.
1 Continue

DLSS1
SHOW CARD BP
There are people I know amongst my family and friends - who do things to make me happy.
1 Not true
2 Partly true
3 Certainly true

DLSS2
SHOW CARD BP
(There are people I know amongst my family and friends) - who make me feel loved.
1 Not true
2 Partly true

DLSS3
SHOWCARD BP
(There are people I know amongst my family and friends) - who can be relied on no matter what happens.
1 Not true
2 Partly true
3 Certainly true

DLSS4
SHOWCARD BP
(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 Not true
2 Partly true
3 Certainly true

DLSS5
SHOWCARD BP
(There are people I know amongst my family and friends) - who accept me just as I am.
1 Not true
2 Partly true
3 Certainly true

DLSS6
SHOWCARD BP
(There are people I know amongst my family and friends) - who make me feel an important part of their lives.
1 Not true
2 Partly true
3 Certainly true

DLSS7
SHOWCARD BP
(There are people I know amongst my family and friends) - who give me support and encouragement.
1 Not true
2 Partly true
3 Certainly true
30. Religion and spirituality

ASK IF SELECTED RESPONDENT

SpecRel
The next few questions are about religion. Do you have a specific religion?
1 Yes
2 No

IF SpecRel = Yes THEN

WhatRel
Which religion is that?
INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.
1 Roman Catholic
2 Protestant Christian
3 Other Christian
4 Islam
5 Hinduism (Jain, Sikh)
6 Judaism
7 Buddhist
8 Other (SPECIFY)

IF SpecRel = Yes AND WhatRel = Other THEN

OthRel
INTERVIEWER: ENTER RELIGION

Relig
By ‘religion’, we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual beliefs. Would you say that you have a religious or a spiritual understanding of your life?
CODE ALL THAT APPLY
1 Religious
2 Spiritual
3 Neither

IF Relig = Religious OR Relig = Spiritual THEN

RStrong
SHOW CARD BQ
How strongly do you hold to your religious/spiritual view of life? Please look at this card and tell me the number that best describes your view, from 0 ‘weakly held’ through to 10 ‘strongly held’.
INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.
Range: 0…10

IF Relig = Religious OR Relig = Spiritual THEN

ImpPrac
SHOW CARD BR
How important to you is the practice of your belief (e.g. private meditation, religious services) in your day-to-day life? Please look at this card and tell me the number that best describes your view, from 0 ‘not necessary’ through to 10 ‘essential’.
INTERVIEWER: ENTER NUMBER BETWEEN 0 AND 10.
Range: 0…10
31. Social capital and participation

ASK IF SELECTED RESPONDENT

LiveIntro
The next few questions are about the area where you live.
1  Continue.

How long have you lived in this area?
1  Less than one year
2  1-5 years
3  6-9 years
4  10 years or more

IntroAgree
How much do you agree or disagree with the following statements about your area?
By 'around here' we mean anywhere you can walk to, from your home, in 5 minutes.
1  Continue.

Belong SHOWCARD BT
Please look at this card and tell me the answer that best describes your feelings.
I feel like I belong around here.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Trust SHOWCARD BT
I trust people around here.
1  Strongly agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Enjoy SHOWCARD BT
I enjoy living around here.
1  Strongly agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Realhme SHOWCARD BT
I think of the area around here as a real home not just a place.
1  Strongly agree
2  Somewhat agree
3  Neither agree nor disagree

Safe SHOWCARD BT
I feel safe around here in the daytime.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Move SHOWCARD BT
Given the opportunity I would like to move away from here.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Resident SHOWCARD BT
The area around here is nicely kept by its residents.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Litter SHOWCARD BT
Litter is a problem around here.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

Graffit SHOWCARD BT
Graffiti or vandalism is a problem around here.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4  Somewhat disagree
5  Strongly disagree

PropClos SHOWCARD BT
The properties around here are too close together.
1  Strongly Agree
2  Somewhat agree
3  Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

Green
Showcard BT
There are not enough green areas or trees around here.
1. Strongly Agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

IntroActv
The next few questions are about things that you do in your local area.
1. Continue.

ComGrp
How often do you participate in a voluntary or local community group?
INTERVIEWER: PLEASE CODE
1. At least once a month
2. At least once a year
3. Not in the last year/never

Nschool
How often do you attend an adult education or night school class?
INTERVIEWER: PLEASE CODE
1. At least once a month
2. At least once a year
3. Not in the last year/never

Leisure
How often do you go to a leisure centre?
INTERVIEWER: PLEASE CODE
1. At least once a month
2. At least once a year
3. Not in the last year/never

GoLibrary
How often do you go to the library?
INTERVIEWER: PLEASE CODE
1. At least once a month
2. At least once a year
3. Not in the last year/never

Clubs
Showcard BU
Please look at this showcard.
Are you actively involved in any of the following clubs or associations?
CODE ALL THAT APPLY
1. Sports or sport supporters club
2. Hobby or interest group
3. Political party
4. Neighbourhood Watch scheme

5. Parent Teacher Association
6. Tenants' group
7. Residents' group
8. Neighbourhood council
9. Religious group
10. Other local group
11. None of these
32. Socio demographics

ASK IF SELECTED RESPONDENT OR PROXY

Origin
SHOW CARD BV

1. White – British
2. White – Irish
3. Any other white background
4. Mixed - White and Black Caribbean
5. Mixed - White and Black African
6. Mixed - White and Asian
7. Any other mixed background
8. Asian or Asian British – Indian
9. Asian or Asian British – Pakistani
10. Asian or Asian British – Bangladeshi
11. Any other Asian/Asian British background
12. Black or Black British – Caribbean
13. Black or Black British – African
14. Any other Black/Black British background
15. Chinese
16. Any other (please describe)

IF Origin = Any other THEN

xOrigin
Please describe.

AnyQuals
Have you got any qualifications of any sort?
1. Yes
2. No

IF AnyQuals = Yes THEN

HiQuals
SHOW CARD BW

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.

INTERVIEWER: FOR COMPLETE LIST OF QUALIFICATIONS SEE HELP <F9>

1. Degree level qualification
2. Teaching qualification or HNC/HND, BTEC Higher, BTEC Higher or NVQ level 4
3. ‘A’Levels/SCSE Higher or ONC/OND/BECE/TCE not higher or City & Guilds Advanced
   Final Level NVQ level 3
4. ‘O’Level passes (Grade A-C if after 1975) or City & Guilds Craft/Ord level or GCSE
   (Grades A-C) or NVQ level 2
5. CSE Grades 2-5 GCE ‘O’level (Grades D & E if after 1975) GCSE (Grades D, E, F, G)
   or NVQ level 1
6. CSE ungraded
7. Other qualifications (specify)
8. No qualifications

IF AnyQuals = Yes AND (HiQuals = Other qualifications) THEN

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

ASK IF SELECTED RESPONDENT

Working
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
2. No

IF Working = No THEN

SchemeET
Were you on a government scheme for employment training?
1. Yes
2. No

IF (Working = No) AND (SchemeET = 2 OR LILO1 = 1) THEN

JbAway
Did you have a job or business that you were away from?
HELP <F9>
1. Yes
2. No
3. Waiting to take up a new job/business already obtained

IF JbAway = No OR Waiting to take up a new job/business already obtained THEN

OwnBus
Did you do any unpaid work in that week for any business that you own? (HELP <F9>)
1. Yes
2. No
3. Waiting to take up a new job/business already obtained

IF OwnBus = No OR Waiting to take up a new job/business already obtained THEN

RelBus
...or that a relative owns?
HELP <F9>
1. Yes
2. No
APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

IF Everwk = Yes THEN
OccD
CURRENT OR LAST JOB
What is / was / Was your (main) job (in the week ending Sunday the) [DMDLSUN / DTJBL / ]? HELP=Fi9>

IF Everwk = Yes THEN
Stat
(Are / were) you working as an employee or (are / were) you self-employed HELP=Fi9>?
1 Employee
2 Self-employed

IF Everwk = Yes AND Stat = Employee THEN
Manage
Do you have any managerial duties, or (are / were) you supervising any other employees?
INTERVIEWER: ASK OR RECORD. HELP=F9>
1 Manager
2 Foreman / supervisor
3 Not manager / supervisor

IF Everwk = Yes AND Stat = Self-employed THEN
Solo
(Are / were) you working on your own or (do / did) you have employees?
1 on own / with partner(s) but no employees
2 with employees

IF Everwk = Yes AND Stat = Self-employed AND Solo = with employees THEN
SENo
How many people (do / did) you employ at the place where you (work / worked)? HELP=Fi9>?
1 1 - 24
2 25 or more

IF Everwk = Yes THEN
FtPtWk
In your (main) job (are / were) you working:
HELP=F9>
1 full time
2 part time?

IF Everwk = Yes AND FtPtWk = part time THEN
PTWkHours
How many hours (do / did) you work normally per week?
Range: 0… 50

IF Everwk = Yes THEN
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
2 No

IF Everwk = No AND SchemeET = No AND JbAway = No AND RelBus = No THEN
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? (HELP=Fi9>)
1 Yes
2 No
3 Waiting to take up a new job or business already obtained

IF Everwk = No AND SchemeET = No AND (Looked = Yes OR Waiting to take up a new job or business already obtained) AND JbAway = Waiting to take up a new job / business already obtained THEN
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
2 No

IF Everwk = No AND SchemeET = No AND (Looked = No) OR (StartJ = No) THEN
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? (HELP=Fi9>)
1 Student
2 Looking after the family / home
3 Temporarily sick or injured
4 Long-term sick or disabled
5 Retired from paid work
6 None of these

IF Everwk = Yes THEN
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

IF Everwk = Yes THEN
IndD
· · · CURRENT OR LAST JOB
What / Did (does / did) the firm / organisation you (work / worked) for mainly make or do at the place where you (work / worked)? HELP=Fi9>
DESCRIPT FULLY, PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

IF Everwk = Yes THEN
OccT
JOB TITLE CURRENT OR LAST JOB
What / is / was / Was your (main) job (in the week ending Sunday the) [DMDLSUN / DTJBL / ]? HELP=Fi9>
INTERVIEWER: THE NEXT QUESTIONS ARE ABOUT THE EMPLOYMENT STATUS OF THE
HOUSEHOLD REFERENCE PERSON.
ASK WHOEVER IS AVAILABLE WHO WOULD BE BEST ABLE TO ANSWER THE QUESTIONS
(Name), now a few questions about your employment status.

1 Continue

Wriking
Did you do any paid work in the 7 days ending Sunday the (date), either as an employee or as self-
employed? (HELP=F9)

135
IF Working = No AND SchemeET = No AND ((Looked = Yes) OR (Looked = Waiting to take up a new job or business already obtained) OR (JbAway = Waiting to take up a new job/business already obtained)) THEN
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
2 No

IF Working = No AND SchemeET = No AND ((Looked = No) OR (StartJ = No)) THEN

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
2 Looking after the family/home
3 Temporarily sick or injured
4 Long-term sick or disabled
5 Retired from paid work
6 None of these

Everwk

Have you ever had a paid job, apart from casual or holiday work?

1 Yes
2 No

IF Everwk = Yes THEN

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>

IF Everwk = Yes THEN

IndD

(NAME)

CURRENT OR LAST JOB

What did the firm/organisation worked for mainly make or do (at the place where you worked)?

Help<F9>

IF Everwk = Yes THEN

OccD

(NAME)

CURRENT OR LAST JOB

What did you mainly do in your job?

Help<F9>

IF Everwk = Yes THEN

SpecQuals

(NAME)

CURRENT OR LAST JOB

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

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IF Everwk = Yes THEN
  Stat
  [NAME]
  CURRENT OR LAST JOB
  Were you working as an employee or were you self-employed HELP<F9>?
  1 Employee
  2 Self-employed

IF Everwk = Yes THEN
  Manage
  [NAME]
  CURRENT OR LAST JOB
  Did you have any managerial duties, or were you supervising any other employees?
  ASK OR RECORD HELP<F9>
  1 Manager
  2 Foreman/supervisor
  3 Not manager/supervisor

IF Everwk = Yes THEN
  EmpNo
  [NAME]
  CURRENT OR LAST JOB
  How many employees were there at the place where you worked? HELP<F9>
  1 1 to 24
  2 25 or more

IF EmpNo = Yes THEN
  Benefits
  SHOW CARD BX
  Looking at this 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
  1 Child Benefit
  2 One Parent Benefit
  3 Guardian's Allowance
  4 Invalid Care Allowance
  5 Retirement pension (National Insurance) or old person's pension
  6 Widow's pension or allowance (National Insurance)
  7 War disablement allowance
  8 Severe disablement allowance (and related allowances)
  9 Disability living allowance
  10 None of these

CareBen
  SHOW CARD BY
  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
  1 Care component of disability living allowance
  2 Mobility component of disability living allowance
  3 Attendance Allowance
  4 Disability Living Allowance - unsure if care and/or mobility components
  5 None of these

IncBen
  SHOW CARD BZ
  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
  1 Jobseekers Allowance
  2 Income support
  3 Working Tax Credit/Child Tax Credit (not lump sum)
  4 Incapacity Benefit
  5 Statutory sick pay
  6 Industrial injury disablement benefit
  7 None of these

IF Sex = Female AND DvAge < 50 THEN
  Matern
  SHOW CARD CA
  Are you receiving either of the things shown on this card, in your own right?
  CODE ALL THAT APPLY
  1 Maternity Allowance
  2 Statutory Maternity Pay from your employer or former employer
  3 None of these

Other
  SHOW CARD CB
  In the last 6 months have you received any of the things shown on this card, in your own right?
  CODE ALL THAT APPLY
  1 Working Tax Credit/Child Tax Credit (lump sum)
  2 A grant from the Social Fund for funeral expenses
  3 Grant from the Social Fund for maternity expenses
  4 A Community Care grant from the Social Fund
  5 Back to work bonus
  6 Widows payment (Lump Sum)
  7 Any National Insurance or State benefit not mentioned earlier
  8 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? (HELP<F9>)
  1 Yes
  2 No

SrcInc
  SHOW CARD CC
  (In addition to any benefits you mentioned) Do you receive income from any of the sources mentioned on this card?
  CODE ALL THAT APPLY
  1 Earnings from employment or self-employment
  2 Pension from former employer
  3 Interest from savings, shares etc
  4 Other kinds of regular allowance from outside the household
  5 Other sources e.g. rent
  6 None of these
Details of the property

IF Proxy = selected respondent THEN

In which of these ways do you/this household occupy this accommodation?

SHOW CARD CF (HELP<F9>)

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

1. Own outright
2. Buying it with the help of a mortgage or loan
3. Rent it
4. Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
5. Squatting

IF Proxy = selected respondent AND ((Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free)) THEN

Who is your landlord? (HELP<F9>)

CODE FIRST THAT APPLIES

1. The local authority/council/New Town Development/Scottish Homes
2. A housing association or co-operative or charitable trust
3. Employer (organisation) of a household member
4. Another organisation
5. Relative/friend (before you lived here) of a household member
6. Employer (individual) of a household member
7. Another individual private landlord

IF Proxy = selected respondent AND (Ten1 = Pay part rent and part mortgage OR Rent it) AND (Ten1 = Live here rent-free) THEN

Is the accommodation furnished? (HELP<F9>)

1. Furnished
2. Partly furnished (eg carpets and curtains only)
3. Unfurnished

IF Proxy = selected respondent THEN

How many separate bedrooms do you have in your home?

INTERVIEWER: INCLUDE ONLY ROOMS TO WHICH RESPONDENT HAS ACCESS.
APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

BEDROOMS INCLUDE BOXROOMS AND BEDROOMS NOT CURRENTLY USED AS
BEDROOMS
Range: 0…15

IF Proxy = selected respondent THEN
Built
SHOWCARD C:G
When was this property first built? Please give your best estimate.
ANSWER ABOUT THE PART OF THE PROPERTY THAT IS USED BY THE DWELLING UNIT.
GIVE THE DATE WHEN IT WAS FIRST BUILT. IF NOT SURE, GET BEST ESTIMATE.
1 Before 1900
2 1900 – 1949
3 1950 – 1976
4 1977 – 1989
5 1990 – 2002
6 2003 or later

IF Proxy = selected respondent THEN
Glaze
SHOW CARD C:H
Are there any double- or triple-glazed windows in your home? This means factory-made sealed
units.
1 Yes, all windows
2 Yes, most windows
3 Yes, about half of the windows
4 Yes, a few of the windows
5 No

IF Proxy = selected respondent THEN
Mould
SHOWCARD C:J
Have you had any mould in your home over the last 12 months?
INSIDE THE PROPERTY ONLY.
1 Yes
2 No

IF Proxy = selected respondent AND Mould = Yes THEN
Mould
SHOWCARD C:J:IN WHICH OF THESE ROOMS HAVE YOU HAD MOULD?
1 Living room
2 Kitchen
3 Bathrooms, toilets or shower rooms
4 Adults’ bedrooms
5 Children’s bedrooms
6 All rooms

IF Proxy = selected respondent THEN
TypHeat
SHOWCARD C:K
What types of heating do you have in this house?
INTERVIEWER: PROBE: WHAT OTHERS?
CODE ALL THAT APPLY
1 Central heating
2 Night storage heaters
3 Fixed room heater/fire (Gas or electric)
4 Open fires or stoves

APPENDIX D: APMS 2007 phase one questionnaire documentation and phase two contents

5 Portable heaters (Electric, Bottled gas, paraffin or Oil-filled)
6 Other
7 No heating

IF Proxy = selected respondent AND TypHeat = Central heating THEN
Central
SHOWCARD C:L
What types of central heating do you have here/in your home?
CODE ALL THAT APPLY
1 Gas boiler with radiators
2 Oil boiler with radiators
3 Solid fuel boiler with radiators
4 Night (electric) storage heaters
5 Gas fired warm air heating
6 Oil fired warm air heating
7 Under-floor heating

IF Proxy = selected respondent AND TypHeat = Portable heaters THEN
Portable
SHOWCARD C:M
What types of portable heaters do you have here/in your home?
CODE ALL THAT APPLY
1 Portable electric heaters
2 Portable oil-filled heaters
3 Portable bottled gas heaters
4 Portable paraffin heaters

IF Proxy = selected respondent THEN
UseHeat
SHOWCARD C:N
What is the main type of heating you use in your living room in winter?
INTERVIEWER ADD IF NECESSARY: THE ROOM WHICH IS USED REGULARLY AS THE
LIVING ROOM BY THE PEOPLE WHO LIVE HERE, WHERE YOU WATCH TV ETC.
CODE ALL THAT APPLY
1 Central heating
2 Night storage heater/s
3 Fixed room heater/fire (Gas or electric)
4 Open fires or stove/s
5 Portable heaters (Electric, Bottled gas, paraffin or Oil-filled)
6 Other
7 No heating

IF Proxy = selected respondent THEN
HmWarm
In winter are you able to keep your home warm enough?
1 Yes
2 No

IF Proxy = selected respondent AND HmWarm = No THEN
PartWarm
Which parts of your home are not warm enough in winter?
CODE ALL THAT APPLY
1 Living room
2 Kitchen
3 Bathrooms, toilets or shower rooms

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If Proxy = selected respondent THEN

Borrow
SHOWCARD CQ
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
1 Pawnbroker
2 Money lender
3 Friend(s)
4 Family
5 None of these

Endint
THIS IS THE END OF THE MAIN PART OF RESPONDENTS INTERVIEW
1 Continue

Interviewer then seeks to establish:

• Consent to flag respondent on the NHS central register
• Consent to be contacted for a phase two interview
• Consent to be contacted for further NatCen research
• Helplines leaflet and card are offered to respondent
• Provide incentive voucher and get receipt signed
Phase two questionnaire structure

SCAN - Schedule for Clinical Assessment in Neuropsychiatry version 2.1.
ADOS - Autism Diagnostic Observation Schedule.
SCID-II - Structured Clinical Interview for DSM-IV.
Blank page
Appendix E
Fieldwork documents

Contents
Advance letter
Survey leaflet
Showcards
Consent to NHS Register
Helplines leaflet
Helplines card
Thank you letter
Dear Resident,

We would be grateful for your help with the National Study of Health and Wellbeing.

I am writing to tell you about a study that NatCen is carrying out for the National Health Service. The main aim of the study is to see how the stresses and strains of everyday life can affect people’s health and wellbeing. This will help services and support to be planned more effectively.

Within the next few weeks, one of our interviewers will call at your door to explain the survey in more detail and to ask for your help. If you are busy when the interviewer calls s/he will be happy to call back.

In our work we rely on people’s voluntary co-operation. Your help will give everyone a better understanding of the experiences and needs of people in our society. The success of the study depends on the participation of as many of those selected as possible. As a token of our appreciation all participants receive a £5 high street voucher. If you would like to know more about the study in advance of an interviewer calling, please call 0800 652 4572, or write to me at the above address.

Yours sincerely,

Joanne Phillipson
Project Controller

Your interviewer on this study will be

[Name]

How was your address selected?
Your address is one of about 15,000 addresses throughout the country that we have selected at random from the Post Office’s list of addresses.

Who do we want to interview?
One person aged 16 or over, selected at random at each address.

Who are our interviewers?
All our interviewers carry an official identification card which includes their photograph and the NatCen logo that appears on the top of this letter.

Confidentiality
Everything you tell us will be treated in strictest confidence. We are fully compliant with data protection regulations.

For further information and a summary of findings from previous reports see: www.healthandwellbeingsurvey.org
How is the information used?
- The study will be used by the NHS to look at how the stresses and strains of everyday life affect people’s health and wellbeing.
- The NHS uses this information to help plan health services and to identify key priorities for public health.
- “The National Study of Health and Wellbeing is a valued and well respected resource for health professionals and academic researchers” Professor Terry Brugha
  School of Medicine
  University of Leicester
- The results of this study can help in the development of policies and to make sure that services, help and support are available for people who need them.
- By comparing results with earlier studies it is also possible to see where progress has been made and where improvements are still needed.

Who can I contact about the study?
We hope that you have found this leaflet interesting, and that it shows the importance of the study.
If you would like to talk to someone about this study, please telephone NatCen on freephone 0800 652 4572 and ask for Joanne Phillpion (Project Controller) or Bryan Mason (Deputy Project Controller).

National Centre for Social Research (Research)
35 Northampton Square
London
EC1V 0AX

National Centre for Social Research (Operations)
Kings House, 101 – 135 Kings Road
Brentwood
Essex
CM14 4LX

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Charity No. 1091768

We hope that you will take part in the National Study of Health and Wellbeing 2006/7.
We rely on your voluntary contribution in making the study a success.

Thank you very much for helping us.

What is the study about?
The National Study of Health and Wellbeing 2006/7 is part of an important program on the health and wellbeing of the nation.
The study is designed to look at:
- How the stresses and strains of everyday life affect people’s health.
- What people do for help or support when they need it.
- Changes in health over time. The results of this study can be compared with similar studies carried out in 1993 and 2000.

Who is carrying out the study?
- The National Centre for Social Research (NatCen) is carrying out this study on behalf of the NHS Information Centre.
- The study is conducted in collaboration with the School of Medicine at the University of Leicester.

Why is the study important?
Information collected from this study will be used by the NHS and Department of Health:
- To get a clear up to date picture of the nation’s health.
- To develop policies and plan services.
- To make sure people with health problems get the help they need.

Who takes part in the survey?
- We would like to interview around 8,500 adults aged 16 and over across England. Addresses are selected at random from a file the Post Office use to deliver mail and we then seek to interview all adults at each address.
- We interview a large number of people to make sure that we get a good mix of people and all groups of people are represented in the study e.g. men and women of all ages.

What does the study involve?
An experienced NatCen interviewer will interview everyone who agrees to take part in the study. The interviewer will call at your home and carry out an interview using a laptop computer. The interview can be carried out at a time that suits you. Questions are about health and wellbeing and use of health services like the GP, nurse and hospital.

Is the study confidential?
Yes. Any information given to us will be treated in strictest confidence. The results will not be used in any way in which they can be associated with you.
Reports from the study show information about groups of people (e.g men and women, adults aged 16-24) not individuals.

Did you know…?
(Findings from: The National Study of Health and Wellbeing, 2000)
- Sleep problems, fatigue, irritability and worry were most commonly reported by men and women.
- Irritability among women was found to gradually decline with age.
- 1 in 10 elderly people reported symptoms of worry.
- About a quarter of adults with an emotional problem were receiving treatment of some kind.
- More women than men reported having a phobia.

Where can I get further information about this study?
Further information about the National Study of Health and Wellbeing 2006/7 can be found on the survey website:
www.healthandwellbeingsurvey.org
Information about the National Centre for Social Research, who are carrying out the interviews on this study, can be found at:
www.natcen.ac.uk

Where can I get further information about earlier studies?
Findings from the previous surveys are published in a series of special reports and are available on the following websites:
Department of Health
www.dh.gov.uk
NHS Information Centre for Health & Social Care
www.ic.nhs.uk
CARD A

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely
### CARD C

1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

### CARD B

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

SF9, SF10, SF11, Fullife, Worn, Tired, SF12
CARD D

1. No, no difficulty at all
2. Yes, some difficulty
3. Yes, a lot of difficulty

CARD E

1. No one
2. Spouse/cohabitee
3. Brother/sister (incl. In-law)
4. Son/daughter (incl. In-law)
5. Parent (incl. In-law)
6. Grandparent (incl. In-law)
7. Grandchild (incl. In-law)
8. Other relative
9. Boyfriend/girlfriend
10. Friend
11. CPN/nurse
12. Occupational therapist
13. Social worker
14. Home care worker/home help
15. Voluntary worker
16. Landlord/landlady
17. Paid domestic help
18. Paid nurse
19. Bank manager
20. Solicitor
21. Other person
CARD G

1. Cancer
2. Diabetes
3. Epilepsy/ fits
4. Migraine or frequent headache
5. Dementia or Alzheimer’s Disease
6. Anxiety, depression or other mental health issue
7. Cataracts/ eyesight problems (even if corrected with glasses or contacts)
8. Ear/ hearing problems (even if corrected with a hearing aid)
9. Stroke
10. Heart attack/ angina
11. High blood pressure
12. Bronchitis/ emphysema
13. Asthma
14. Allergies
15. Stomach ulcer or other digestive problems
16. Liver problems
17. Bowel/ colon problems
18. Bladder problems/ incontinence
19. Arthritis
20. Bone, back, joint or muscle problems
21. Infectious disease
22. Skin problems
23. Other, please specify
24. None of these
CARD H

1. Largactil (chlorpromazine)
2. Stelazine (trifluperazine)
3. Haldol, Serance (haloperidol)
4. Risperdal (risperidone)
5. Zyprexa (olanzapine)
6. Clozaril (clozapine)
7. Priadel (lithium carbonate)
8. Dolmatil (sulpiride)
9. Seroquel (quetiapine)
10. Abilify (aripiprazole)
11. None of these

CARD J

1. Prozac (fluoxetine)
2. Lustral (sertraline)
3. Seroxat (paroxetine)
4. Efexor (venlafaxine)
5. Nardil (phenelzine)
6. Manerix (moclobemide)
7. Tryptizol (amitriptyline)
8. Tofranil (imipramine)
9. Anafranil (clomipramine)
10. Prothiaden (dothiepin)
11. Sinequan (doxepin)
12. Cipramil (citalopram)
13. Zispin (mirtazapine)
14. None of these
CARD K

1. Valium (diazepam)
2. Ativan (lorazepam)
3. Librium (chlordiazepoxide)
4. Planpak (temazepam)
5. Mogadon (nitrazepam)
6. Buspar (buspirone)
7. Ritalin (methylphenidate)
8. Strattera (atomoxetine)
9. None of these

CARD L

1. Depixol (flupenthixol decanoate)
2. Modecate (fluphenazine decanoate)
3. Haldol (holoperidol decanoate)
4. Clopixol (zuclopenthixol decanoate)
5. Risperdal consta (risperidone)
6. None of these
CARD M

1. Psychotherapy, psychoanalysis, individual or group therapy
2. Behaviour or cognitive therapy
3. Art, music or drama therapy
4. Social skills training
5. Marital or family therapy
6. Sex therapy
7. Counselling
8. Another type of therapy

CARD N

1. Community mental health centre
2. Day activity centre
3. Sheltered workshop
CARD P

1. Psychiatrist
2. Psychologist
3. Community psychiatric nurse (CPN)
4. Community learning difficulty nurse
5. Other nursing services
6. Social worker
7. Self-help/ support group
8. Home help/ home care worker
9. Outreach worker/ family support

CARD Q

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more
### CARD R

1. Problems with sleep
2. Medication
3. Physical illness
4. Working too hard
5. Stress, worry or other psychological reason
6. Physical exercise
7. Other

### CARD S

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more
CARD U

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more

CARD T

1. Noise
2. Shift work/ too busy to sleep
3. Illness/ discomfort
4. Worry/ thinking
5. Needing to go to the toilet
6. Having to do something (e.g. look after baby)
7. Tired
8. Medication
9. Other
CARD V

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years but less than 5 years
6. 5 years but less than 10 years
7. 10 years or more

CARD W

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more
CARD X

1. Members of the family
2. Relationship with spouse/partner
3. Relationships with friends
4. Housing
5. Money/bills
6. Own physical health (inc. pregnancy)
7. Own mental health
8. Work or lack or work
9. Legal difficulties
10. Political issues/the news
11. Exams
12. Other
13. Don’t know/no main thing

CARD Y

1. Heart racing or pounding
2. Hands sweating or shaking
3. Feeling dizzy
4. Difficulty getting your breath
5. Butterflies in stomach
6. Dry mouth
7. Nausea or feeling as though you wanted to vomit
CARD Z

1. Less than 2 weeks
2. 2 weeks but less than 6 months
3. 6 months but less than 1 year
4. 1 year but less than 2 years
5. 2 years or more

CARD BA

1. Crowds or public places
2. Enclosed spaces
3. Social situations
4. Sight of blood or injury
5. Specific single cause
6. Other (specify)
CARD BC

<table>
<thead>
<tr>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 weeks</td>
<td></td>
</tr>
<tr>
<td>2 weeks but less than 6 months</td>
<td></td>
</tr>
<tr>
<td>6 months but less than 1 year</td>
<td></td>
</tr>
<tr>
<td>1 year but less than 2 years</td>
<td></td>
</tr>
<tr>
<td>2 years or more</td>
<td></td>
</tr>
</tbody>
</table>

CARD BB

<table>
<thead>
<tr>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart racing or pounding</td>
</tr>
<tr>
<td>Hands sweating or shaking</td>
</tr>
<tr>
<td>Feeling dizzy</td>
</tr>
<tr>
<td>Difficulty getting your breath</td>
</tr>
<tr>
<td>Butterflies in stomach</td>
</tr>
<tr>
<td>Dry mouth</td>
</tr>
<tr>
<td>Nausea or feeling as though you wanted to vomit</td>
</tr>
</tbody>
</table>
CARD BD

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

CARD BE

1. Strongly agree
2. Slightly agree
3. Slightly disagree
4. Strongly disagree
CARD BF

1. Often
2. Sometimes
3. Seldom
4. Never / almost never

CARD BG

chord ache depot
aisle bouquet psalm
capon deny nausea
debt courteous rarify
equivocal naive catacomb
gaoled thyme heir
radix assignate hiatus
subtle procreate gist
gouge superfluous simile
banal quadruped cellist
facade zealot drachm
aeon placebo abstemious
détente idyll puerperal
aver gauche topiary
leviathan beatify prelate
sidereal demesne syncope
labile campanile
CARD BH

1. Serious illness, injury or assault to yourself
2. Serious illness, injury or assault to a close relative
3. Death of an immediate family member of yours
4. Death of a close family friend or other relative, like an aunt, cousin or grandparent
5. Separation due to marital difficulties, divorce or steady relationship broken down
6. Serious problem with a close friend, neighbour or relative
7. None of these

CARD BJ

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16

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**CARD BK**

1. Being made redundant or sacked from your job
2. Looking for work without success for more than 1 month
3. Major financial crisis, like losing the equivalent of 3 months income
4. Problem with police involving court appearance
5. Something you valued being lost or stolen
6. None of these

**CARD BL**

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16
**CARD BM**

1. Bullying
2. Violence at work
3. Violence in the home
4. Sexual abuse
5. Being expelled from school
6. Running away from your home
7. Being homeless
8. None of these

**CARD BN**

1. Within last 6 months
2. More than 6 months ago, but since the age of 16
3. More than 6 months ago, and before the age of 16
CARD BS

1. Once a week or more
2. At least once a month, but less than once a week
3. At least once a year, but less than once a month
4. Less than once a year
5. Never
<table>
<thead>
<tr>
<th>CARD BU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sports or sport supporters club</td>
</tr>
<tr>
<td>2. Hobby or interest group</td>
</tr>
<tr>
<td>3. Political party</td>
</tr>
<tr>
<td>4. Neighbourhood watch scheme</td>
</tr>
<tr>
<td>5. Parent Teacher Association</td>
</tr>
<tr>
<td>6. Tenants' group</td>
</tr>
<tr>
<td>7. Residents' group</td>
</tr>
<tr>
<td>8. Neighbourhood council</td>
</tr>
<tr>
<td>9. Religious group</td>
</tr>
<tr>
<td>10. Other local group</td>
</tr>
<tr>
<td>11. None of these</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CARD BT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
</tr>
<tr>
<td>2. Somewhat agree</td>
</tr>
<tr>
<td>3. Neither agree nor disagree</td>
</tr>
<tr>
<td>4. Somewhat disagree</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
</tr>
</tbody>
</table>

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### CARD BV

1. White – British  
2. White – Irish  
3. Any other white background  
4. Mixed – White and Black Caribbean  
5. Mixed – White and Black African  
6. Mixed – White and Asian  
7. Any other mixed background  
8. Asian or Asian British – Indian  
9. Asian or Asian British – Pakistani  
10. Asian or Asian British – Bangladeshi  
11. Any other Asian/Asian British background  
12. Black or Black British – Caribbean  
13. Black or Black British – African  
14. Any other Black/Black British background  
15. Chinese  
16. Other

### CARD BW

1. Degree (or degree level qualification) or NVQ Level 5  
2. Higher educational qualification below degree level or NVQ Level 4  
3. A levels or highers or ONC/OND/BEC/TEC or NVQ Level 3 or BTEC National or GNVC (Advance Level)  
4. O level/GCSE grade A-C or CSE grade 1 or Standard Grade level 1-3 or NVQ Level 2 or BTEC First or GNVQ (Intermediate level)  
5. CSE grades 2-5 or GCSE grade D-G or Standard Grade level 4-6 or NVQ Level 1 or GNVQ (Foundation Level)  
6. CSE Ungraded  
7. Other qualifications (specify)  
8. No formal qualifications
### CARD BX

1. Child Benefit
2. One Parent Benefit
3. Guardian’s Allowance
4. Invalid Care Allowance
5. Retirement pension (National Insurance) or old person’s pension
6. Widow’s pension or allowance (National Insurance)
7. War disablement pension
8. Severe disablement allowance (and related allowances)
9. Disability working allowance
10. None of these

### CARD BY

1. Care component of Disability Living Allowance
2. Mobility component of Disability Living Allowance
3. Attendance Allowance
4. Disability Living Allowance – unsure if Care and/or Mobility components
5. None of these
CARD BZ

1. Jobseekers Allowance
2. Income support
3. Working tax credit/ Child tax credit (not received in a lump sum)
4. Incapacity Benefit
5. Statutory sick pay
6. Industrial injury disablement benefit
7. None of these

CARD CA

1. Maternity Allowance
2. Statutory Maternity Pay from your employer or former employer
3. Neither of these
CARD CB

1. Working tax credit/ Child tax credit (paid in a lump sum)
2. A grant from the Social Fund for funeral expenses
3. A grant from the Social Fund for maternity expenses
4. A Community Care grant from the Social Fund
5. Back to work bonus
6. Widows payment (lump sum)
7. Any National Insurance or State benefit not mentioned earlier
8. None of these

CARD CC

1. Earnings from employment or self-employment
2. Pension from former employer
3. Interest from savings, shared etc.
4. Other kinds of regular allowance from outside the household
5. Other sources e.g. rent
6. None of these
<table>
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<th>CARD CD</th>
<th>CARD CE</th>
</tr>
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<td><strong>WEEKLY</strong></td>
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<td>Less than £43</td>
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<td>£217 less than £259</td>
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<td>58. £2,000 or more</td>
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<td>59. £2,050 or more</td>
<td>£9,100 or more</td>
</tr>
<tr>
<td>60. £2,100 or more</td>
<td>£9,325 or more</td>
</tr>
</tbody>
</table>

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CARD CF

1. Own outright
2. Buying it with the help of a mortgage or loan
3. Pay part rent and part mortgage (shared ownership)
4. Rent it
5. Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)
6. Squatting

CARD CG

1. Before 1900
2. 1900 – 1949
3. 1950 – 1976
4. 1977 – 1989
5. 1990 – 2002
6. 2003 – later
### CARD CJ

<p>| | |</p>
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<td>1.</td>
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<tr>
<td>2.</td>
<td>Kitchen</td>
</tr>
<tr>
<td>3.</td>
<td>Bathrooms, toilets or shower rooms</td>
</tr>
<tr>
<td>4.</td>
<td>Adult’s bedrooms</td>
</tr>
<tr>
<td>5.</td>
<td>Children’s bedrooms</td>
</tr>
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<td>6.</td>
<td>All rooms</td>
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### CARD CH

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<tbody>
<tr>
<td>1.</td>
<td>Yes, all windows</td>
</tr>
<tr>
<td>2.</td>
<td>Yes, most windows</td>
</tr>
<tr>
<td>3.</td>
<td>Yes, about half of the windows</td>
</tr>
<tr>
<td>4.</td>
<td>Yes, a few of the windows</td>
</tr>
<tr>
<td>5.</td>
<td>No</td>
</tr>
</tbody>
</table>
### CARD CL

1. Gas boiler with radiators
2. Oil boiler with radiators
3. Solid fuel boiler with radiators
4. Night (electric) storage heaters
5. Gas fired warm air heating
6. Oil fired warm air heating
7. Under-floor heating

### CARD CK

1. Central heating
2. Night storage heater/s
3. Fixed room heater/fire (Gas or electric)
4. Open fire/s or stove/s
5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
6. Other
7. No heating
CARD CM

1. Portable electric heaters
2. Portable oil-filled heaters
3. Portable bottled gas heaters
4. Portable paraffin heaters

CARD CN

1. Central heating
2. Night storage heater/s
3. Fixed room heater/fire (Gas or electric)
4. Open fire/s or stove/s
5. Portable heaters (Electric, Bottled gas/paraffin or Oil-filled)
6. Other
7. No heating
### CARD CQ

1. Pawnbroker  
2. Money lender  
3. Friend(s)  
4. Family  
5. None of these

### CARD CP

1. Rent  
2. Gas  
3. Electricity  
4. Water  
5. Goods on hire purchase  
6. Mortgage repayments  
7. Council tax  
8. Credit card payments  
9. Mail order catalogue payments  
10. Telephone/mobile phone  
11. Other loans  
12. TV Licence  
13. Road tax  
14. Social Fund loan  
15. Child support or Maintenance  
16. None of these
The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.

- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the National Study of Health and Wellbeing.
- If a person who took part in the National Study of Health and Wellbeing dies, the cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people’s lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.

You can cancel this permission at any time in the future by writing to us at the following address:
Joanne Phillipson, Operations Department, 101-135 Kings Road, Brentwood, Essex CM14 4LX.

Your consent

I, (name) ______________________________, consent to the National Centre for Social Research passing my name, address and date of birth to the National Health Service Central Register. I understand that information held by the NHS Central Register may be used to keep in touch with me and follow up my health status.

Signed ___________________ Date ___________________

I understand that these details will be used for research purposes only.
The National Study of Health and Wellbeing

Useful Contacts

There may be times in everyone’s life when they feel miserable and depressed. At such times they might feel that they cannot cope. When people feel like this it is important that they talk to someone and seek help.

If you should feel like this, or if you are concerned for someone else, here are some contacts which might be useful.

For local help:
- **A GP** (General Practitioner). A person’s GP will be able to provide help and advice and can provide access to appropriate specialist service and local organisations.
- There will also be many local organisations providing a range of services including support groups, help lines and information. Details can be obtained from your GP, your local library, or they may be listed in the telephone directory.

The national organisations listed below may also be able to put you in touch with local groups:

- **The Samaritans**
  The Samaritans provide a confidential service for people in despair and who feel suicidal.
  24 hour emergency line: 0845 80 90 90
  [www.samaritans.org.uk](http://www.samaritans.org.uk)

- **MIND (National Association for Mental Health)**
  Offers confidential help on a range of mental health issues.
  0845 7660163 Mon-Fri 9.15am – 5.15pm
  [www.mind.org.uk](http://www.mind.org.uk)

- **Supportline**
  Confidential telephone helpline offering emotional support to any individual on any issue including child abuse, bullying, eating disorders, domestic violence, rape, mental health, depression, anxiety and addictions.
  020 8954 9004
  [www.supportline.org.uk](http://www.supportline.org.uk)

- **SANE**
  Provides information and support to people who suffer from all forms of mental illness and their friends and families.
  0845 7678000
  [www.sane.org.uk](http://www.sane.org.uk)

- **NHS Direct**
  Provides help and advice from a qualified nurse on a wide range of health problems and issues.
  0845 4547
  [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

- **Alzheimer’s Disease Society**
  Provides support for people with dementia and for the people who care for them.
  020 7308 0606
  [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

- **National Domestic Violence Helpline**
  Provides access to 24-hour emergency refuge accommodation as well as an information service.
  0808 2000 247

- **Cruse Bereavement Care**
  Offers help, including a free counselling service, for bereaved people whatever their age, nationality or beliefs.
  0870 1671677
  [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)

- **National Gay and Lesbian Switchboard**
  Help line and information service for lesbians, gay men and bisexual people.
  0207 837 7324 (24 hours)
  [www.llgs.org.uk](http://www.llgs.org.uk)

- **Citizens Advice Bureau**
  Helps people resolve their legal money & other problems providing them with free information and advice.
  For local offices see the listings in your local phonebook.
  [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

- **Alcoholics Anonymous**
  A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.
  0845 7697555
  [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

- **Gamblers Anonymous**
  A fellowship of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers to do the same.
  08700 508880
  [www.gamblersanonymous.org.uk](http://www.gamblersanonymous.org.uk)

- **Victim Support Line**
  Provides help and information to anyone who has been affected by a crime, including domestic violence and sexual assault.
  0845 30 30 900
  [www.victimsupport.org](http://www.victimsupport.org)

- **NSPCC**
  Provides information, advice and counselling to anyone concerned about a child’s safety.
  0800 1111
  [www.nspcc.org.uk](http://www.nspcc.org.uk)

- **National Drugs Helpline**
  Free and confidential phone service that offers advice and information for those who are concerned, or have questions about drugs.
  0800 77 66 00

- **Narcotics Anonymous**
  A fellowship of men and women for whom drugs have become a major problem. The only requirement for membership is the desire to stop using drugs.
  0845 3733666 or 020 7730 0009
  [www.ukna.org](http://www.ukna.org)

- **Association for Post-Natal Illness**
  Provides support to mothers suffering from PNI.
  020 7386 0868
  [www.apni.org](http://www.apni.org)

- **Trauma Support Centre**
  Support and advice to those suffering from post-traumatic stress disorder.
  020 8462 5550 or 020 8462 5030
  [www.traumatic-support.org.uk](http://www.traumatic-support.org.uk)
Some useful numbers:
The Samaritans: 08457 90 90 90
NHS Direct: 0845 46 47
MIND: 0845 766 0163
Alcoholics Anonymous: 0845 769 7555
Supportline: 020 8554 9004
National Drugs Helpline: 0800 77 66 00
Cruse Bereavement Care: 0870 167 1677
Victim support: 0845 30 30 900
We are very grateful that you took part in the National Study of Health and Wellbeing.

Your contribution was invaluable and we hope you enjoyed taking part. All the information you provided in the interview will be treated in strict confidence.

If you have any queries, please do not hesitate to contact a member of the research team. You can call the number above and ask for me, Joanne Phillipson.

Once again thank you for taking part in the study.

Yours sincerely,

Joanne Phillipson
Project Controller
Blank page
Appendix F
Publications using data from the psychiatric morbidity survey series

2008


2006


2005


### 2004


**2003**


**2002**


2001


2000


**1999**


**1998**


1997


1996


1995


1994


ADHD (attention deficit hyperactivity disorder)  
Attention deficit hyperactivity disorder (ADHD) is a life-long condition characterised by sustained and excessive problems with organisation, sustaining attention in activities that require cognitive involvement, hyperactivity, restlessness and impulsiveness to the extent that it significantly interferes with everyday life.

Also see ASRS (Adult ADHD Self-Report Scale – v1.1).

Adults  
Adults were defined as people aged 16 and over.

Age-standardisation  
Age-standardisation has been used in order to enable different groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age-standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the Office for National Statistics 2006 mid-year household population estimates for England. Age-standardisation was carried out using the following age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over.

Age-standardisation was not applied where a variable did not have respondents for every cell in every age band. For example, because there were no widowed men aged 16-24, age-standardisation was not applied to analysis by marital status. In addition, it was often not applied to the treatment and service use tables because of the small sample size of the disordered group (where it was less than 100). All age-standardised tables are labelled as such in the title. See Sections 13.8.4 and 13.8.5 in the Methods Chapter for more detail.

Alcohol dependence  
Alcohol misuse was measured using two different instruments. First the Alcohol Use Disorders Identification Test (AUDIT) was used to assess hazardous and harmful drinking. Then those who scored 10 or above on the AUDIT were also asked the Severity of Alcohol Dependence Questionnaire - Community (SADQ-C). People who scored four or more on the SADQ-C were considered to be dependent on alcohol.

Also see harmful alcohol use and hazardous alcohol use.

Anxiety disorders  
Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias and obsessive compulsive disorder (OCD).

Also see common mental disorders.
ASPD (antisocial personality disorder)  

DSM-IV characterises antisocial personality disorder as a pervasive pattern of disregard for and violation of the rights of others that has been occurring in the individual since the age of 15 years, as indicated by three (or more) of seven criteria:

• A failure to conform to social norms;
• Irresponsibility;
• Deceitfulness;
• Indifference to the welfare of others;
• Recklessness;
• A failure to plan ahead; and
• Irritability and aggressiveness.

Also see personality disorder.

ASRS (Adult ADHD Self-Report Scale-V1.1)  

The Adult ADHD Self-Report Scale-V1.1 (ASRS) was used in the APMS 2007 survey to estimate the prevalence of possible ADHD. The six item ASRS screen is a shortened version of the 18 item Symptom Checklist scale measuring the frequency of recent DSM-IV Criterion A symptoms of adult ADHD.

Also see ADHD (attention deficit hyperactivity disorder).

BPD (borderline personality disorder)  

According to the DSM-IV diagnostic criteria for borderline personality disorder (BPD), the key features are instability of interpersonal relationships, self-image and mood, combined with marked impulsivity, beginning in early adulthood. It is indicated by five (or more) of the following criteria:

• Frantic efforts to avoid real or imagined abandonment;
• Pattern of unstable and intense personal relationships;
• Unstable self image;
• Impulsivity in more than one way that is self-damaging (e.g. spending, sex, substance abuse, binge eating, reckless driving);
• Suicidal or self harming behaviour;
• Affective instability;
• Chronic feelings of emptiness;
• Anger; and
• Paranoid thoughts or severe dissociative symptoms (quasi psychotic).

Also see personality disorder.

CIS-R (Clinical Interview Schedule – Revised)  

The CIS-R is an instrument designed to measure neurotic symptoms and disorders, such as anxiety and depression. It comprises of 14 sections each covering a particular type of neurotic symptom. Scores are obtained for each symptom based on frequency, duration and severity in the last week. Individual symptoms scores can be summed to provide an overall score for the level of neurotic symptoms. A score of 12 or more indicates the presence of significant levels of neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment. Diagnoses of six specific neurotic disorder were obtained by looking at answers to the various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research. The six categories of neurotic disorder are:

• Generalised anxiety disorder (GAD);
• Mixed anxiety and depressive disorder;
• Depressive episode (mild, moderate or severe);
• Phobias;
• Obsessive-compulsive disorder (OCD); and
• Panic disorder.

Also see common mental disorders and neurotic symptoms.
| **Common mental disorders (CMDs)** | These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment. Also see **CIS-R** (Clinical Interview Schedule – Revised). |
| **Community care services** | Community care services included the following in the past year: a psychiatrist, psychologist, community psychiatric nurse, community learning difficulty nurse, other nursing services, social worker, self help/support group, home help/homecare worker or outreach worker. |
| **Comorbidity** | The co-occurrence of two (or more) different conditions. Comorbidity is associated with increased severity and longer duration of disorders, greater functional disability and increased use of health services. In this report this refers to psychiatric comorbidity only. |
| **Conditional probability** | Conditional probability is the probability of one event, given that another has occurred. The conditional probability presented in the PTSD chapter is the probability of screening positive for current PTSD given that a trauma has occurred in adulthood. It is based on the most recent trauma, but for some respondents that could be an event that occurred many years ago. It is quite possible that a respondent experienced PTSD as a result of their most recent trauma, are now in remission and no longer symptomatic. The measure of conditional probability presented therefore will be an underestimate compared with that used on most other studies and should not be compared. It will be most misleading for analysis by age, but more useful for comparing vulnerability to development of PTSD given exposure in other groups, especially where the results are age standardised. Also see **PTSD** (posttraumatic stress disorder), Trauma, and **TSQ** (Trauma Screening Questionnaire). |
| **Current treatment for a mental or emotional problem** | Current treatment for a mental or emotional problem included currently receiving any psychoactive medication, counselling or talking therapy, for a mental, nervous or emotional problem. |
| **Day care services** | Day care services included community mental health centre, day activity centre, sheltered workshop and other nursing services in the past year. |
| **Depot injection** | When antipsychotic medication is given by injections on a monthly basis, these are sometimes termed depot injections. |
| **Depressive symptoms** | Depressive symptoms include low mood and loss of interest and enjoyment in ordinary things and experiences. |
| **Drug dependence** | Dependence syndrome is defined in ICD-10 as ‘a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state’. A threshold of three or more of the following occurring in the past 12 months is required for a diagnosis:
• Preoccupation with substance use;
• A sense of need or dependence;
• Impaired capacity to control substance-taking behaviour;
• Increased tolerance;
• Withdrawal symptoms; and
• Persistent substance use despite evidence of harm.

**DSM-IV (Diagnostic and Statistical Manual of Mental Disorders)**
The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) is a manual that categorises currently recognised mental health disorders.

**Eating disorder**
Eating disorders are disorders characterised by a persistent and severe disturbance in eating attitudes and behaviour, to an extent that it significantly interferes with everyday functioning. Three main subtypes of eating disorder are identified by the DSM-IV: anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS).

Also see **SCOFF**.

**Economic activity/employment status**
Economically active people are those over the minimum school-leaving age who were working or unemployed in the week before the week of the interview. These people constitute the labour force.

*Employed*
This category includes people aged 16 and over who, in the week before the week of the interview, worked for wages, salary or other form of cash payment such as commission or tips, for any number of hours. It covers people absent from work in the reference week because of holiday, sickness, strike or temporary lay-off, provided they had a job to return to with the same employer. It also includes people attending an educational establishment during the specified week if they were paid by their employer while attending it, people who worked in Government training schemes and unpaid family workers.

People are excluded if they have worked in a voluntary capacity for expenses only, or only for payment in kind, unless they worked for a business, firm or professional practice owned by a relative. Full-time students are classified as ‘working’, ‘unemployed’ or ‘inactive’ according to their own reports of what they were doing during the reference week.

*Unemployed people*
This survey used the International Labour Organisation (ILO) definition of unemployment. This classifies anyone as unemployed if he or she was out of work in the four weeks before interview, or would have been but for temporary sickness or injury, and was available to start work in the two weeks after the interview. Otherwise, anyone out of work is classified as economically inactive.

The treatment of all categories in this survey is in line with that used in the Labour Force Survey (LFS).

*Economically inactive*
The ‘economically inactive’ group includes students, and those looking after home, long term sick or disabled, or retired.
## Educational level

Educational level was based on the highest educational qualification reported and was grouped as follows:

**Degree / teaching / HND / nursing**
- Degree (or degree level qualification)
- NVQ Level 5
  - Teaching qualification
  - HNC/HND, BRC/TEC Higher, BTEC Higher, City and Guilds
  - Full Technological Certificate, Nursing Qualifications (SRN, SCM, RGN, RM, R HV, Midwife)
  - NVQ Level 4

**A Level or equivalent**
- A levels, SCE Higher
- ONC/OND/BEC/TEC not higher
- City and Guilds Advanced/Final Level
- BTEC National
- GNVQ (Advanced Level)
- Youth Award – Platinum
- NVQ Level 3

**GCSE or equivalent**
- GCSE (Grades A-C)
- O level passes (Grade A-C if after 1975)
- CSE (Grades A-C)
- CSE Grade 1
- SCE Ordinary (Bands A-C)
- Standard Grade (Level 1-3)
- SLC Lower
- SUPE Lower or Ordinary
- School Certificate or Matric
- City and Guilds Craft/Ordinary Level
- BTEC First
- GNVQ (Intermediate Level)
- NVQ Level 2
- Youth Award - Gold
- CSE Grades 2-5
- GCE O level (Grades D & E if after 1975)
- GCSE (Grades D,E,F,G)
- SCE Ordinary (Bands D & E)
- Standard Grade (Level 4,5)
- Clerical or Commercial qualifications
- Apprenticeship
- GNVQ (Foundation Level)
- NVQ Level 1
- Youth Award - Bronze or Silver
- CSE Ungraded

**Foreign/other qualifications**

**No qualifications**

### Equivalised household income

Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than available to this survey. Household income was thus established by means of a show card (see Appendix E) on which banded incomes were presented. Information was obtained from the selected respondent, although they were encouraged to seek further
information from the household reference person when this was someone other than the respondent.

Initially the respondent was asked to state their own aggregate gross income, and were then asked to estimate the total household income including that of any other people in the household. Household income can be used as an analysis variable, but there has been interest in using measures of equivalised income that adjust income level to take account of the number of people in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the APMS 2007. The method used in the present report utilises the widely used McCleemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McCleemens score. Household members were given scores as follows:
   - First adult 0.61
   - Spouse/partner 0.39
   - Other second adult 0.46
   - Third adult 0.42
   - Subsequent adults 0.36
   - Dependant aged 0-1 0.09
   - Dependant aged 2-4 0.18
   - Dependant aged 5-7 0.21
   - Dependant aged 8-10 0.23
   - Dependant aged 11-12 0.25
   - Dependant aged 13-15 0.27
   - Dependant aged 16+ 0.36

2. The equivalised income was derived as the annual household gross income divided by the McCleemens score. Where information on annual household gross income was not available, this was replaced with annual individual gross income.

3. This equivalised annual income was attributed to all members of the household, including children.

4. Households were ranked by equivalised income, and quintiles q1 – q5 were identified. Because incomes were obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as ‘households with income up to q1’, ‘over q1 up to q2’ etc.

   Equivalised household income quintiles and corresponding income groups:
   - Lowest quintile    <£10,575
   - 4th quintile      >=£10575 <£16,195
   - 3rd quintile      >=£16,195 <£24,700
   - 2nd quintile      >=£24,700 <£40,384
   - Highest quintile  >=£40,384

5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated. Insofar as the mean number of people per household may vary between quintiles, the numbers in the quintiles will be equal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.
Respondents identified their ethnicity according to one of fifteen groups. For analysis purposes these groups were subsumed under four headings: white, black, South Asian and other.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>White – British&lt;br&gt;White – Irish&lt;br&gt;Any other white background</td>
</tr>
<tr>
<td>Black</td>
<td>Black – Caribbean&lt;br&gt;Black – African&lt;br&gt;Any other black background</td>
</tr>
<tr>
<td>South Asian</td>
<td>Indian&lt;br&gt;Pakistani&lt;br&gt; Bangladeshi</td>
</tr>
<tr>
<td>Other</td>
<td>Chinese&lt;br&gt;Mixed – white and black Caribbean&lt;br&gt;Mixed – white and black African&lt;br&gt;Mixed – white and Asian&lt;br&gt;Any other mixed background&lt;br&gt;Other</td>
</tr>
</tbody>
</table>

Due to the heterogeneous nature of the ‘other’ ethnic group, which includes people of various mixed ethnic origins and Chinese, this category is generally not referred to in the text or charts in the chapters. It is included on tables for completeness.

Examples of gambling activities were provided to indicate the range of types included:
- Buying lottery tickets or scratch cards for yourself;
- Playing games or making bets for money on the internet (online gambling);
- Playing football pools, bingo or fruit machines;
- Playing games or making bets with friends for money;
- Betting on races and/or with a bookmaker; and
- Table games in a casino.

Also see **problem gambling**.

Government Office Region (GOR) is the key classification system used for regional statistics. There are nine Government Office Regions in England: North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East and South West.

The nine category system has been used since 1998; however, GOR boundaries may change from year to year as they reflect administrative boundaries.

Also see **region** and **SHAC** (Strategic Health Authority).

Harmful alcohol use are those with the most hazardous use of alcohol, at which damage to health is likely. The damage may be physical (for example in terms of liver damage or alcohol induced falls) or mental (for example depressive episodes after heavy consumption of alcohol).

Also see **alcohol dependence** and **hazardous alcohol use**.

Hazardous alcohol use is defined as an established pattern of drinking which brings the risk of physical and psychological harm. The prevalence in the previous year was assessed using the Alcohol Use...
Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates hazardous alcohol use.

Also see **alcohol dependence** and **harmful alcohol use**.

**Health care services**
The health care services used variables included an inpatient stay or outpatient visit in the past quarter, or spoken with a GP in the past year, for a mental or emotional reason. The time frame therefore varied and so it is important to note that this variable does not represent all health care services used for a mental or emotional problem in the past year.

**Health conditions**
The APMS 2007 survey adopted a show card approach in measuring self-reported general health and long standing illness. Respondents were asked to identify which (if any) of the conditions listed below they had had since the age of 16.

- Cancer
- Diabetes
- Epilepsy/fits
- Migraine or frequent headaches
- Dementia or Alzheimer’s disease
- Anxiety, depression or other mental health issue
- Cataracts/eyesight problems (even if corrected with glasses or contacts)
- Ear/hearing problems (even if corrected with a hearing aid)
- Stroke
- Heart attack/angina
- High blood pressure
- Bronchitis/emphysema
- Asthma
- Allergies
- Stomach ulcer or other digestive problems
- Liver problems
- Bowel/colon problems
- Bladder problems/incontinence
- Arthritis
- Bone, back, joint or muscle problems
- Infectious disease
- Skin problems
- Other
- None of these

**ICD-10**
The International Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a classification system for diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).

**Income**
Also see **equivalised household income**.

**LCA (Latent class analysis)**
Latent Class Analysis (LCA) is a statistical technique for finding subtypes of related cases (latent classes) from multivariate categorical data. The analysis fits a model to the data that (a) identifies a given number of latent classes, and (b) generates probabilities, for each respondent, of their being in each class (one probability per class). An individual is then assigned to the class for which they have the highest probability. In this way, as with cluster analysis, it divides individual cases in a dataset (in this instance ‘cases’ are APMS respondents) into discrete non-overlapping groups.

Also see Appendix B for more detail of the process used in the comorbidity analysis.
Respondents were categorised according to their self-reported legal marital status, this included a code for whether the respondent was in a legally recognised Civil Partnership with someone of the same sex.

Also see age-standardisation for an explanation of why analysis by this variable was not age standardised.

**Medications**

Current use of specific psychoactive medications was asked about using a series of showcards. These included all the most commonly prescribed preparations used in the treatment of mental health problems. Both generic and brand names were shown. Depot injections used in the treatment of psychosis were also included.

Individual medications were grouped into the following categories:

<table>
<thead>
<tr>
<th>Drugs used in the treatment of psychosis:</th>
<th>Anti-depressants:</th>
<th>Hypnotics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Largactil</td>
<td>Prozac</td>
<td>Planpak</td>
</tr>
<tr>
<td>Stelazine</td>
<td>Lustral</td>
<td>Mogadon</td>
</tr>
<tr>
<td>Haldo</td>
<td>Seroxat</td>
<td>Buspar</td>
</tr>
<tr>
<td>Risperdal</td>
<td>Efexor</td>
<td></td>
</tr>
<tr>
<td>Zyprexa</td>
<td>Manerix</td>
<td>Anxiolytics:</td>
</tr>
<tr>
<td>Clozaril</td>
<td>Tryptizol</td>
<td>Valium</td>
</tr>
<tr>
<td>Priadel</td>
<td>Tofranil</td>
<td>Ativan</td>
</tr>
<tr>
<td>Dolmatil</td>
<td>Anafranil</td>
<td>Librium</td>
</tr>
<tr>
<td>Seroquel</td>
<td>Prothiad</td>
<td></td>
</tr>
<tr>
<td>Abilify</td>
<td>Sinequan</td>
<td></td>
</tr>
<tr>
<td>Depirol</td>
<td>Cipramil</td>
<td></td>
</tr>
<tr>
<td>Modecate</td>
<td>Zispen</td>
<td></td>
</tr>
<tr>
<td>Haldo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clopixol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risperdal consta</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Drugs used in the treatment of ADHD:**

Ritalin
Strattera

Not all drugs used in the treatment of ADHD were asked about, only two of the most commonly prescribed preparations were included.

**Any medication:**

Included whether the respondent was taking any of the psychoactive medications listed, including depot injections.

**Neurotic symptoms**

The CIS-R comprises 14 sections, each covering a particular area of neurotic symptoms as follows:

- **Somatic symptoms** – are characterised by a physical ache or pain/discomfort that cannot be attributed to a medical condition or to the use of drugs. Somatic symptoms often interfere significantly with a person’s ability to perform important activities.

- **Fatigue** – the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. A variety of other unpleasant physical feelings is common, such as dizziness, tension headaches, and feelings of general instability.

- **Concentration and forgetfulness** – this includes the inability to concentrate without the mind wandering and forgetting something important to the extent that it interferes with a person’s ability to perform daily activities.
• Sleep problems – are characterised by a disturbance in the person’s amount of sleep, quality or timing of sleep, or in behaviours or physiological conditions associated with sleep.

• Irritability – is associated with feeling short tempered and angry to the extent that it results in arguments or quarrels.

• Worry about physical health – this is defined by feelings of worry about a physical/serious physical illness to the extent that an individual is unable to take their mind off their health worries.

• Depression – is characterised by a lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common.

• Depressive ideas – are characterised by loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts are common.

• Worry – is associated with a persistent feeling of worry about things (other than physical health).

• Anxiety – is defined as generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances. The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and discomfort.

• Phobias – are a group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result, these situations are characteristically avoided or endured with dread. Individual symptoms include palpitations or feeling faint and are often associated with secondary fears of dying, losing control, or going mad.

• Panic – the essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. The dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality.

• Compulsions – are repetitive, purposeful and ritualistic behaviours or mental acts, performed in response to obsessive intrusion and to a set of rigidly prescribed rules.

• Obsessions – are defined as recurrent and persistent thoughts, impulses or images that are intrusive and inappropriate and cause anxiety or distress.

Neurotic symptoms are not reported on in the APMS 2007 report, but are included in the archived dataset.

Also see common mental disorders and CIS-R (Clinical Interview Scheduler – Revised).

**Percentile**
The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 per cent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median.

**Personality disorder**
Personality disorder is ‘an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual’s culture, is pervasive and inflexible, has an onset in
adolescence or early childhood, is stable over time, and leads to distress or impairment’ (American Psychiatric Association, 1994). Two types of personality disorder were investigated: antisocial personality disorder (ASPD) and borderline personality disorder (BPD).

Also see antisocial (ASPD) and borderline personality disorder (BPD).

<table>
<thead>
<tr>
<th>Problem gambling (including pathological gambling)</th>
<th>‘Problem gambling’ is gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Pathological gambling is a term used to describe a higher subset level of harmful impact that gambling can have on a gambler and on the people around him or her. A diagnosis of pathological gambling is made if a person meets at least five of the following criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Preoccupied with gambling</td>
<td></td>
</tr>
<tr>
<td>• Needs to gamble with increasing amounts of money</td>
<td></td>
</tr>
<tr>
<td>• Repeated unsuccessful efforts to cut back or stop gambling</td>
<td></td>
</tr>
<tr>
<td>• Restless or irritable when attempting to cut down or stop gambling</td>
<td></td>
</tr>
<tr>
<td>• Gambles as a way of escaping from problems or relieving a dysphoric mood</td>
<td></td>
</tr>
<tr>
<td>• After losing money gambling, often returns another day in order to get even</td>
<td></td>
</tr>
<tr>
<td>• Lies to conceal the extent of involvement with gambling</td>
<td></td>
</tr>
<tr>
<td>• Commits illegal acts to finance gambling</td>
<td></td>
</tr>
<tr>
<td>• Jeopardises a significant relationship, job, or opportunity because of gambling</td>
<td></td>
</tr>
<tr>
<td>• Relies on others to provide money to relieve a desperate financial situation caused by gambling.</td>
<td></td>
</tr>
<tr>
<td>Also see gambling activities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric morbidity</th>
<th>The expression ‘psychiatric morbidity’ refers to the degree or extent of the prevalence of mental health problems within a defined area.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Psychoses</th>
<th>These are disorders that produce disturbances in thinking and perception that are severe enough to distort the person’s perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer’s disease, and functional psychoses, which mainly cover schizophrenia and manic depression. The disorders discussed in Chapter 5 are based on the World Health Organisation’s International Classification of Diseases chapter on Mental and Behavioural Disorders (ICD-10) Diagnostic Criteria for Research (DCR) and consist mainly of two types: Schizophrenia and affective psychosis such as bi-polar disorder. Two measures of psychosis are presented in the chapter: ‘probable psychosis’ (consistent with the approach used in the 2000 survey) and ‘psychotic disorder’. These are defined in Section 5.2.2 in Chapter 5.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PTSD (Posttraumatic stress disorder)</th>
<th>Posttraumatic stress disorder (PTSD) is distinct from other psychiatric illnesses in that its diagnosis requires exposure to a traumatic stressor (being actually involved in, witnessing or confronted with life endangerment, death, serious injury or threat to self or others) which is accompanied by feelings of intense fear, horror, or helplessness. Also see conditional probability, Trauma and TSQ (Trauma Screening Questionnaire).</th>
</tr>
</thead>
</table>

| P value | A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result (p<0.05). It should be noted that |
the p value is dependent on the sample size, so that the large sample differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as the p value itself.

**Quintile**
Quintiles are percentiles which divide a distribution into fifths, i.e. the 20th, 40th, 60th and 80th percentiles.

**Region**
Tables within chapters provide data for regional analysis both by Government Office Region (GOR) and Strategic Health Authorities (SHAs). The first eight columns represent GORs and SHAs of the same name, while the South East GOR (column nine) is divided into South East Coast SHA and South Central SHA, shown in the final two columns.

Few disorders in this report varied significantly by region, and generally region is not referred to in the text of the chapters. A table presenting the breakdown of each disorder by region is included as this information may be useful for users of the data involved in regional service planning and provision.

Also see GOR (Government Office Region) and SHA (Strategic Health Authority).

**SCAN (Schedule for Clinical Assessment in Neuropsychiatry)**
Schedule for Clinical Assessment in Neuropsychiatry version 2.1 (SCAN), a semi-structured interview that provides ICD-10 diagnoses of psychotic disorder.

**SCID-II (Structured Clinical Interview for DSM-IV)**
APMS 2007 adopts the DSM-IV classification of personality disorder and uses the Structured Clinical Interview for DSM-IV (SCID-II). The SCID-II is available as both a self-completion screen and as a semi-structured clinician administered face to face interview.

**SCOFF**
The SCOFF was administered to all APMS 2007 respondents as part of the self-completion section of the interview. The tool uses five questions from which the word SCOFF was devised, with yes/no response codes. The letters included in SCOFF represent the first letter of the words; Sick, Control, One stone, Fat, Food which are part of questions used to screen for a possible eating disorder.

Also see eating disorder

**Self-harm**
Self-harm without suicidal intentions includes acts such as cutting, burning, swallowing objects, and other self inflicted injuries.

**SHA (Strategic Health Authority)**
From July 2006 a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number of SHAs from 28 to 10. The boundaries are the same as those of the Government Office Regions with the exception of the South East, which has been divided into South East Coast SHA and South Central SHA.

Also see GOR (Government Office Region) and Region.

**Standardisation**
In this report, standardisation refers to standardisation (or ‘adjustment’) by age (See age-standardisation).

**Suicidal behaviour (includes suicidal thoughts and attempts)**
Suicidal thoughts refers to thinking about taking one’s own life; it does not incorporate feelings about ‘life not being worth living’ or ‘wishing to be dead’. Suicidal attempts are a term used to describe an attempt to take ones life.
**Tetrachoric correlation**

Tetrachoric correlation analysis was undertaken to examine basic patterns of comorbidity between pairs of disorders. Tetrachoric correlation is appropriate for use with binary data and is used to estimate the Pearson correlation coefficient between two continuous, normally distributed variables from dichotomised versions of those variables. (The Pearson correlation coefficient is widely used as a measure of the strength of linear dependence between two variables).

Tetrachoric correlation coefficients can therefore be interpreted in much the same way as Pearson correlations. In interpreting the strength of a correlation, 0.5 or more is widely used in social sciences to indicate a strong correlation between two variables.

See Chapter 12 and Appendix B for more detail of the process used in the comorbidity analysis.

**Trauma**

According to DSM-IV, traumatic stressors are events in which an individual experiences, witnesses, or is confronted with life endangerment, death, or serious injury or threat to self or others. Traumatic stressors are distinct from and more severe than generally stressful life events, such as divorce or expected bereavement.

Also see **conditional probability**, PTSD (posttraumatic stress disorder) and **TSQ** (Trauma Screening Questionnaire).

**TSQ (Trauma Screening Questionnaire)**

APMS 2007 included the Trauma Screening Questionnaire (TSQ), a short screening tool designed to identify likely cases of PTSD. The TSQ consists of the re-experiencing and arousal items from the Posttraumatic Stress Symptom Scale – Self-Report, aligned to DSM-IV criteria.

Also see **conditional probability**, PTSD (posttraumatic stress disorder) and **trauma**.

**Treatment**

Also see **current treatment for a mental or emotional problem**.
This report presents findings of a survey of psychiatric morbidity among people aged 16 and over living in private households in England. The survey was commissioned by The NHS Information Centre for health and social care, and is one of a series of surveys of mental health in different population groups.

Each of the main disorders and behaviours covered by the 2007 survey is discussed in a separate chapter. The chapters present disorder prevalence by age, sex, ethnicity, marital status, region, and the level and nature of treatment and service use. Where the disorder was also covered in the general household population surveys carried out in 1993 and 2000, change in rate is also considered.

National Centre for Social Research
www.natcen.ac.uk

The National Centre for Social Research (NatCen) is an independent institute specialising in social survey and qualitative research for the development of public policy. Research is in areas such as health, housing, employment, crime, education and political and social attitudes. Projects include ad hoc, continuous and longitudinal surveys, using face to face, telephone and postal methods; many use advanced applications of computer assisted interviewing.

Department of Health Sciences, University of Leicester
www2.le.ac.uk/departments/health-sciences

The Department of Health Sciences at the University of Leicester is a research-led department with established strengths across epidemiology, medical statistics, public health, primary care, health services research, and psychiatry. Structured to support innovative multidisciplinary and multi-method solutions to research questions, it conducts high quality scientific research that can inform policies and practices aimed at securing people’s health and well-being.

The NHS Information Centre for health and social care
www.ic.nhs.uk

The NHS Information Centre is England’s central, authoritative source of health and social care information. Acting as a ‘hub’ for high quality, national, comparative data, it delivers information for local decision makers, to improve the quality and efficiency of care.