

APPENDIX C: APMS 2023/4 PHASE ONE QUESTIONNAIRE

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HOUSEHOLD GRID

ASK ALL

APMSMode

INTERVIEWER: Select the mode that the interview is being conducted in.

- 1 Face to face
- 2 Telephone

IF APMSMode = 1 Face to face

Translation

INTERVIEWER: Select whether the interview is being translated into Urdu.

- 1 Yes, the interview is being into Urdu
- 2 No, the interview is not being translated

IF APMSMode = 2

Showcards

I gave you some **showcards**. Do you have these available?

INTERVIEWER: This question needs to be yes for you to continue with the interview.

INTERVIEWER: ADD IF NECESSARY: This is a paper documents that has 'SHOW CARDS' written on it and has different answer options on each page. They are also available to access online at www.natcen.ac.uk/wellbeing.

INTERVIEWER: ADD IF NECESSARY: I can wait while you find them or get them.

- 1 Yes
- 2 No

IF Showcards = 2

NoShowcard

INTERVIEWER: IF THE PARTICIPANT HAS NOT GOT THE SHOWCARDS AND CANNOT ACCESS THEM ONLINE THEN RESCHEDULE THE INTERVIEW FOR ANOTHER TIME.

- 1 Reschedule the interview

Names

INTERVIEWER: RECORD THE NAME (OR A UNIQUE IDENTIFIER) FOR RESPONDENTS FIRST, THEN A NAME/IDENTIFIER FOR EACH MEMBER OF THE HOUSEHOLD.

WHEN ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED, PRESS PgDn

IF PARTICIPANT IS RELUCTANT TO PROVIDE NAME ASK THEM TO GIVE INITIALS OR A UNIQUE IDENTIFIER

String: 30

DVHSIZE

Derived household size.

Range:1...14

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (MAXIMUM 14)

Person number in Household Grid

Range: 1...14

Name

First name from QBNames

PNUM

Person number in HouseholdGrid

Range: 1,..14

IF PNUM = 1

Sex_22

What is your sex? A question about gender identity will be asked next.

INTERVIEWER: IF NEEDED If you are considering how to answer, use your sex registered at birth.

INTERVIEWER: IF NEEDED This information can help our data users such as the NHS, central and local government, charities, and organisations to understand differences in health.

- 1 Male
- 2 Female

NODK (REFUSAL allowed)

IF Sex_22 = REFUSAL

SOFT CHECK: INTERVIEWER: You have coded sex as 'refusal' is this correct?

INTERVIEWER: IF NEEDED: 'This information can help our data users such as the NHS, central and local government, charities, and organisations to understand differences in health.'

IF PNUM = 1

GendID

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- 1 ...single, that is never married and never registered in a civil partnership,
- 2 Married,
- 3 In a registered civil partnership,
- 4 Separated, but still legally married,
- 5 Separated, but still legally in a civil partnership,
- 6 Divorced,
- 7 Formerly in a civil partnership which is now legally dissolved,
- 8 Widowed,
- 9 Surviving partner from a registered civil partnership?

IF MarsatR = Sing, Sep, Divor, Wid, SepCivil, DivCivil or WidCivil

LiveWith

Ask or Record.

May I just check, {If PNUM = 1 'are you', IF PNUM > 1 'is <Name>'} living with someone in the household as a couple?

- 1 Yes
- 2 No

End IF

HHLdr (2)

In whose name is the accommodation owned or rented?

^Anyone else.

Code all that apply.

- 1 Person 1
- 2 Person 2
- 3 Person 3
- 4 Person 4
- 5 Person 5
- 6 Person 6
- 7 Person 7
- 8 Person 8
- 9 Person 9
- 10 Person 10
- 11 Person 11
- 12 Person 12
- 13 Person 13
- 14 Person 14
- 97 – Not a household member

IF HHLdr (2) = 97 Not a household member

WhoResp

Although you may have mentioned that the rent or mortgage for this accommodation is paid by someone outside the household, there needs to be someone within the household who is responsible for the property. Who then in this household is responsible for this accommodation?

Anyone else?

Code all that apply.

- 1 Person 1
- 2 Person 2
- 3 Person 3
- 4 Person 4
- 5 Person 5
- 6 Person 6
- 7 Person 7
- 8 Person 8
- 9 Person 9
- 10 Person 10
- 11 Person 11
- 12 Person 12
- 13 Person 13
- 14 Person 14

End IF

HRPPtrnr

Person number of HRP's spouse/partner.

: 1...15 {THHSize + 1 if no partner}

IF more than one person coded 2 at Hhldr (2)

HiHNum

You have told me that <Names> jointly own or rent the accommodation.
 Who has the highest income (from earnings, benefits, pensions and any other sources?)
 These are the joint householders:

- 1 Person 1
- 2 Person 2
- 3 Person 3
- 4 Person 4
- 5 Person 5
- 6 Person 6
- 7 Person 7
- 8 Person 8
- 9 Person 9
- 10 Person 10
- 11 Person 11
- 12 Person 12
- 13 Person 13
- 14 Person 14

Enter the person number – if two or more have same income, enter 15.

If respondent asks for period to average over- one year

Prompt as necessary for joint householders:

Is one of them the sole person with paid work or occupational pension?

Range: 1...15

JntEldA

Ask or record.

Enter person number of the **eldest** joint householder from those with the same highest income.

Range: THHSize.

JntEldB

Ask or record.

Enter person number of the **eldest** joint householder.

Range: THHSize.

HRP

INTERVIEWER: THE HOUSHOLD REFERENCE PERSON IS: (^DVHRPNum) ^LName

Press 1 and <Enter> to continue

IF more than 1 person in household Loop for each household member**Relate2_22**

SHOWCARD A2

I would now like to ask how the people in your household are related to each other.

Code Relationship- <Name> is <Names>'s

Array [1...14].

- 1 Husband or wife
- 2 Legally registered civil partner
- 3 Partner
- 4 Son/daughter (incl. adopted)
- 5 Step-child
- 6 Foster child
- 7 Son-in-law/daughter-in-law
- 8 Parent/guardian
- 9 Step-parent
- 10 Foster-parent
- 11 Parent-in-law
- 12 Brother/sister (Inc. Adopted)
- 13 Step-brother/sister
- 14 Half brother/sister
- 15 Foster brother/sister
- 16 Brother/sister-in-law
- 17 Grand-child
- 18 Grand-parent
- 19 Other relative
- 20 Unrelated

ASK ALL

Origin

SHOW CARD A3

What is your ethnic group? Please choose your answer from this card.

- 1 White – English/Welsh/Scottish/Northern Irish/British
- 2 White – Irish
- 3 White – Gypsy or Irish Traveller
- 4 Any other white background (please describe)

Mixed/multiple ethnic groups:

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other mixed/multiple ethnic background (please describe)

Asian or Asian British:

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background (please describe)

Black/African/Caribbean/Black British

- 14 African
- 15 Caribbean
- 16 Any other Black/African/Caribbean background (please describe)

Other ethnic group

- 17 Arab
- 18 Any other ethnic group (please describe)

IF Origin = Any other ethnic group

XOrigin

Please describe

ASK ALL

BegnInt

THIS IS THE BEGINNING OF RESPONDENTS <NAME>'S INTERVIEW.

ASK ALL

LanguageR

INTERVIEWER RECORD: - IS ENGLISH THE RESPONDENT'S FIRST LANGUAGE?

IF UNSURE ASK THE FOLLOWING QUESTION

May I ask, is English your first language?

- 1 Yes
- 2 No

1. GENERAL HEALTH AND ACTIVITIES OF DAILY LIVING

ASK ALL

GenHlth

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?

ASK ALL

AcDif1

SHOWCARD B1

This section is about practical activities

Do you 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

ASK ALL

AcDif2

SHOWCARD B1

And do you 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

ASK ALL

AcDif3

SHOWCARD B1

(And do you 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

ASK ALL

AcDif4

SHOWCARD B1

(And do you 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

ASK ALL

AcDif5

SHOWCARD B1

(And do you 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

ASK ALL

AcDif6

SHOWCARD B1

(And do you 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

ASK ALL

AcDif7

SHOWCARD B1

(And do you have any difficulty with) ...
managing money, such as budgeting for food or paying bills?

- 1 No, no difficulty at all
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty

IF ANY (AcDif1-AcDif7 = Yes, a lot of difficulty)

AcHelp

Do you need anyone to help you with [TEXTFILL: insert difficulties mentioned]?

- 1 Yes
- 2 No

ASK ALL

CareTyp

SHOWCARD B2

Over the past month have you received care at home?

CODE ALL THAT APPLY

- 1 Yes, formal (e.g. paid or provided from an agency)
- 2 Yes, informal (e.g. provided by a friend or relative)
- 3 No

2. CARING RESPONSIBILITIES

ASK ALL

Care1

Do you look after, 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 Care1 = Yes

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 50-90 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 Care1 = Yes

PrCond

SHOWCARD C2

Thinking about the person or people you look after, give help or support to, which of the following conditions or impairments do they have that means they need your care?

MULTICODE

- 1 Vision (e.g. blindness or partial sight)
- 2 Hearing (e.g. deafness or partial hearing)
- 3 Mobility (e.g. walking short distances or climbing stairs)
- 4 Dexterity (e.g. lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory (e.g. dementia or Alzheimer's)
- 7 Mental health
- 8 Socially or behaviourally (e.g. associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
- 9 Stamina or breathing or fatigue
- 10 Other (please specify)

Spontaneous only:

- 11 SPONTANEOUS ONLY: None of the above
- 12 SPONTANEOUS ONLY: Refusal

3. MENTAL WELLBEING

IF APMSMode <= 2 THEN

ASK ALL

WEM1

SHOWCARD D1

I'll now read some statements about feelings and thoughts. Please choose the option that best describes your experience of each over the last 2 weeks.

I've been feeling optimistic about the future.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM2

SHOWCARD D1

(Over the last 2 weeks) I've been feeling useful.

- 1 None of the time

- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM3

SHOWCARD D1

(Over the last 2 weeks) I've been feeling relaxed.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM6

SHOWCARD D1

(Over the last 2 weeks) I've been dealing with problems well.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM7

SHOWCARD D1

(Over the last 2 weeks) I've been thinking clearly.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM9

SHOWCARD D1

(Over the last 2 weeks) I've been feeling close to other people.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

ASK ALL

WEM11

SHOWCARD D1

(Over the last 2 weeks) I've been able to make up my own mind about things.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often
- 5 All of the time

4. PHYSICAL HEALTH CONDITIONS

ASK ALL

Health_22

SHOWCARD E1

Have you had any of these health conditions since the age of 16?

INTERVIEWER: ONLY INCLUDE CONDITIONS EXPERIENCED IN ADULTHOOD.

PROBE - 'What others?'

Code all that apply.

- 1 Allergies
- 2 Arthritis

- 3 Asthma
- 4 Bladder problems/incontinence
- 5 Bone, back, joint or muscle problems
- 6 Bowel/colon problems
- 7 Bronchitis/emphysema
- 8 Cancer or malignancy
- 9 Cataracts/eyesight problems (even if corrected with glasses or contacts)
- 10 COPD (Chronic Obstructive Pulmonary Disease)
- 11 Dementia or Alzheimer's disease
- 12 Diabetes
- 13 Ear/hearing problems (even if corrected with a hearing aid)
- 14 Epilepsy/fits
- 15 Heart attack/angina
- 16 High blood pressure/hypertension
- 17 HIV
- 18 Hypothyroidism or an under-active thyroid
- 19 Infectious disease
- 20 Liver problems
- 21 Migraine or frequent headaches
- 22 Multiple sclerosis
- 23 Stroke
- 24 Stomach ulcer or other digestive problems
- 25 Skin problems
- 26 Other, please specify
- 96 None of these (EXCLUSIVE CODE)

IF Health_22 = Other

HealthX

INTERVIEWER: Enter name of other health condition.

IF Health_22 = Responses 1-26

HDoct

You told me that you have <text fill: health condition mentioned at Health>. Did a doctor or other health professional diagnose this condition?

- 1 Yes
- 2 No

IF Health_22 = Responses 1-26

HYear

Have you had <health condition mentioned at Health> in the last 12 months, that is since <date 12 months ago>. 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 OVERCOME AN IMPAIRMENT, SUCH AS A WALKING STICK, ZIMMER FRAME, GLASSES OR HEARING AID.

- 1 Yes
- 2 No

IF Health_22 = Responses 1-26

HTreat

In the last 12 months, have you had any treatment or taken any prescribed medication for the < health condition mentioned at Health >?

INTERVIEWER: 'TREATMENT' INCLUDES PHYSIO AND OTHER THERAPIES. EXCLUDE MEDICATIONS BOUGHT OVER THE COUNTER.

- 1 Yes
- 2 No

IF HYear = Yes

HRedAct

Does having < health condition mentioned at Health > reduce your ability to carry out day-to-day activities
READ OUT...

- 1 ...a lot
- 2 ...a little, or
- 3 ...not at all?

ASK ALL

COVLong

Would you describe yourself as currently having 'Long COVID', that is, you are still experiencing symptoms more than 4 weeks after you first had COVID-19, that are not explained by something else?

INTERVIEWER: Press F9 for a list of possible symptoms of long COVID

- 1 Yes

2 No

ASK IF CovLong = Yes

COVLongSymp

SHOWCARD E2

Do you have any of the following symptoms as part of your experience of 'Long COVID'?

Please include any pre-existing symptoms which long COVID has made worse.

- 1 Fever
- 2 Headache
- 3 Muscle ache
- 4 Weakness/tiredness
- 5 Nausea/vomiting
- 6 Abdominal pain
- 7 Diarrhoea
- 8 Loss of appetite
- 9 Loss of taste
- 10 Loss of smell
- 11 Sore throat
- 12 Cough
- 13 Shortness of breath
- 14 Chest pain
- 15 Palpitations
- 16 Vertigo/dizziness
- 17 Worry/anxiety
- 18 Low mood/not enjoying anything
- 19 Trouble sleeping
- 20 Memory loss or confusion
- 21 Difficulty concentrating
- 96 None of these

5. SENSORY IMPAIRMENTS

IF APMSMode <> 2 THEN

ASK ALL

SeeClo

SHOWCARD F1

With your glasses or contact lenses, if you wear any, do you have any difficulty seeing ordinary newsprint at arm's length?

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 Cannot do

ASK ALL

SeeDis

SHOWCARD F1

(With your glasses or contact lenses if you wear any) do you have any difficulty clearly seeing the face of someone across a room, that is from 4 metres or 12 feet away?"

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 Cannot do

ASK ALL

IHear

Do you have any difficulty hearing, or use a hearing aid?

INTERVIEWER: Include those who cannot hear at all.

- 1 Yes
- 2 No

IF IHear = Yes

HearB_22

SHOWCARD F1

(With your hearing aid if you use one) how would you describe your difficulty hearing?

- 1 No difficulty

- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 Cannot do

6. MENTAL ILLNESS DIAGNOSES AND TREATMENT

ASK ALL

PSYCHDIAG1_22

SHOWCARD G1

Now please look carefully at this card. Do you think that you might have **EVER** experienced any of these?

INTERVIEWER: IF RESPONDENT ANSWERS YES, ASK "WHICH ONES?"

- 1 Alcohol dependence
- 2 Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
- 3 Autism spectrum disorder (ASD)
- 4 Bipolar disorder (or 'manic depression')
- 5 Body dysmorphic disorder (BDD)
- 6 Dementia (including Alzheimers)
- 7 Depression
- 8 Drug dependence (not including alcohol dependence)
- 9 Eating disorder
- 10 Gambling problems
- 11 Gender dysphoria
- 12 Nervous breakdown
- 13 Obsessive compulsive disorder (OCD)
- 14 Panic attacks
- 15 Personality disorder
- 16 Phobia
- 17 Post-natal depression
- 18 Post-traumatic stress disorder (PTSD)
- 19 Psychosis or schizophrenia
- 20 Seasonal affective disorder
- 21 Any other anxiety disorder
- 22 Any other mental, emotional or neurological problem or condition
- 23 [Spontaneous] None of these

IF PSYCHDIAG1_22 = Any other anxiety disorder OR Any other mental, emotional or neurological problem or condition

PSYCHDIAG10

Please specify other mental, emotional or neurological problem or condition

IF PSYCHDIAG1_22 <> None of these

PSYCHDIAG2[N]

Did a doctor, psychiatrist or other professional tell you that you had ^TFPYCHDIAG?

- 1 Yes
- 2 No
- 3 Waiting for an assessment

IF PSYCHDIAG2 = Yes

PSYCHDIAG3[N]

How old were you when you first had ^TFPYCHDIAG?

Range: 1..120

IF PSYCHDIAG2 = Yes

PSYCHDIAG4[N]

In the last 12 months, have you had ^TFPYCHDIAG?

- 1 Yes
- 2 No

IF PSYCHDIAG2 = Yes

PSYCHDIAG5[N]

In the last 12 months, have you had any therapy, medication or other treatment for ^TFPYCHDIAG?

INTERVIEWER IF NEEDED SAY: Sometimes people continue to have treatment when they no longer have the condition.

- 1 Yes
- 2 No

**IF PYCHDIAG5 = No
PYCHDIAG5TR**

Would you have liked to have received any therapy, medication or other treatment for ^TFPYCHDIAG?

- 1 Yes
- 2 No

PROG: Loop PYCHDIAG2 to PYCHDIAG5TR for each condition mentioned at PYCHDIAG1_22

**IF {PYCHDIAG4 <> NO} for 2+ conditions
PYCHDIAG6**

Which of these do you feel has most interfered with how you live your life in the last 12 months?

- 1 Alcohol dependence
- 2 Attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
- 3 Autism spectrum disorder (ASD)
- 4 Bipolar disorder (or 'manic depression')
- 5 Body dysmorphic disorder (BDD)
- 6 Dementia (including Alzheimers)
- 7 Depression
- 8 Drug dependence (not including alcohol dependence)
- 9 Eating disorder
- 10 Gambling problems
- 11 Gender dysphoria
- 12 Nervous breakdown
- 13 Obsessive compulsive disorder (OCD)
- 14 Panic attacks
- 15 Personality disorder
- 16 Phobia
- 17 Post-natal depression
- 18 Post-traumatic stress disorder (PTSD)
- 19 Psychosis or schizophrenia
- 20 Seasonal affective disorder
- 21 Any other anxiety disorder
- 22 Any other mental, emotional or neurological problem or condition
- 23 [Spontaneous] None of these

**IF PYCHDIAG5 = YES or PYCHDIAG5TR = YES or PYCHDIAG4 = YES
PYCHDIAG5Barr**

Some people receive treatment for their mental health without any difficulty, others may experience obstacles to receiving or seeking treatment. We are interested in finding out about these. SHOW CARD G2 shows a list of statements. Please say which of the following apply to you.

- 1 Didn't know of any treatment for these types of problems
- 2 Was not offered any treatment
- 3 Was referred but the provider was reluctant to see me
- 4 Was worried about what other people may think of me
- 5 I/someone I know had a bad experience with treatment in the past
- 6 Too long a wait
- 7 Do not trust health professionals e.g. doctors
- 8 Feel that health professionals do not listen
- 9 Other reason (Please specify)
- 10 No obstacles
- 11 Not applicable- didn't seek treatment

**IF PYCHDIAG5Barr = 9. Other reason
PYCHDIAG5Barr_O**

Please specify other obstacles/difficulty

ASK ALL

Medic_22

(May I just check), are you taking any pills, tablets or injections that have been prescribed for you for a mental health condition?

INTERVIEWER:

- IF ASKED THIS INCLUDES ANY ANXIETY DISORDER OR MENTAL, EMOTIONAL OR NEUROLOGICAL PROBLEM OR CONDITION.
- DO NOT INCLUDE INHALERS, SUPPOSITORIES, PATCHES, CREAMS, OINTMENTS OR LOTIONS.
- IF THE PARTICIPANT IS NOT SURE IF THEIR MEDIATION IS FOR MENTAL HEALTH, PLEASE INCLUDE ANYWAY.

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- 1 Yes
- 2 No

IF Medic_22 = Yes

MedicName

Could I take down the name/s of the pills, tables or injections prescribed for you for a mental health condition?
Press <1> and <Enter> to continue.

LOOP: Repeat MedicWh for up to 40 drugs

MedicWh[1...40]

INTERVIEWER: ENTER THE NAME OF THE PILL, TABLETS OR COURSE OF INJECTION. IF POSSIBLE, ASK IF YOU CAN SEE THE CONTAINER OR PACKET.

INTERVIEWER: PRESS [SPACE] TO ENTER THE LOOK-UP TABLE AND START TYPING THE NAME OF THE PILL, TABLETS OR COURSE OF INJECTION (NOT THE BRAND NAME). SELECT THE CORRECT PILL, TABLETS OR COURSE OF INJECTION AND DOSAGE AND PRESS ENTER TO SELECT.

INTERVIEWER: IF YOU ARE UNABLE TO FIND THE PILL, TABLETS OR COURSE OF INJECTION OR YOU DO NOT HAVE THE DOSAGE, PRESS 'ESC' TO CLOSE THE LOOK-UP TABLE, ENTER CTRL-K AT AMEDBI AND ENTER THE DETAILS AT THE NEXT QUESTION.

: LOOK-UP TABLE

IF MedicWH[X] = Unable to code

INTERVIEWER: Please type in the name and the details you have for these pills, tablets or course of injection.

: String

Mwhy[x]

(May I just check) What condition do you take ^{drug from MedicWH} for?

: String

MedicMore

INTERVIEWER CHECK: ANY MORE DRUGS TO ENTER?

- 1 Yes **GOTOMedicWh**
- 2 No **GOTO MSelfPres**

END OF LOOP

ASK ALL

CnsIHav

SHOWCARD G3

Are you currently having any counselling or therapy listed on this card for a mental, nervous or emotional problem?

INTERVIEWER: COUNSELLING COULD BE RECEIVED IN A RANGE OF PLACES E.G. AT HOME, AT A DOCTOR'S SURGERY, A HEALTH CENTRE, HOSPITAL OR CLINIC

- 1 Yes
- 2 No

IF CnsIHav = Yes

CnsIR

SHOWCARD G3

Which type/s of counselling or therapy are you having?

CODE ALL THAT APPLY

- 1 Psychotherapy or psychoanalysis
- 2 Cognitive behavioural therapy
- 3 Art, music or drama therapy
- 4 Social skills training
- 5 Couple or family therapy
- 6 Sex therapy
- 7 Mindfulness therapy
- 8 Alcohol or drug counselling
- 9 Counselling (including bereavement)
- 10 Another type of therapy

IF CnsIR = 10. Another type of therapy

CnsIV

RECORD VERBATIM 'OTHER TYPE OF COUNSELLING OR THERAPY'

PROG: Loop CnsITak, CnsIProv and CnsIProv O for each treatment mentioned at CnsIR.

IF CnsIHav= Yes

CnsITak

How often do you have this ^LCounsel

INTERVIEWER PLEASE CODE

- 1 more than once a week
- 2 weekly or more often than fortnightly
- 3 fortnightly or more often than monthly
- 4 monthly or more often than 3-monthly
- 5 3-monthly or more often than 6-monthly
- 6 6-monthly or more often than 1 yearly
- 7 once a year or less

IF CnsIHav = Yes

CnsIProv

Who provides this <type of counselling or therapy>?

SHOW CARD G4

INTERVIEWER: IAPT, CAMHS, GP, SECONDARY AND TERTIARY CARE SHOULD BE CODED AS NHS.
CODE ALL THAT APPLY

- 1 NHS
- 2 Charity
- 3 Employer, including employee-helpline
- 4 School, college or university
- 5 Private provider e.g. private counsellor
- 6 Other (specify)

IF CnsIProv = 6. Other

CnsIProv_O

Please specify other provider

ASK ALL

DocYear

In the past 12 months, have you 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 THE NHS 111 SERVICE

- 1 Yes
- 2 No

ASK ALL

DocPsyc

In the past 12 months, have you 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 THE NHS 111 SERVICE

- 1 Yes
- 2 No

IF DocPsyc = Yes

PMatNum

When you 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

0 – 6

Beginning of loop: questions VOO664 to VOO674 REPEATED 1 TO PmatNum

IF DocPsyc = Yes

PMat

WHAT IS THE MATTER WITH RESPONDENT?

ENTER ONE OF CONDITIONS/SYMPTOMS RESPONDENT MENTIONED

(THIS IS CONDITION NUMBER [LGENHLTH] OF [^QDoctor .PMATNUM])

IF DocPsyc = Yes

PICD

INTERVIEWER SEARCH FOR CONDITIONS/SYMPTOMS GIVEN AT PMAT:

1) PRESS SPACE BAR TO SEE CONDITIONS/SYMPTOMS (WILL APPEAR IN A POP-UP WINDOW).

2) IF CONDITION/SYMPTOM LISTED, SELECT BY PRESSING 'ENTER'.

3) IF CONDITION/SYMPTOM @bNOT@b LISTED, TYPE '98' IN THE SEARCH BOX AND SELECT BY PRESSING 'ENTER'.

IF DocPsync = Yes

PICDDsc

DESCRIPTION OF CODE SELECTED AT PICD

IF ((DocYear = Yes) OR IF (DocPsync = Yes)) THEN

DocTalk

In the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a GP or family doctor on your own behalf, either in person or by telephone?

INCLUDE CONSULTATIONS FOR ANY REASON

DO NOT INCLUDE TELEPHONE CALLS TO THE NHS 111 SERVICE

- 1 Yes
- 2 No

IF ((DocYear = Yes) OR (DocPsync = Yes)) AND (DocTalk = Yes)

DocWeeks

And in the two weeks ending yesterday, did you speak to a GP or family doctor about being anxious or depressed or a mental, nervous or emotional problem?

DO NOT INCLUDE TELEPHONE CALLS TO THE NHS 111 SERVICE

- 1 Yes
- 2 No

ASK ALL

InStay

In the past year, have you been in hospital as an in-patient, overnight or longer for treatment or tests?

INCLUDE SIGHT OR HEARING PROBLEMS.

EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No **GOTO OutStay**

IF InStay = Yes

InStayQtr

And in the past 3 months have you been in hospital as an in-patient, overnight or longer for treatment or tests?

INCLUDE SIGHT OR HEARING PROBLEMS.

EXCLUDE GIVING BIRTH

- 1 Yes
- 2 No **GOTO OutStay**

IF (InStay = Yes) AND (InStayQtr = Yes)

InWhy

Were you in hospital because of

RUNNING PROMPT

- 1 a physical health problem
- 2 or a mental nervous or emotional problem?
- 3 SPONTANEOUS: both of these

ASK ALL

OutStay

(Apart from seeing your own doctor/when you stayed in hospital) In the past 12 months have you been to a hospital or clinic for treatment or check-ups, as an out-patient or day-patient?

INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No **GOTO DayY**

IF OutStay = Yes

OutStyQt

And in the past 3 months have you been to a hospital or clinic for treatment or check-ups as an out-patient or day-patient?

INCLUDE VISITS TO HOSPITALS, SPECIAL UNITS, CLINICS, PRIVATE CONSULTING ROOMS AND DAY HOSPITALS

EXCLUDE ALL REGULAR DAY ACTIVITY CENTRES OR SERVICES

EXCLUDE ALL COMMUNITY CARE SERVICES

- 1 Yes
- 2 No **GOTO DayY**

IF (OutStay = Yes) AND OutStyQt = Yes

OutWhy

Was your outpatient or day patient visit because of

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

RUNNING PROMPT

- 1 a physical health problem
- 2 or a mental, nervous or emotional problem?
- 3 SPONTANEOUS – both

ASK ALL

DayY

In the past 12 months, have you used any of these day activity services?

COMMUNITY MENTAL HEALTH CENTRE
DAY ACTIVITY CENTRE
SHELTERED WORKSHOP

- 1 Yes
- 2 No
- 3 SPONTANEOUS ONLY: Would have liked to but not available

ASK ALL

CC2aY

SHOWCARD G5 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 used any of these services in the past 12 months? For example, you may have been visited at home by some of these people.

- 1 Yes
- 2 No

IF CC2aY = Yes

CC2Y_22

SHOWCARD G5

Which services have you 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
- 10 Social prescribing link worker
- 11 Domestic abuse support service

Maximum number of mentions: 11

IF CC2aY = Yes

CC2Barr

SHOW CARD G6

Some people access community care services for mental health without difficulty, but others experience some obstacles and we are interested in finding out about these.

SHOW CARD G6 shows a list of statements. Please tell me the numbers of all that apply to you.

- 1 Didn't know of any services for these types of problems
- 2 Was told I could not be referred
- 3 Was referred but the provider was reluctant to see me
- 4 Was worried about what other people may think of me
- 5 Worried that my child(ren) might be taken away from me
- 6 I/someone I know had a bad experience with community services in the past
- 7 Too long a wait
- 8 Other reason
- 9 No obstacles
- 10 Not applicable- did not seek community care services

IF CC2Barr = 12

OthCC2Bar

Please describe any other obstacles you encountered.

ASK ALL

CC3Y1

In the past 12 months, have you **asked** for any type of counselling or mental health related medication, but not received it?

- 1 Yes
- 2 No **GOTO MentHos**

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IF CC3Y1 = Yes

CC3Y2

SHOWCARD G3

What type of treatment did you ask for but did not receive?

CODE ALL THAT APPLY

- 1 Psychotherapy or psychoanalysis
- 2 Cognitive behavioural therapy
- 3 Art, music or drama therapy
- 4 Social skills training
- 5 Couple or family therapy
- 6 Sex therapy
- 7 Mindfulness therapy
- 8 Alcohol or drug counselling
- 9 Counselling (including bereavement)
- 10 Another type of therapy

PROG: Loop CC3Y3 for each treatment mentioned at CC3Y2.

If CC3Y1 = Yes

CC3Y3

Are you on a waiting list for <TEXTFILL type of treatment mentioned at CC3Y2>?

- 1 Yes
- 2 No

ASK ALL

MentHos

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

- 1 Yes
- 2 No

ASK ALL

TreatWt

SHOW CARD G7

Over the past 12 months, have you experienced delays or waits in getting any of the treatments listed on this card for mental or emotional symptoms?

CODE ALL THAT APPLY

- 1 Assessment or review of your symptoms
- 2 Referral to a specialist
- 3 Talking therapy
- 4 Medication prescribed
- 5 Other services or support
- 6 No

IF TreatWt = Assessment or review of your symptoms, Referral to specialist, Talking therapy, Medication or Other services or support

TreatOutc

Have you now received the <Textfill – treatment listed at TreatWt>?

- 1 Yes
- 2 No

PROG: Loop TreatOutc TreatWtLng/TreatWtLngCur for each treatment mentioned at TreatWt.

IF TreatOutc = Yes

TreatWtLng

How long did you wait for the <Textfill – treatment listed at TreatWt>?

- 1 Less than 6 weeks
- 2 Six to nine weeks
- 3 10 weeks to 6 months
- 4 More than 6 months

IF TreatOutc = No

TreatWtLngCur

How long have you been waiting for the <Textfill – treatment listed at TreatWt>?

- 1 Less than 6 weeks
- 2 Six to nine weeks
- 3 10 weeks to 6 months
- 4 More than 6 months

7. SELF-REPORTED HEIGHT AND WEIGHT

ASK ALL

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

HTMetres

INTERVIEWER: ENTER METRES

ACCEPT ESTIMATES

Range: 1...2

IF Height = Metres and Centimetres

HTCms

INTERVIEWER: ENTER CENTIMETRES

ACCEPT ESTIMATES

Range: 0...99

IF Height = Feet and Inches

HTFeet

INTERVIEWER: ENTER FEET

ACCEPT ESTIMATES

Range: 3...8

IF Height = Feet and Inches

HTInches

INTERVIEWER: ENTER INCHES

ACCEPT ESTIMATES

Range: 0...11

IF (sex_22 = Female) AND (DVage < 50)

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

Weight

What is your current weight, without clothes and shoes 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)

WTKilos

INTERVIEWER: ENTER KILOGRAMS. ACCEPT ESTIMATES.

Range: 20...300

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds)

WTStones

INTERVIEWER: ENTER STONES. ACCEPT ESTIMATES.

Range: 4...50

IF (Preg = No OR Not Asked) AND (Weight = Stones and pounds)

WTPounds

INTERVIEWER: ENTER POUNDS. ACCEPT ESTIMATES.

Range: 0...15

**IF Preg = No OR Not Asked THEN
WTAssess**

Would you say you were ...READ OUT...

- 1 ...about the right weight,
- 2 ...underweight,
- 3 ...slightly overweight or,
- 4 ...very overweight?

8. COMMON MENTAL DISORDERS

ASK ALL

CISRIntro

The next questions are about how you have been feeling recently.

ASK ALL

Q18

CISR - WEIGHT/EATING SECTION

Have you noticed a marked loss in your appetite in the past month?

- 1 Yes
- 2 No

Q19

CISR - WEIGHT/EATING SECTION

Have you lost any weight in the past month?

- 1 Yes
- 2 No/Don't Know **GOTO Q21**

IF Q19 = Yes

Q19a

CISR - WEIGHT/EATING SECTION

Were you trying to lose weight or on a diet?

- 1 Yes **GOTO CISRIntr**
- 2 No

IF (Q19 = Yes) AND (Q19a = No)

Q19b

CISR - WEIGHT/EATING SECTION

Did you lose half a stone or more, or did you lose less than this in the past month?

Half a stone

or 7 lbs

or 3 1/4 Kg

- 1 lost half a stone or more **GOTO CISRIntr**
- 2 lost less than half a stone **GOTO CISRIntr**

IF Q19 = No/Don't know

Q21

CISR - WEIGHT/EATING SECTION

Have you noticed a marked increase in your appetite in the past month?

- 1 Yes
- 2 No

IF Q19 = No/Don't know

Q22

CISR - WEIGHT/EATING SECTION

Have you gained weight in the past month?

IF (QTHComp.QHComp[LDM2].DVage < 49) AND (QTHComp.QHComp[LDM2].Sex = Female) THEN

PregTF := '(do not include weight gain due to pregnancy)'

- 1 Yes **GOTO CISRIntr**
- 2 No/Don't Know **GOTO CISRIntr**

ASK ALL

CISRIntr

CISR - SOMATIC SYMPTOMS

The next group of questions is about any physical discomfort you may have suffered recently. I will then go on and ask about how you have been feeling lately, whether you have been depressed or worried or anxious or have

any obsessive thoughts or suffer from phobias. Each is a different type of feeling and is asked about separately and each section follows a similar pattern.

ASK ALL

A1

CISR - SOMATIC SYMPTOMS

Have you had any sort of ache or pain in the past month?

- 1 Yes **GOTO A3**
- No

IF A1 = No

A2

CISR - SOMATIC SYMPTOMS

During the past month have you been troubled by any sort of discomfort, for example, headache or indigestion?

- 1 Yes
- 2 No

IF (A1 = Yes) OR (A2 = Yes)

A3

CISR - SOMATIC SYMPTOMS

Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?

IF RESPONDENT HAS MORE THAN ONE PAIN/DISCOMFORT, THEN PLEASE REFER TO ANY OF THEM

- 1 Yes
- 2 No **GO TO B1**

IF A3 = Yes

A4

CISR - SOMATIC SYMPTOMS

In the past seven days, including last ^DMSTRDLWK,, on how many days have you noticed the ache or pain/discomfort?

IF RESPONDENT GIVES A RANGE, THEN PLEASE CODE THE LOWER

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

IF (A3 = Yes) AND (A4 <> None)

A5

CISR - SOMATIC SYMPTOMS

In total, did the ache or pain/discomfort last for more than 3 hours on any day in the past week/on that day?

- 1 Yes
- 2 No

IF (A3 = Yes) AND (A4 <> None)

A6

CISR - SOMATIC SYMPTOMS

In the past week, has the ache or pain/discomfort been...

RUNNING PROMPT

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

IF (A3 = Yes) AND (A4 <> None)

A7

CISR - SOMATIC SYMPTOMS

Has the ache or pain/discomfort bothered you when you were doing something interesting in the past week?

- 1 Yes
- 2 No/has not done anything interesting

IF (A3 = Yes) AND (A4 <> None)

A8_22

CISR - SOMATIC SYMPTOMS

SHOWCARD H1

How long have you been feeling this ache or pain/discomfort as 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 but less than 5 years
- 6 5 years or more

ASK ALL

B1

CISR - FATIGUE

Have you noticed that you've been getting tired in the past month?

- 1 Yes **GO TO B3**
- 2 No

IF B1 = No

B2

CISR - FATIGUE

During the past month, have you felt you've been lacking in energy?

- 1 Yes
- 2 No **GO TO C1**

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

B3

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Do you know why you have been feeling tired/lacking in energy?

- 1 Yes
- 2 No **GO TO B4**

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

B3a

CISR - FATIGUE

SHOW CARD H2

What is the main reason? Can you choose from this card?

- 1 Problems with sleep
- 2 Medication
- 3 Physical illness
- 4 Working too hard, including looking after children
- 5 Stress, worry or other psychological reason
- 6 Physical exercise
- 7 Other

IF ((B3 = No) or ((B3 = Yes) and (B3a <> Physical exercise)))

B4

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

In the past seven days, including last ^DMSTRDLWK 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) OR (B3a <> Physical exercise)) AND (B4 <> None)

B5

CISR - FATIGUE

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?

EXCLUDE TIME SPENT SLEEPING

- 1 Yes
- 2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND ((B3 = No) OR (B3a <> Physical exercise)) AND (B4 <> None)

B6

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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 ((B1 = Yes) OR (B2 = Yes)) AND ((B3 = No) OR (B3a <> Physical exercise)) AND (B4 <> None)

B7

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you felt tired/lacking in energy when doing things that you enjoy during the past week?

- 1 Yes, at least once **GOTO B9**
- 2 No
- 3 Spontaneous: Does not enjoy anything

IF ((B1 = Yes) OR (B2 = Yes)) AND ((B3 = No) OR (B3a <> Physical exercise)) AND (B4 <> None) AND (B7 <> Yes)

B8

CISR - FATIGUE

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?

- 1 Yes
- 2 No

IF ((B1 = Yes) OR (B2 = Yes)) AND ((B3 = No) OR (B3a <> Physical exercise)) AND (B4 <> None)

B9_22

CISR-R - FATIGUE

SHOW CARD H1

INTERVIEWER: PLEASE USE INFORMANTS OWN WORDS IF POSSIBLE

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 but less than 5 years
- 6 5 years or more

ASK ALL

C1

CISR - CONCENTRATION/FORGETFULNESS

In the past month, have you had any problems in concentrating on what you are doing?

- 1 Yes, problems concentrating
- 2 No

ASK ALL

C2

CISR - CONCENTRATION/FORGETFULNESS

Have you noticed any problems with forgetting things in the past month?

- 1 Yes
- 2 No **GO TO D1**

IF (C1 = Yes) OR (C2 = Yes)

C4

CISR - CONCENTRATION/FORGETFULNESS

Since last ^DMSTRDLWK, on how many days have you noticed problems with your concentration or memory?

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

IF (C1 = Yes AND C4 <> None)

C5

CISR - CONCENTRATION/FORGETFULNESS

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, I couldn't concentrate on at least one of these things

IF (C1 = Yes) AND (C4 <> None)

C6

CISR - CONCENTRATION/FORGETFULNESS

In the past week, have these problems with your concentration actually stopped you from getting on with things you used to do or would like to do?

- 1 Yes
- 2 No

IF (C2 = Yes) AND (C4 <> None)

C7

CISR - CONCENTRATION/FORGETFULNESS

(Earlier you said you have been forgetting things.)

Have you forgotten anything important in the past seven days?

- 1 Yes
- 2 No

IF ((C1 = Yes) OR (C2 = Yes)) AND (C4 <> None)

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C8_22

CIS-R - CONCENTRATION/FORGETFULNESS

SHOW CARD H1

How long have you been having the problems with your concentration /memory 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 but less than 5 years
- 6 5 years or more

ASK ALL

D1

CISR - SLEEP

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 **GOTO D3**
- 2 No

IF D1 = No

D2

CISR - SLEEP

Has sleeping more than you usually do been a problem for you in the past month?

- 1 Yes
- 2 No **GO TO E1**

IF ((D1 = Yes) OR (D2 = Yes))

D3

CISR - SLEEP

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 **GOTO E1**

IF ((D1 = Yes) OR (D2 = Yes) AND D3 = 1 to 3 nights OR 4 nights or more)

D4

CISR - SLEEP

Do you know why you are having problems with your sleep?

- 1 Yes
- 2 No **GOTO D5**

IF D4 = Yes

D4a

CISR - SLEEP

SHOW CARD H3

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 AND D3 = 1 OR 2

D5

CISR - SLEEP

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 **GOTO E1**
- 2 At least 1/4 hr but less than 1 hr **GOTO D7**
- 3 At least 1 hr but less than 3 hrs **GOTO D7**
- 4 3 hrs or more

IF (D1 = Yes) AND (D5 = 3 hrs or more)

D6

CISR - SLEEP

In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?

- 1 4 nights or more
- 2 1 to 3 nights
- 3 None

IF (D1 = Yes) AND (D5 > Less than 1/4hr)

D7

CISR - SLEEP

Do you wake more than two hours earlier than you need to and then find you can't get back to sleep?

- 1 Yes
- 2 No

IF (D2 = Yes) AND ((D3 = 4 nights or more) OR (D3 = 1 to 3 nights))

D8

CISR - SLEEP

Thinking about the night you slept the longest in the past week, how much longer did you sleep compared with how long you normally sleep for?

- 1 Less than 1/4 hr
- 2 At least 1/4 hr but less than 1 hr **GOTO D10**
- 3 At least 1 hr but less than 3 hrs **GOTO D10**
- 4 3 hrs or more

IF D8 = 3 hrs or more THEN

D9

CISR - SLEEP

In the past week, on how many nights did you sleep for more than 3 hours longer than you usually do?

- 1 4 nights or more
- 2 1 to 3 nights
- 3 None

IF (D5 = 2. At least 1/4 hr but less than 1 hr OR 3. At least 1 hr but less than 3 hrs OR 4. 3 hrs or more) OR (D8 = 2. At least 1/4 hr but less than 1 hr OR 3. At least 1 hr but less than 3 hrs OR 4. 3 hrs or more)

D10_22

CISR-R - SLEEP

SHOW CARD H1

How long have you had these problems with your sleep 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 but less than 5 years
- 6 5 years or more

ASK ALL

E1

CISR - IRRITABILITY

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 **GOTO E3**
- 2 No

IF E1 = No

E2

CISR - IRRITABILITY

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 **GO TO F1**

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

E3

CISR - IRRITABILITY

Since last ^DMSTRDLWK on how many days have you felt irritable or short tempered/angry?

- 1 4 days or more
- 2 1 to 3 days
- 3 None **GO TO F1**

IF ((E1 = Yes) OR (E2 = Yes)) AND (E3 <> None)

E4

CISR - IRRITABILITY

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

CODE VERBATIM

IF ((E1 = Yes) OR (E2 = Yes)) AND (E3 <> None)

E5

CISR - IRRITABILITY

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)) AND (E3 <> None)

E6

CISR - IRRITABILITY

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)) AND (E3 <> None)

E7

CISR - IRRITABILITY

In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?

- 1 Yes
- 2 No **GOTO E10**

IF E7 = Yes

E7a

CISR - IRRITABILITY

Did this happen once or more than once (in the past week)?

- 1 Once
- 2 More than once **GOTO E9**

IF E7a = Once

E8

CISR - IRRITABILITY

Do you think this was justified?

- 1 Yes, justified **GOTO E10**
- 2 No, not justified **GOTO E10**

IF E7a = More than once

E9

CISR - IRRITABILITY

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 <> None)

E10_22

CISR-R - IRRITABILITY

SHOW CARD H1

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 but less than 5 years
- 6 5 years or more

ASK ALL

F1

CISR - WORRY ABOUT PHYSICAL HEALTH

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 IF Health <> None THEN

F2Route

CISR - WORRY ABOUT PHYSICAL HEALTH

INTERVIEWER: HAS INFORMANT MENTIONED A PHYSICAL HEALTH PROBLEM AT HEALTH?

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

YOU ENTERED THE FOLLOWING ILLNESS/ES: [/ (/ LCONDITION / / /) / cancer / diabetes / epilepsy/fits / migraine or frequent headaches / dementia or Alzheimer / s / disease / cataracts or eyesight problems / ear or hearing problems / 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 - but not specified / HEALTHX]

- 1 Yes, has mentioned a physical health problem
- 2 No physical health problem

IF F1 = No/concerned AND Health <> None AND IF F2Route = No physical health problem

F2

CISR - WORRY ABOUT PHYSICAL HEALTH

During the past month, did you find yourself worrying that you might have a serious physical illness (like cancer, heart disease or AIDS)?

- 1 Yes
- 2 No **GO TO G1**

IF ((F1 = Yes, worried) OR (F2 = Yes))

F3

CISR - WORRY ABOUT PHYSICAL HEALTH

Thinking about the past seven days, including last ^DMSTRDLWK , on how many days have you found yourself ^LBFWorPh1

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

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 <> None)

F4

CISR - WORRY ABOUT PHYSICAL HEALTH

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 <> None)

F5

CISR - WORRY ABOUT PHYSICAL HEALTH

In the past week, has this worrying been...

RUNNING PROMPT...

- 1 ...very unpleasant
- 2 ...a little unpleasant
- 3 ...or not unpleasant?

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 <> None)

F6

CISR - WORRY ABOUT PHYSICAL HEALTH

In the past week, have you been able to take your mind off your health worries at least once, by doing something else?

- 1 Yes
- 2 No, could not be distracted even once

IF ((F1 = Yes, worried) OR (F2 = Yes)) AND (F3 <> None)

F7 22

CIS-R - WORRY ABOUT PHYSICAL HEALTH

SHOW CARD H1

How long have you been worrying about your physical health in the way you 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 but less than 5 years
- 6 5 years or more

ASK ALL

G1

CISR - DEPRESSION

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

ASK ALL

G2

CISR - DEPRESSION

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

G4

CISR - DEPRESSION

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

G5

CISR - DEPRESSION

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))

G6

CISR - DEPRESSION

Since last ^DMSTRDLWK on how many days have you felt ^LBGDeprn1

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

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

G7

CISR - DEPRESSION

Have you felt ^LBGDeprn1 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 or interest))

G9

CISR - DEPRESSION

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

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

ReasonD

CISR - DEPRESSION

SHOW CARD H4

Can you look at this card and tell me what sorts of things have been making you feel sad, miserable or depressed in the last week?

CODE ALL THAT APPLY - DON'T KNOW=99

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends or people at work
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Climate change or the environment
- 12 Exams
- 13 Other
- 14 99 Don't know/no main thing

Maximum number of mentions: 13

IF (G4 = Yes OR G5 = No/no enjoyment or interest) AND ReasonD <> Empty or 99 AND number of reasons at ReasonD >1 THEN

MnReasonD

CISR - DEPRESSION

Of the things you just told me about, what was the main thing that made you feel sad, miserable or depressed in the last week?

DON'T KNOW/NO MAIN THING=99

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends or people at work
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Climate change or the environment
- 12 Exams
- 13 Other
- 99 Don't know/no main thing

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

G10

CISR - DEPRESSION

SHOW CARD H5

How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things 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 but less than 5 years
- 6 5 years but less than 10 years
- 7 10 years or more

IF QGDeprn.DVG11 > 0 (BLAISE COMPUTED DEPRESSION SCORE)

H1

CISR - DEPRESSIVE IDEAS

I would now like to ask you about when you have been feeling ^LBHDPrid1 . 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

CISR - DEPRESSIVE IDEAS

INTERVIEWER PLEASE READ OUT:

Many people find that feeling ^LBHDPrid1 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

CISR - DEPRESSIVE IDEAS

When you have felt ^LBHDPrid1 in the past seven days

..... have you been so restless that you couldn't sit still?

- 1 Yes
- 2 No

H3B

CISR - DEPRESSIVE IDEAS

..... have you been doing things more slowly, for example, walking more slowly?

- 1 Yes
- 2 No

H3C

CISR - DEPRESSIVE IDEAS

...have you been less talkative than normal?

- 1 Yes
- 2 No

H4

CISR - DEPRESSIVE IDEAS

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

CISR - DEPRESSIVE IDEAS

During the past week, have you been feeling you are not as good as other people?

- 1 Yes
- 2 No

H6

CISR - DEPRESSIVE IDEAS

Have you felt hopeless at all during the past seven days, for instance about your future?

- 1 Yes
- 2 No

H10

CISR - Depressive Ideas

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 Press 1 and <Enter> to continue. **GOTO I1**

ASK ALL**I1**

CISR - WORRY

(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 **GOTO I6INTRO**
- 2 No

IF I1 = No**I2**

CISR - WORRY

Have you had any worries at all in the past month?

- 1 Yes
- 2 No

IF ((I1 = Yes) OR (I2 = Yes))**I6INTRO**

CISR - WORRY

For the next few questions, I want you to think about worries you have had other than those about your physical health.

- 1 Press 1 and <Enter> to continue.

IF ((I1 = Yes) OR IF (I2 = Yes)) THEN**I6**

CISR - WORRY

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 **GOTO J1**

IF ((I1 = Yes) OR (I2 = Yes)) AND (I6 <> None)**I7**

CISR - WORRY

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 <> None)

I8

CISR - WORRY

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 <> None)

I9

CISR - WORRY

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

IF ((I1 = Yes) OR (I2 = Yes)) AND (I6 <> None)

I10_22

CIS-R - WORRY

SHOW CARD H1

How long have you been worrying about things in the way 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 but less than 5 years
- 6 5 years or more

IF ((I1 = Yes) OR (I2 = Yes))

Reason_22

CISR - WORRY

SHOW CARD H4

Can you look at this card and tell me what sorts of things have been making you ^LBIWorry

CODE ALL THAT APPLY - DON'T KNOW=99

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends or people at work
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Climate change or the environment
- 12 Exams
- 13 Other
- 99 Don't know/no main thing

Maximum number of mentions: 13

IF ((I1 = Yes) OR IF (I2 = Yes)) AND Reason_22 <> Empty or 99 AND number of reasons > 1 THEN

MnReason_22

CISR - WORRY

Of the things you just told me about, what was the main thing you have been ^LBIWorry2

- 1 Members of the family
- 2 Relationship with spouse/partner
- 3 Relationships with friends or people at work
- 4 Housing
- 5 Money/bills
- 6 Own physical health (inc. pregnancy)
- 7 Own mental health
- 8 Work or lack of work
- 9 Legal difficulties
- 10 Political issues/the news
- 11 Climate change or the environment
- 12 Exams
- 13 Other
- 99 Don't know/no main thing

ASK ALL

J1

CISR - ANXIETY

Have you been feeling anxious or nervous in the past month?

- 1 Yes, anxious or nervous **GOTO J3**
- 2 No

IF J1 = No

J2

CISR - ANXIETY

In the past month, did you ever find your muscles felt tense or that you couldn't relax?

- 1 Yes
- 2 No

ASK ALL

J3

CISR - ANXIETY

Some people have phobias; they get nervous or tense about specific things or situations when there is no real danger. For example, they may get extremely anxious when speaking or eating in front of strangers, when they are far from home or in crowded rooms, or they may have a fear of heights. Others get nervous at the sight of things like blood or spiders.

In the past month have you felt anxious, nervous or tense about any specific things or situations when there was no real danger?

- 1 Yes
- 2 No

IF ((J1 = Yes) OR IF (J2 = Yes))

AND IF J3 = Yes THEN

DVJ4

COMPUTED VARIABLE:

- 1 Anxiety and phobia
- 2 Only general anxiety
- 3 Others

IF DVJ4 = Anxiety and phobia

J5

CISR - ANXIETY

In the past month, when you felt anxious, nervous or tense, was this always brought on by the phobia about some SPECIFIC situation or thing or did you sometimes feel GENERALLY anxious, nervous or tense?

- 1 Always brought on by specific phobia
- 2 Sometimes generally anxious

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

J6

CISR - ANXIETY

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

J7

CISR - ANXIETY

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)))

J8

CISR - ANXIETY

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)))

J9_22

CISR - ANXIETY
SHOW CARD H6

In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card?

- HEART RACING OR POUNDING
 - HANDS SWEATING OR SHAKING
 - FEELING DIZZY
 - DIFFICULTY GETTING YOUR BREATH
 - BUTTERFLIES IN STOMACH
 - DRY MOUTH
 - ABDOMINAL DISCOMFORT OR FEELING AS THOUGH YOU WANTED TO VOMIT
 - CHEST PAIN
 - NUMBNESS OR TINGLING IN HANDS OR FEET
- 1 Yes
 - 2 No **GOTO J10**

IF J9 = Yes**J9A_22**

CISR - ANXIETY
SHOW CARD H6

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 Abdominal discomfort or feeling as though you wanted to vomit
- 8 Chest pain
- 9 Numbness or tingling in hands or feet

IF (((J6 = 4 days or more) OR (J6 = 1 to 3 days)) OR ((J7 = 4 days or more) OR (J7 = 1 to 3 days)))**J10**

CISR - ANXIETY

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)))**J11_22**

CISR - ANXIETY

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

SHOW CARD H1

- 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 or more

IF J3 = Yes**DVK1**

COMPUTED VARIABLE:

- 1 phobic anxiety in past month (1 at J3)
- 2 Others

IF DVK1 = Others**K2**

CISR - PHOBIAS

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

AND IF DVK1 = Phobic anxiety in past month or IF K2 = Yes THEN**K3_22**

CISR - PHOBIAS

SHOW CARD H7

Which of these are you MOST afraid of?

CODE ONE

- 1 Crowds or public places
- 2 Enclosed spaces or heights
- 3 Social situations
- 4 Sight of blood or injury
- 5 Travelling alone by bus or train
- 6 Being far from home
- 7 Eating or speaking in front of strangers
- 8 Insects, spiders or animals
- 9 Being watched or stared at
- 10 Other specific single cause (SPECIFY)

IF K3 = Other phobia

XK3

CISR - PHOBIAS

SPECIFY OTHER PHOBIA

IF DVK1 = Phobic anxiety in past month

K4

CISR - PHOBIAS

In the past seven days, how many times have you felt nervous or anxious about the situation or thing you are most frightened of?

- 1 4 times or more
- 2 1 to 3 times
- 3 None **GOTO K6**

IF DVK1 = Phobic anxiety in past month

AND (K4 <> None)

K5_22

CISR - PHOBIAS

SHOW CARD H8

In the past week, on those occasions when you felt anxious/nervous/tense about this 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

ABDOMINAL DISCOMFORT OR FEELING AS THOUGH YOU WANTED TO VOMIT

CHEST PAIN

NUMBNESS OR TINGLING IN HANDS OR FEET

- 1 Yes
- 2 No

IF DVK1 = phobic anxiety in past month

AND ((K4 = 4 times or more) OR (K4 = 1 to 2 times))

AND K5 = Yes

K5A_22

CISR - PHOBIAS

SHOW CARD H8 Which of these symptoms did you have when you felt anxious/nervous/tense?

- 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 Abdominal discomfort or feeling as though you wanted to vomit
- 8 Chest pain
- 9 Numbness or tingling in hands or feet

IF DVK1 = phobic anxiety in past month

K6

CISR - PHOBIAS

In the past week, have you avoided any situation or thing because it would have made you feel anxious/nervous/tense even though there was no real danger?

- 1 Yes
- 2 No

IF (K2 = Yes) OR (K6 = Yes)

K7

CISR - PHOBIAS

How many times have you avoided such situations or things in the past seven days?

- 1 4 times or more
- 2 1 to 3 times
- 3 None

IF (K4 <> None) OR (K7 <> None)

K8_22

CISR - PHOBIAS

SHOW CARD H1

How long have you been having these feelings about these situations/things as 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 but less than 5 years
- 6 5 years or more

IF DVJ4 <> Others

L1

CISR - PANIC

Thinking about the past month, did your anxiety or tension ever get so bad that you got in 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

L2

CISR - PANIC

How often has this happened in the past week?

- 1 Once
- 2 More than once
- 3 Not at all

IF (L1 = Yes) AND (L2 <> Not at all)

L3

CISR - PANIC

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 = Yes) AND (L2 <> Not at all)

L4

CISR - PANIC

Did this panic/the worst of these panics last for longer than 10 minutes?

- 1 Yes
- 2 No

IF (L1 = Yes) AND (L2 <> Not at all)

L4a

CISR - PANIC

Do these panics start suddenly so you are at maximum anxiety within a few minutes?

- 1 Yes
- 2 No

IF (L1 = Yes) AND (L2 <> Not at all)

L4b

Which of these symptoms, if any, did you have when you felt anxious/nervous/tense? You can just give the number from show card H8

CODE ALL THAT APPLY.

- 1 Heart beat faster or sped up
- 2 Hands sweating or clammy
- 3 Trembling or shaking
- 4 Shortness of breath or difficulty breathing
- 5 A choking sensation
- 6 Pain, pressure or discomfort in the chest

- 7 Abdominal discomfort or feeling like would vomit
- 8 Dizzy, unsteady, lightheaded or faint
- 9 Strange, unreal, detached, or outside of yourself
- 10 As if losing control or going crazy
- 11 Fear you were dying
- 12 Tingling or numbness in parts of the body
- 13 Hot flushes or chills
- 14 None of these

IF (L1 = Yes) AND (L2 <> Not at all)

L5

CISR - PANIC

Are you relatively free of anxiety between these panics?

- 1 Yes
- 2 No

IF ((L1 = Yes) and ((L2 = Once) or (L2 = More than once)) and (dvk1 = 1))

CISR – PANIC

L6

Is this panic always brought on by ^QKPhobs ?

- 1 Yes
- 2 No

IF (L1 = Yes) AND (L2 <> Not at all)

L7_22

CISR - PANIC

SHOW CARD H1

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 but less than 5 years
- 6 5 years or more

ASK ALL

M1

CISR - COMPULSIONS

Thank you for answering those questions on anxiety and worry.

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 **GOTO N1**

IF M1 = Yes

M2

CISR - COMPULSIONS

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 <> None)

M3

CISR - COMPULSIONS

Since last ^DMSTRDLWK what sorts of things have you done over and over again?

OPEN: String

IF (M1 = Yes) AND (M2 <> None)

M4

CISR - COMPULSIONS

During the past week, have you tried to stop yourself repeating things over again?

(NOTE: Compulsion(s) mentioned at M3: [M3])

- 1 Yes
- 2 No

IF (M1 = Yes) AND (M2 <> None)

M5

CISR - COMPULSIONS

Has repeating 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 <> None)

M6

CISR - COMPULSIONS

INTERVIEWER: IS MORE THAN ONE THING REPEATED AT M3

- 1 Yes
- 2 No **GOTO M7**

IF M1 = Yes AND IF M2 <> None AND IF M6 = Yes THEN

M6A

CISR - COMPULSIONS

Thinking about the past week, which of the things you mentioned did you repeat the most times?

OPEN: String

IF (M1 = Yes) AND (M2 <> None)

M7

Since last ^DMSTRDLWK, how many times did you repeat ^TextFill when you had already done it?

- 1 3 or more repeats
- 2 2 repeats
- 3 1 repeat

IF (M1 = Yes) AND (M2 <> None)

M8_22

SHOW CARD H1

How long have you been repeating things you mentioned in the way which 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 but less than 5 years
- 6 5 years or more

ASK ALL

N1

CISR - OBSESSIONS

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 to your mind?

- 1 Yes
- 2 No **GOTO O1**

IF N1 = Yes

N2

CISR - OBSESSIONS

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 **GOTO O1**

IF (N1 = Yes) AND (N2 = Same thought)

N3

CISR - OBSESSIONS

What are these unpleasant thoughts or ideas that keep coming into your mind?

RECORD VERBATIM

DO NOT PROBE OR PRESS FOR AN ANSWER

IF N1 = Yes AND IF N2 = Same thought THEN

N4

CISR - OBSESSIONS

Since last ^DMSTRDLWK on 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 <> None)

N5

CISR - OBSESSIONS

During the past week, have you tried to stop yourself thinking any of these thoughts?

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- 1 Yes
- 2 No

IF (N1 = Yes) AND (N2 = Same thought) AND (N4 <> None)

N6

CISR - OBSESSIONS

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 <> None)

N7

CISR - OBSESSIONS

In the past week, was the longest episode of having such thoughts...

RUNNING PROMPT

- 1 a quarter of an hour or longer
- 2 or was it less than this?

IF (N1 = Yes) AND (N2 = Same thought) AND (N4 <> None)

N8_22

CISR - OBSESSIONS

SHOW CARD H15

How long have you been having these thoughts in the way which 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 but less than 5 years
- 6 5 years or more

IF ANY CIS-R SYMPTOM SCORE = 2 OR MORE

O1

CISR - OVERALL EFFECTS

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 **GOTO O1B**

IF O1 = Yes

O1A

CISR - OVERALL EFFECTS

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

O1B

CISR - OVERALL EFFECTS

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

- 1 Yes
- 2 No

ASK ALL

Intro

SHOWCARD H9

I am now going to ask you some questions about how you felt last week. Please rate the following statements using showcard H16.

ASK ALL

MSPIN1

SHOWCARD H9

(Based on how you felt in the past week) Fear of embarrassment causes me to avoid doing things or speaking to people.

- 1 Not at all
- 2 A little bit
- 3 Somewhat
- 4 Very much
- 5 Extremely

**ASK ALL
MSPIN2**

SHOWCARD H9

(Based on how you felt in the past week) I avoided activities in which I am the centre of attention.

- 1 Not at all
- 2 A little bit
- 3 Somewhat
- 4 Very much
- 5 Extremely

**ASK ALL
MSPIN3**

SHOWCARD H9

(Based on how you felt in the past week) Being embarrassed or looking stupid are among my worst fears.

- 1 Not at all
- 2 A little bit
- 3 Somewhat
- 4 Very much
- 5 Extremely

IF G10 = 1,2,3, OR 4

PrevDep

Earlier you said that you have been feeling sad, miserable or depressed or 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 G6 = EMPTY Then

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 **GOTO DHSIntro**

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

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.

4 – 99 GOTO YrsDep

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

YrsDep

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

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

- 1 Yes
- 2 No

IF ((YrsDep = Yes) OR (PrevDep = Yes))

TimesD

How many times over the past ^years have you had a spell of feeling sad, miserable or depressed, and or you were unable to enjoy or take an interest in things?

INTERVIEWER: INCLUDE ANY CURRENT SPELL OF DEPRESSION

- 1 1 GOTO **DSHIntro**
- 2 2 GOTO **DSHIntro**
- 3 3-4 GOTO **DSHIntro**
- 4 5-6 GOTO **DSHIntro**
- 5 7 or more **GOTO DSHIntro**
- 6 unable to say **GOTO DSHIntro**

**ASK ALL
DSHIntro**

CISR/DELIBERATE SELF-HARM

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.

**ASK ALL
DSH1**

CISR/DELIBERATE SELF-HARM

Have you ever felt that life was not worth living?

- 1 Yes
- 2 No **GOTO DSH2**

IF DSH1 = Yes

DSH1a

CISR/DELIBERATE SELF-HARM

Was this....

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 in the last year?
- 3 or longer ago?

ASK ALL

DSH2

CISR/DELIBERATE SELF-HARM

Have you ever wished that you were dead?

- 1 Yes
- 2 No **GOTO DSH3**

IF DSH2 = Yes

DSH2a

CISR/DELIBERATE SELF-HARM

Was this..

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 in the last year?
- 3 or longer ago?

ASK ALL

DSH3

CISR/DELIBERATE SELF-HARM

Have you ever thought of taking your life, even if you would not do it?

- 1 Yes
- 2 No **GOTO DSH5**

IF DSH3 = Yes

DSH3a

CISR/DELIBERATE SELF-HARM

Was this..

READ OUT AND CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 in the last year?
- 3 or longer ago?

IF DSH3 = Yes

DSH3b

CISR/DELIBERATE SELF-HARM

Have you ever thought about a way in which you might take your life, even if you would not do it?

- 1 Yes
- 2 No

IF DSH3 = Yes

DSH4

CISR/DELIBERATE SELF-HARM

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 **GOTO DSH5**

IF DSH4 = Yes

DSH4a

CISR/DELIBERATE SELF-HARM

Was this..

CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 in the last year?
- 3 or longer ago?

ASK ALL

DSH5

CISR/DELIBERATE SELF-HARM

Have you ever harmed yourself in any way on purpose but not with the intention of killing yourself?

- 1 Yes
- 2 No **GOTO DSHExit**

IF DSH5 = Yes**DSH52**

CISR/DELIBERATE SELF-HARM

Was this

CODE FIRST THAT APPLIES

- 1 ...in the last week?
- 2 In the last year?
- 3 or longer ago?

IF ((DSH4a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH1a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH2a = in the last week) OR IF (DSH4a = in the last year)) OR IF ((DSH3a = in the last week) OR IF (DSH4 = No))) THEN

DSHExit

CISR/DELIBERATE SELF-HARM

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 Press 1 and <Enter> to continue. **GOTO PSQIntro**

IF H7IntChk = Informant felt guilty, not as good as others or hopeless THEN**H8**

ASK OR USE SHOWCARD 9

In the past week have you felt that life isn't worth living?

- 1 Yes **GOTO DVH11**
- 2 Spontaneous: Yes, but not in the past week **GOTO**
- 3 No **GOTO DVH11**

UniverseProxy = 1

H7IntChk = 1

QDelSH.DSH1a = 1

If H7IntChk = Informant felt guilty, not as good as others or hopeless**AND IF H8 = Yes THEN****Constructed Variable H9**

ASK OR USE SHOWCARD 10

In the past week, have you thought of killing yourself?

- 1 Yes
- 2 Spontaneous: Yes, but not in the past week
- 3 No

UniverseProxy = 1

H7IntChk = 1

H8 = 1

QDelSH.DSH3a = 1

ASK IF Proxy = selected respondent**DVH11**

Scores added from H4,H5,H6,H8,H9)

0 - 5

ASK IF Proxy = selected respondent**DVTotSc**

COMPUTED TOTAL SCORE

0 – 57 **GOTO PSQIntro****9. PSYCHOSIS SCREENING QUESTIONNAIRE (PSQ)**

ASK ALL**PSQIntro**

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

ASK ALL**PSQ1**

Over the past year, have there been times when you felt very happy indeed without a break for days on end?

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- 1 Yes
- 2 No **GOTO PSQ2**
- 3 Unsure **GOTO PSQ2**

IF PSQ1 = Yes

PSQ1a

Was there an obvious reason for this?

- 1 Yes **GOTO PSQ2**
- 2 No
- 3 Unsure **GOTO PSQ2**

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

PSQ1b

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

- 1 Yes
- 2 No **GOTO PSQ2**
- 3 Unsure

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

PSQ1bV

Could you tell me a little more about that?

CODE VERBATIM

ASK ALL

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 **GOTO PSQ3**
- 3 Unsure **GOTO PSQ3**

IF PSQ2 = Yes

PSQ2a

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

- 1 Yes
- 2 No **GOTO PSQ3**
- 3 Unsure

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

PSQ2aV

How do you explain what happened?

CODE VERBATIM

ASK ALL

PSQ3

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

- 1 Yes
- 2 No **GOTO PSQ4**
- 3 Unsure **GOTO PSQ4**

IF PSQ3 = Yes

PSQ3a

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

- 1 Yes
- 2 No **GOTO PSQ4**
- 3 Unsure **GOTO PSQ4**

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

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 **GOTO PSQ4**
- 3 Unsure

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

PSQ3bV

Why do you think this was happening?

CODE VERBATIM

ASK ALL

PSQ4

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

- 1 Yes
- 2 No **GOTO PSQ5**
- 3 Unsure **GOTO PSQ5**

IF PSQ4 = Yes**PSQ4a**

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

- 1 Yes
- 2 No **GOTO PSQ5**
- 3 Unsure

IF (PSQ4 = Yes) AND ((PSQ4a = Yes) OR (PSQ4a = Unsure))**PSQ4aV**

What was going on that felt so strange?

CODE VERBATIM

ASK ALL**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

IF PSQ5 = Yes**PSQ5a**

Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?

- 1 Yes
- 2 No **GOTO DVPscScr**
- 3 Unsure

IF (PSQ5 = Yes) AND IF ((PSQ5a = Yes) OR (PSQ5a = Unsure))**PSQ5aV**

What did the voices say to you?

CODE VERBATIM

GOTO DVPscScr

10. ADHD

ASK ALL**Intro**

SHOWCARD I1

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.

ASK ALL**adhdwrap**

SHOWCARD I1

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

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

ASK ALL**adhdorg**

SHOWCARD I1

(Still thinking about 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

ASK ALL

adhdapp

SHOWCARD I1

(Still thinking about 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

ASK ALL

adhdavd

SHOWCARD I1

(Still thinking about 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

ASK ALL

adhdsit

SHOWCARD I1

(Still thinking about over the last 6 months,) how often do you fidget or squirm with your hands or your feet when you have to sit down for a long time?

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

ASK ALL

adhdmot

SHOWCARD I1

(Still thinking about over the last 6 months,) how often do you feel overly active and compelled to do things, like you were driven by a motor?

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

ASK ALL

Adhdturn

SHOWCARD I1

(Still thinking about over the last 6 months) how often do you have difficulty waiting your turn in situations when turn taking is required?

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

IF ((adhdwrap = Sometimes OR Often OR Very Often)) OR ((adhdorg = Sometimes OR Often or Very Often)) OR ((adhdapp = Sometimes OR Often OR Very Often)) OR ((adhdavd = Often OR Very Often)) OR ((adhdsit = Often OR Very Often)) OR ((adhdmot = Often OR Very Often)) OR ((Adhdturn = Often OR Very Often))

AdhdAge

How old were you when these experiences <Textfill difficultues experienced> began?

- 1 Before age 7
- 2 8-12 years
- 3 13-16 years
- 4 17 or older
- 5 Unsure

11. WORK RELATED STRESS

IF APMSMode <> 2 THEN

IF AGE <= 70

Work

The next questions are about experiences in the workplace. Can I just check did you do any paid work in the last month since ^DMDLSUN, either as an employee or as self-employed?

<HELP F9> TAKE RESPONDENT'S DEFINITION, BUT IT MUST BE PAID WORK.

PAID WORK MEANS ANY WORK FOR PAY OR PROFIT DONE IN THE PAST MONTH, INCLUDING CASUAL WORK (E.G. BABY-SITTING, RUNNING A MAIL ORDER CLUB, ETC.), WORK BY 'RETIRED'. INCLUDE SELF-EMPLOYED PEOPLE IF THEY WORK IN THEIR OWN BUSINESS, PROFESSIONAL PRACTICE, OR FARM FOR THE PURPOSE OF EARNING A PROFIT. EXCLUDE NURSES IN TRAINING. EXCLUDE STUDENT NURSES.

- 1 Yes
- 2 No

IF Work = Yes

WKHard

SHOWCARD J1

Please look at this card and give the answer that comes closest to reflecting your work situation.

Do you have to work intensively?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/Almost Never

IF Work = Yes

WKTime

SHOWCARD J1

Do you have enough time to do everything?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/Almost Never

IF Work = Yes

JCQ1

SHOWCARD J1

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

WkSec

SHOWCARD J1

How often do you feel secure in your present job?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/Almost Never

IF Work = Yes

JCQ3

SHOWCARD J2

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

JCQ5

SHOWCARD J2

Do you get help and support from your line manager?

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- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never
- 5 does not apply/ has no line manager

IF Work = Yes

WLB1

SHOWCARD J3

To what extent do your family life and family responsibilities interfere with your performance in your job?

- 1 Not at all
- 2 To some extent
- 3 A great deal
- 4 Spontaneous – Not applicable

IF Work = Yes

WKMotiv

SHOWCARD J4

Do you feel motivated and involved in your work?

- 1 To a very large extent
- 2 To a large extent
- 3 Somewhat
- 4 To a small extent
- 5 To a very small extent

IF Work = Yes

WkDEM2

SHOWCARD J1

Is your work emotionally demanding?

- 1 Often
- 2 Sometimes
- 3 Seldom
- 4 Never/ Almost Never

IF Work = Yes

Bully_22

Have you ever been bullied or harassed at work in any way?

- 1 Yes
- 2 No

IF Bully_22 = Yes

BulfWhn

Have you experienced bullying or harassment at work in the past 12 months?

- 1 Yes
- 2 No

If Work = Yes

RemoteWrk

Thinking about your main job, do you currently do part or all of your job from home?

- 1 Yes – all
- 2 Yes - part
- 3 No

IF RemoteWrk = Yes

RemoteHrs

How many hours do you work from home in a usual week?

[0.00-99.00]

IF RemoteWrk = Yes – all or Yes – part

RemoteWrkCov

Do you currently spend more, less or about the same amount of time working from home as you did before the coronavirus (COVID-19) pandemic?

- 1 More time
- 2 Less time
- 3 About the same
- 4 Was not working before the pandemic

IF RemoteWrk = Yes Randomise order of WFHFeel1 and WFHFeel4

WFHFeelIntro

SHOWARD J1

The following questions are about comparing working from home with working outside the home. Please choose an answer from SHOWCARD J5 that best describes your view for each statement.

IF RemoteWrk = Yes

WFHFeel4

SHOWARD J5

Working from home is better for my health and wellbeing

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

IF RemoteWrk = Yes

WFHFeel2

SHOWARD J5

Working from home makes me feel isolated or lonely

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

12. TOBACCO

IF APMSMode <> 2 THEN

ASK ALL

Smokintr

SMOKING/DRINKING/DRUGS

The following questions are about smoking.

- 1 Press 1 and <Enter> to continue.

ASK ALL

Cigever_22

SMOKING/DRINKING/DRUGS

Have you ever smoked a cigarette, roll-up, cigar or pipe, not including electronic cigarettes or vaping products?

- 1 Yes
- 2 Yes but only tried once or twice **GOTO VapeEver**
- 3 No **GOTO VapeEver**

IF CigEver_22 = 1 Yes

StartSmoking

How old were you when you started smoking regularly?

INTERVIEWER: Not including electronic cigarettes or vaping products.

- 1 - 98

IF Cigever_22 = 1 Yes

Cignow_22

SMOKING/DRINKING/DRUGS

Do you smoke cigarettes, roll-ups, cigars or pipes at all nowadays, not including electronic cigarettes or vaping products?

- 1 Yes **GO TO QtyWknd_22**
- 2 No

IF Cignow_22 = 2 No

CigStopWhen

When did you stop smoking?

- 1 In the past 6 months
- 2 Between 6 months and a year ago
- 3 Between 1 and 5 years ago
- 4 Over 5 years ago

IF (Cignow_22 = Yes)

QtyWknd_22

SMOKING/DRINKING/DRUGS

About how many cigarettes a day do you usually smoke at weekends?
PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES
ROLL UPS TAKE ESTIMATE OF NUMBER OF CIGARETTES.

0 - 97

IF (Cignow_22 = Yes)

QtyWeek_22

SMOKING/DRINKING/DRUGS

About how many cigarettes a day do you usually smoke on weekdays?

PLEASE ENTER NUMBER, IF LESS THAN 1 ENTER 0.

INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES
ROLL UPS TAKE ESTIMATE OF NUMBER OF CIGARETTES

0 - 97

IF (Cignow_22 = Yes)

DVCig1

Total Cigarettes smoked

0 - 997

IF (Cignow_22 = Yes)

FirstCig

SMOKING/DRINKING/DRUGS

How soon after waking do you usually smoke your first cigarette?

- 1 Less than 5 minutes
- 2 5 to 14 mins
- 3 15 to 29 mins
- 4 30 mins but less than 1 hour
- 5 1 hr but less than 2 hrs
- 6 2 hours or more

IF (Cignow_22 = Yes)

GiveUp

SMOKING/DRINKING/DRUGS

Would you like to give up smoking altogether?

- 4 Yes
- 2 No

IF Cignow_22 = Yes

NQuit

Have you ever made a serious attempt to stop smoking?

INTERVIEWER EXPLAIN IF NECESSARY: By serious attempt I mean you decided that you would try to make
sure you never smoked again.

- 1 Yes
- 2 No

ASK ALL

VapeEver

Have you ever used an electronic cigarette (e-cigarette) or any other vaping device?

A vaping device is any product that you can use to inhale vapour rather like you would a cigarette.

- 1 Yes
- 2 Yes but only tried once or twice
- 3 No **GO TO END OF MODULE**

IF VapeEver = Yes OR Yes - Only tried once or twice

VapeNow

Do you use an e-cigarette or vaping device at all nowadays?

- 1 Yes
- 2 No **GO TO END OF MODULE**

IF VapeEver = 1 Yes - Regularly

StartVape

How old were you when you started to use an e-cigarette or vaping device regularly?

Range: 1..98

IF VapeNow = Yes

VapeFrq

How often have you used an e-cigarette or vaping device in the past month?

- 1 Less than once a month
- 2 At least once a month but less than once a week

- 3 At least once a week but less than every day
- 4 Every day

IF VapeFrq = 3 OR 4

WeekVape

How many times do you use your e-cigarette or vaping device on a typical **weekday**?

'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, **not** the number of puffs a day.

- 1 Less than once a day
- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 or more times
- 6 I vape for most of the time during the day

IF VapeNow = 3 OR 4

WkendVape

How many times do you use your e-cigarette or vaping device on a typical **weekend day**?

'How many times' refers to a 'session' i.e. picking it up, taking some puffs and putting it down again, **NOT** the number of puffs a day.

- 1 Less than once a day
- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 or more times
- 6 I vape for most of the time during the day

IF VapeNow = YES

FirstVp

How soon after waking do you **usually** have your first e-cigarette or vape of the day?

- 1 Less than 5 minutes
- 2 5-14 minutes
- 3 15-29 minutes
- 4 30 minutes but less than 1 hour
- 5 1 hour but less than 2 hours
- 6 2 hours or more

IF VapeNow = YES

VapeStp

Would you like to give up using e-cigarettes or vaping altogether?

- 1 Yes
- 2 No

13. ALCOHOL

IF APMSMode = 1

DrkIntro

INTERVIEWER: READ OUT TO ALL:

The next questions are for you to answer yourself using the computer. The computer is very easy to use. The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished, the whole section will get automatically locked up inside the computer so that I can't look back at it.

These questions may take a while to answer, but they are very important to us so please take as much time as you need.

You might find some of these questions a bit odd, but please just answer as best you can, even if some of the questions don't seem to apply.

INTERVIEWER IF ACCEPTED: GO THROUGH THE NEXT TWO QUESTIONS AND SHOW THE RESPONDENT HOW TO GO BACK AND CHANGE AN ANSWER.

PLEASE GIVE RESPONDENT SHOWCARD L1 TO USE DURING THE SELF-COMPLETION"

INTERVIEWER: if participant has concerns about using the laptop firstly offer to read out the questions. Only skip the CASI section if absolutely necessary.

- 1 Complete self-completion accepted by respondent
- 2 Section read and entered by interviewer
- 3 Section refused

IF DrkIntro = Complete self-completion accepted by respondent

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 don't know, press CTRL and K. If you don't want to answer, press CTRL and R.

- 1 Yes
- 2 No

IF DrkIntro = Complete self-completion accepted by respondent

DrTest2

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 DrkIntro = Complete self-completion accepted by respondent

EndPrac

This is the end of the practice questions, now please answer the next set of questions by yourself.

If at any point you would like to change an answer, you can go back to previous questions using the arrow keys.

If you need any further help or explanations, or are not sure how to answer a question, do ask the interviewer.

- 1 Press <1> and <enter> to move on

IF APMSMode = 2

CAWIInvite

The next questions are for you to answer yourself using your own **computer, tablet or mobile phone**. I will either send you an email to the survey link or will give you the details for how to access this.

INTERVIEWER: If the respondent does not have computer access, or seems reluctant to complete the CASI on the computer, then code option 2. You will then be given the option to carry on the interview on the phone at the next question.

INTERVIEWER: only chose option 2 if absolutely necessary.

- 1 Respondent accepted CAWI
- 2 Respondent refused CAWI section

IF {Mode = 2} AND {CAWIInvite = 1 'accept'}

EmailAvail

Do you have an email address that I can send the survey link to now?

- 1 Yes, respondent has email address
- 2 No, respondent does not have an email address or does not want to provide one

{IF EmailAvail = 1}

EmailCAWI

What is the email address?

INTERVIEWER: TYPE IN EMAIL ADDRESS. READ IT OUT TO CHECK EMAIL IS CORRECT.

: STRING[60]

DisEmail

Display version of email to prevent @ being treated as escape formatting character

: STRING[60]

Soft check on email address (example: includes blah@blah.com)

{IF EmailCAWI = RESPONSE}

EmailYes

Thanks - you should receive a link shortly which you will need to complete these online questions.

- 1 Press 1 and <Enter> to continue.

ESend

INTERVIEWER: PRESS 1 AND <ENTER> TO SEND AN EMAIL TO THE RESPONDENT.

ESendE

: (Submitted)

EmEnd

I have just sent you an email so please check to see if you have received it.

Once you receive it, you can click on the link to get started.

The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished the first section, it will be automatically locked so that no one can go back in and look at your answers.

These questions may take a while to answer, but they are very important to us so please take as much time as you need.

You might find some of these questions a bit odd, but please just answer as best you can, even if some of the questions don't seem to apply.

Please follow the instructions on the screen, however if you need any help or explanations at any point, please ask me. I will stay on the phone.

The online questionnaire will tell you when to let me know that you have finished and we will carry on with our interview.

INTERVIEWER: PLEASE TELL RESPONDENT TO USE SHOWCARD L1 DURING THE SELF-COMPLETION

INTERVIEWER: Please stay on the call in case the respondent needs help. When you select 'Continue' it will take you to the next question to ask the respondent when they have finished the first self-completion section.

INTERVIEWER: If the respondent does not receive the email, they can access the online questionnaire by going to {SurveyURL} and entering their unique access code: {AccessCode}.

INTERVIEWER: If the respondent is unable to access the online questionnaire for some reason, then please select '2' below.

- 1 Continue **[GO TO CASIEND]**
- 2 Respondent unable to access online questionnaire

{IF EmailAvail = 2}

EmailNo

To access the online questionnaire please go to { SurveyURL}.

INTERVIEWER: When respondent is on the survey page, tell them to enter their unique access code: { AccessCode}.

The questions are quite personal and, this way, your answers will be completely confidential and I won't see them. When you have finished the first section, it will be automatically locked so that no one can go back in and look at your answers.

These questions may take a while to answer, but they are very important to us so please take as much time as you need.

You might find some of these questions a bit odd, but please just answer as best you can, even if some of the questions don't seem to apply.

Please follow the instructions on the screen, however if you need any help or explanations at any point, please ask me. I will stay on the phone.

The online questionnaire will tell you when to let me know that you have finished and we will carry on with our interview.

INTERVIEWER: PLEASE ASK RESPONDENT TO USE SHOWCARD L1 DURING THE SELF-COMPLETION

INTERVIEWER: Please stay on the call in case the respondent needs help. When you select 'Continue' it will take you to the next question to ask the respondent when they have finished the first self-completion section.

INTERVIEWER: If the respondent is unable to access the online questionnaire for some reason, then please select '2' below.

- 1 Continue **[GO TO CASIEND]**
- 2 Respondent unable to access online questionnaire

IF ((Mode = 2) AND (EmEnd = 2 OR EmailNo = 2) OR {CAWIInvite = 2 'Respondent refused CAWI section})

CAWIPhone
I can ask the questions over the phone if that would be OK. These questions are quite personal but you can skip any questions that you don't want to answer.

INTERVIEWER CODE:

- 1 Respondent accepted interviewer reading the questions over the phone
- 2 Respondent refused interviewer reading questions over the phone **[GO TO CASIEND]**

IF CAWIPhone = 1

CAWIRef

I am now going to carry on with the rest of the interview over the phone.

- 1 Continue

PROG: Not visible to interviewer

IF Mode = 2 THEN derive

DVCAWIPhone (not visible to interviewer)

- 1 CAWI being completed online (Code 1 if EmEnd = 1 OR EmailNo = 1)
- 2 CAWI section refused (Code 2 if CAWIPhone = 2)
- 3 CAWI asked over phone (Code 3 if CAWIPhone = 1)

PROG: IF DVCAWIPhone = 3, GO TO DrinkNow

IF ((DrkIntro = (Complete self-completion accepted by respondent) OR (Section read and entered by interviewer)) OR (DVCAWIPhone = 3))

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

DrinkNow

I'm now going to ask you about drinking.

Do you ever drink alcohol nowadays?

Please include drinks brewed or made at home

- 1 Yes **GOTO DrkOfft**
- 2 No

IF DrinkNow = No**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 **GOTO DrkOfft**
- 2 Never

DrinkAny = 2 Never**DrinkEver**

Have you always been a non-drinker or did you stop drinking for some reason?

- 1 Always a non-drinker
- 2 Used to drink but not heavily
- 3 Used to drink heavily

DrinkAny = 2 Never**DrinkNever**

What is the ** main ** reason that you don't drink alcohol <TEXTFIL IF DrinkEver= 2 or 3: nowadays>?

SINGLE CODE

- 1 Culture or religious reasons
- 2 Financial cost
- 3 General health benefits
- 4 Specific physical/mental health problem
- 5 I had an alcohol problem
- 6 Advised to stop by my doctor/friends/family
- 7 Other

IF ((DrinkNow = Yes) OR (DrinkAny = Yes))**DrkOfft**

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 ((DrkOfft = monthly) OR (DrkOfft = two to four times a month) OR (DrkOfft = two to three times a week) OR (DrkOfft = four or more times a week))**DrAmt_22**

How many units of alcohol do you have on a typical day when you are drinking?

A standard unit is half a pint of beer, a single measure of spirits or a small glass of wine.

YOU CAN USE THE PICTURE CARD (CARD L1) GIVEN TO YOU BY THE INTERVIEWER AS A GUIDE.

- 1 One or two
- 2 Three or four
- 3 Five or six
- 4 Seven, eight, or nine
- 5 Ten or more

IF ((DrkOfft = monthly) OR (DrkOfft = two to four times a month) OR (DrkOfft = two to three times a week) OR (DrkOfft = four or more times a week))**LotOften_22**

Thinking about your drinking in the last year, how often do you have 6 or more units if female, or 8 or more if male, on one occasion?

A standard unit is half a pint of beer, a single measure of spirits or a small glass of wine.

- 1 Never,
- 2 Less than monthly,
- 3 Monthly,
- 4 Weekly,
- 5 Daily or almost daily

IF ((DrkOfft = two to four times a month) OR (DrkOfft = two to three times a week) OR (DrkOfft = four or more times a week))**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 ((DrkOft = two to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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 to four times a month) OR (DrkOft = two to three times a week) OR (DrkOft = four or more times a week))

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

IF (DrinkNow = 1 Yes) OR (DrinkAny = 1 Very occasionally) OR (DrinkEver = 2 (Used to drink but not a heavy drinker) OR 3 (Used to drink heavily))

ATreatInt

We would now like to ask you about any treatment, help advice that you may have had in relation to drinking alcohol.

IF (DrinkNow = 1 Yes) OR (DrinkAny = 1 Very occasionally) OR (DrinkEver = 2 (Used to drink but not a heavy drinker) OR 3 (Used to drink heavily))

ATreatOutType

Have you ever used any of the following for any reason related to your drinking?

- 1 Advice and information including self-help,
- 2 Talking therapy/counselling,
- 3 Medication,
- 4 Detoxification,
- 5 Rehabilitation,
- 6 Alcoholics Anonymous or other peer-support,
- 7 Other (including any treatment of alcohol-related injuries or illness)
- 8 None of the above

IF ATreatOutType = ANY OF 1 to 7

ATreatB4Type

Which of the following have you used in the last 12 months, for any reason related to your drinking?

- 1 Advice and information including self-help
- 2 Talking therapy/counselling,
- 3 Medication,
- 4 Detoxification,
- 5 Rehabilitation,
- 6 Alcoholics Anonymous or other peer-support,
- 7 Other (including any treatment of alcohol-related injuries or illness)
- 8 None of the above

IF ATreatB4Type = ANY OF 1 to 7

ATreatProv

Who provided this help or treatment?

- 1 NHS – GP practice
- 2 NHS- Accident and Emergency
- 3 NHS- drug and alcohol service
- 4 Pharmacy
- 5 Charity or voluntary sector
- 6 Private
- 7 Other

IF (DrkOft = Monthly) OR (DrkOft = Two) OR (DrkOft = Four Times a month) OR (DrkOft = Two to Three Times a week) OR (DrkOft = Four or more times a week)

ASeekTreat

Was there ever a time when you thought you should see a doctor, counsellor, or other health professional or seek any other help for your drinking, but you didn't go?

- 1 Yes
- 2 No

14. DRUGS

ASK ALL

DrgIntro_22

This section is about drug use. By drugs we mean things like cannabis, speed and heroin.

** Do not include drugs or medicines prescribed for you by a health professional. **

ASK ALL

ADrug_22

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 '10'

- 1 Cannabis (marijuana, grass, hash, ganja, draw, skunk, weed, spliff)
- 2 Synthetic cannabinoids (spice, K2, kronic, black mamba)
- 3 Amphetamines (speed, whizz, billy, sulphate, paste)
- 4 Methamphetamine (crystal meth, ice, crank, glass, tina, yaba)
- 5 Cocaine powder (coke, charlie)
- 6 Crack cocaine (base, rock, stones)
- 7 Ecstasy ('E', MDMA, molly)
- 8 Khat
- 9 Semeron

10 None of these

ASK ALL

ADrugB_22

And have you EVER taken any of the drugs listed below even if it was a long time ago?

Please type the numbers of ALL the drugs you have used.

If you have used NONE of them, type '9'

- 1 Heroin (smack, skag, 'H', brown)
- 2 Acid or LSD (trips)
- 3 Ketamine (K, special K, vitamin K)
- 4 Mephedrone (meow meow, M-cat, bubble, drone, 4MMC)
- 5 Magic mushrooms (shrooms)
- 6 Nitrous oxide (laughing gas, whippets, nos, bulbs)
- 7 Alkyl nitrates (poppers, amyl nitrite, butyl nitrite, isobutyl nitrite, isopropyl nitrite)
- 8 Glues, solvents, gas or aerosols (to sniff)
- 9 None of these

ASK ALL

ADrug2_22

And, 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 '9'

- 1 Methadone (physeptone)
- 2 Buprenorphine
- 3 Benzodiazepines (Xanax, temazepam, Valium, roofies, jellies, benzos)
- 4 Fentanyl (Carfentanyl)
- 5 Morphine (Diamorphine)
- 6 Oxycodone (OxyContin, Roxicodone)
- 7 Tramadol (Tramal, Ultram)
- 8 Anabolic steroids ('roids, testosterone)
- 9 None of these

IFADrug_22 <> None

YDrug_22

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 '10'

- 1 Cannabis (marijuana, grass, hash, ganja, draw, skunk, weed, spliff)
- 2 Synthetic cannabinoids (spice, K2, kronic, black mamba)
- 3 Amphetamines (speed, whizz, billy, sulphate, paste)
- 4 Methamphetamine (crystal meth, ice, crank, glass, tina, yaba)
- 5 Cocaine powder (coke, charlie)
- 6 Crack cocaine (base, rock, stones)
- 7 Ecstasy ('E', MDMA, molly)
- 8 Semeron
- 9 Khat
- 10 none of these

IFADrugB_22 <> None

YDrugB_22

In the LAST 12 MONTHS have you taken any of these drugs?

Please type the numbers of ALL the drugs you have used in the LAST 12 MONTHS.

If you have used NONE of them, type '9'.

- 1 Heroin (smack, skag, 'H', brown)
- 2 Acid or LSD (trips)
- 3 Ketamine (K, special K, vitamin K)
- 4 Mephedrone (meow meow, M-cat, bubble, drone, 4MMC)
- 5 Magic mushrooms (shrooms)
- 6 Nitrous oxide (laughing gas, whippets, nos, bulbs)
- 7 Alkyl nitrites (poppers, amyl nitrite, butyl nitrite, isobutyl nitrite, isopropyl nitrite)
- 8 Glues, solvents, gas or aerosols (to sniff)
- 9 None of these

IFADrug2_22 <> None

YDrug2_22

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 '9'

- 4 Methadone (Physeptone)
- 2 Buprenorphine
- 3 Benzodiazepines (Xanax, temazepam, Valium, roofies, jellies, benzos)
- 4 Fentanyl (Carfentanyl)
- 5 Morphine (Diamorphine)
- 6 Oxycodone (OxyContin, Roxicodone)
- 7 Tramadol (Tramal, Ultram)
- 8 Anabolic steroids (roids, testosterone)
- 9 None of these

Loop for each category {Cannabis (IF mentioned at Ydrug_22); Synthetic cannabinoids (IF mentioned at Ydrug_22); Amphetamine (If mentioned at Ydrug_22); Methamphetamine (IF mentioned at YDrug_22); Cocaine (IF mentioned at Ydrug_22); Crack (IF mentioned at Ydrug_22); Ecstasy (IF mentioned at Ydrug_22); Khat (IF mentioned at Ydrug_22); Heroin mentioned at YdrugB_22); Benzodiazepines (IF mentioned at Ydrug2_22); Glue, solvents, gas or aerosols (IF mentioned at Ydrug_22); Methadone (Physeptone), Heroin, Buprenorphine, Fentanyl (Carfentanyl) , Morphine (Diamorphine), Oxycodone (OxyContin, Roxicodone), or Tramadol (Tramal, Ultram) (IF methadone (Physeptone) mentioned at Ydrug2_22 AND/OR heroin mentioned at YdrugB_22 AND/OR Buprenorphine mentioned at Ydrug2_22 AND/OR Fentanyl (Carfentanyl) mentioned at Ydrug2_22 AND/OR Morphine (Diamorphine) mentioned at Ydrug2_22 AND/OR Oxycodone (OxyContin, Roxicodone) mentioned at Ydrug2_22 AND/OR Tramadol (Tramal,Ultram) mentioned at Ydrug2_22).

<TEXTFILL = ^LDrug {(IF > 1 response at Ydrug2_22 of (methadone (Physeptone), Buprenorphine, Fentanyl (Carfentanyl), Morphine (Diamorphine), Oxycodone (OxyContin, Roxicodone) OR Tramadol (Tramal, Ultram) 'any of' (Name of drug/s in loop) (IF loop Methadone (Physeptone), Buprenorphine, Fentanyl (Carfentanyl), Morphine (Diamorphine), Oxycodone (OxyContin, Roxicodone), or Tramadol (Tramal,Ultram) also '(that had not been prescribed for you'))}>

AgeStrt

How old were you when you first used ^LDrug?
0 - 97

NumUse

How many times have you ever used ^LDrug
1 less than 10 times
2 10 to 100 times
3 more than 100 times?

More2wk

During the past 12 months, have you used ^LDrug every day for two weeks or more?
1 Yes
2 No

Needed

In the past 12 months have you used ^LDrug to the extent that you felt like you needed it or were dependent on it?
1 Yes
2 No

CutDrg

In the past 12 months have you tried to cut down on ^LDrug] but found you could not do it?
1 Yes
2 No

IncDrg

In the past 12 months did you find that you needed larger amounts of ^LDrug to get an effect, or that you could no longer get high on the amount you used to use?
1 Yes
2 No

Withdr

In the past 12 months have you had withdrawal symptoms such as feeling sick because you stopped or cut down on ^LDrug ?
1 Yes
2 No

UseMB4

Now thinking about the past month, have you used ^LDrug in the past month?
1 Yes

- 2 No

IF UseMB4 = Yes THEN

OftenB4

About how often were you using ^LDrug 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

ImpactDrg

Have you or anyone else been hurt (mentally or physically) because of your use of ^LDrug?

- 1 Yes
- 2 No

FunctionDrg

How often over the past year have you not done something you should have done because of your use of ^LDrug?

- 1 About daily
- 2 About weekly
- 3 About monthly
- 4 Less than once a month
- 5 Never

END IF (Loop end)

IF (ADrug_22 <> None) OR (ADrugB_22 <> None) OR (ADrug2_22 <> None)

ODEver

Have you ever experienced a drugs 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 **GOTO InjIntr**

IF OdEver = Yes

OdTimes

How many times has this happened to you in your life?

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

IF (ADrug_22 = amphetamines) OR (ADrug_22 = cocaine or coke) OR (ADrug_22 = crack) OR (ADrug_22 = ecstasy) OR (ADrugB_22 = heroin) OR (ADrug2_22 = methadone or physeptone) OR (ADrug2_22 = Benzodiazepines)

InjIntr

The next questions are about your own experience of drug injecting.

IF (ADrug_22 = amphetamines) OR (ADrug_22 = cocaine or coke) OR (ADrug_22 = crack) OR (ADrug_22 = ecstasy) OR (ADrugB_22 = heroin) OR (ADrug2_22 = methadone or physeptone) OR (ADrug2_22 = Benzodiazepines)

InjEver

Have you ever injected drugs?

Do not include drugs that you were prescribed by a doctor

- 1 Yes
- 2 No **GOTO TreatInt**

IF InjEver = Yes

InjAge

How old were you when you first injected?

IF InjEver = Yes

InjReg

Have you ever injected regularly?

- 1 Yes
- 2 No

IF InjEver = Yes

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 InjEver = Yes

InjMB4

Did you inject in the last month?

- 1 Yes
- 2 No

IF (ADrug_22 <> None) OR (ADrugB_22 <> None) OR (ADrug2_22 <> None)

TreatInt

We would now like to ask you about any treatment, help or advice that you may have had in relation to drug use.

IF (ADrug_22 <> None) OR (ADrugB_22 <> None) OR (ADrug2_22 <> None)

DTreatOut

Have you ever used any of the following for any reason related to your drug use?

- 1 Advice and information including self-help
- 2 Talking therapy/counselling,
- 3 Medication,
- 4 Detoxification,
- 5 Rehabilitation,
- 6 Narcotics Anonymous or other peer-support,
- 7 Other (including any other treatment of drug-related injuries or illness)
- 8 None of the above

IF DTreatOut = <>7

DTreatB4

Which of the following have you used during the last 12 months, for any reason related to your drug use?

- 1 Advice and information including self-help
- 2 Talking therapy/counselling,
- 3 Medication,
- 4 Detoxification,
- 5 Rehabilitation,
- 6 Narcotics Anonymous or other peer-support
- 7 Other (including any other treatment of drug-related injuries or illness)
- 8 None of the above

IF DTreatB4 = <> 7

DTreatProv

Who provided this help or treatment?

- 1 NHS – GP practice
- 2 NHS - Accident and Emergency
- 3 NHS - drug and alcohol service
- 4 Pharmacy
- 5 Charity or voluntary sector
- 6 Private
- 7 Other

15. Gambling

ASK ALL

Gamb1

The next few questions are about gambling. By 'gambling' we mean things like:

- buying lottery tickets or scratchcards
- betting with a bookmaker on any event or sport, including online
- online casino, slots, poker or bingo playing slots/fruit machines/machines in a bookmakers
- bingo at a bingo hall
- table games at a casino
- playing football pools
- private betting, playing cards or games for money with friends, family or colleagues

Have you spent any money on any of these things in the last 12 months?

- 1 Yes
- 2 No

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 = 1 Yes) OR (Gamb2 = 1 Very occasionally in the last year) THEN

OnlineGamb

In the last 12 months, which of the following have you spent your own money on?

Please tick all that apply

- 1 Buying lottery tickets online
- 2 Online betting on any event or sport (including e-Sports)
- 3 Online casino games (e.g. slot games, roulette, cards or dice games) via a website or app
- 4 Online bingo via a website or app
- 5 Online poker via a website or app
- 6 Online instant wins via a website or app
- 7 None of these

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI1

We ask the following questions of anyone who has gambled in the past 12 months. Please answer as best you can, even if some of the questions don't seem to apply.

In the past 12 months, how often have you bet more than you could really afford to lose?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI2

In the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI3

In the past 12 months, how often have you gone back another day to try to win back the money you lost?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI4

In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI5

In the past 12 months, how often have you felt that you might have a problem with gambling?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI6

In the past 12 months, how often have you felt people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI7

In the past 12 months, how often have you felt guilty about the way you gamble, or what happens when you gamble?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI8

In the past 12 months, how often has your gambling caused you any health problems, including a feeling of stress or anxiety?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

PGSI9

In the past 12 months, how often has your gambling caused any financial problems for you or your household?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

IF (Gamb1 = Yes) OR (Gamb2 = Very occasionally in the past year) THEN

GambTreat

Have you ever used any of the following for any reason related to your gambling?

- 1 GP practice
- 2 Counsellor, therapist or other mental health service
- 3 Social worker, youth worker or support worker
- 4 Specialist gambling treatment service
- 5 A support group (e.g. Gamblers Anonymous)
- 6 A faith group
- 7 Family/friends
- 8 Employer/college
- 9 Online communities
- 10 Self-guided help (e.g. books, leaflets, websites, apps)
- 11 A telephone helpline
- 12 Self-exclusion (e.g. blocking software or blocking bank transactions)
- 13 Another source
- 14 None of these :[EXCLUSUIVE]

IF GambTreat <= 14 THEN

GambTreatNow

Which of the following have you used **during the last 12 months**, for any reason related to your gambling?

- 1 GP practice
- 2 Counsellor, therapist or other mental health service
- 3 Social worker, youth worker or support worker
- 4 Specialist gambling treatment service
- 5 A support group (e.g. Gamblers Anonymous)
- 6 A faith group
- 7 Family/friends
- 8 Employer/college
- 9 Online communities
- 10 Self-guided help (e.g. books, leaflets, websites, apps)
- 11 A telephone helpline
- 12 Self-exclusion (e.g. blocking software or blocking bank transactions)
- 13 Another source
- 14 None of these [EXCLUSIVE]

16. EATING DISORDERS

ASK ALL

IntroED

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

- 1 Continue

ASK ALL

eat3st

During the last year, have you lost more than one stone in a 3 month period?

- 1 Yes
- 2 No

ASK ALL

eatfull

Still thinking about the last year... have you made yourself be sick because you felt uncomfortably full?

- 1 Yes
- 2 No

ASK ALL

eatcont

Still thinking about the last year... did you worry you had lost control over how much you eat?

- 1 Yes
- 2 No

ASK ALL

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

ASK ALL

eatlife

Still thinking about the last year... would you say that food dominated your life?

- 1 Yes
- 2 No

If (1+ of (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

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

If (1+ of (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQIntro

The following questions are about your eating habits in the **last 7 days** that is since {day_date minus 7 days}.

- 1 Continue

If (1+ of (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS1

On how many of the past 7 days have you been deliberately **trying** to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

If (1+ of (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS2

On how many of the past 7 days have you gone for long periods of time (e.g. 8 waking hours or more) without eating anything at all in order to influence your shape or weight?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ of (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

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EDEQS3

On how many of the past 7 days has thinking about **food, eating or calories** made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS4

On how many of the past 7 days has thinking about your **weight or shape** made it very difficult to concentrate on things you are interested in (for example working, following a conversation, or reading)?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS5

On how many of the past 7 days have you had a definite fear that you might gain weight?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS6

On how many of the past 7 days have you had a strong desire to lose weight?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS7

On how many of the past 7 days have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDESQ8

On how many of the past 7 days have you exercised in a driven or compulsive way as a means of controlling your weight, shape or body fat, or to burn off calories?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS9

On how many of the past 7 days have you had a sense of having lost control over your eating (at the time you were eating)?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF EDEQS9 = 2 (1-2 days) OR 3 (3-5 days) OR 4 (6-7 days)

EDEQS10

On how many of these days (*i.e. days on which you had a sense of having lost control over your eating*) did you eat what other people would regard as an unusually large amount of food in one go?

- 1 No days
- 2 1-2 days
- 3 3-5 days
- 4 6-7 days

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS11

Over the past 7 days has your weight or shape influenced how you think about (judge) yourself as a person?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 A lot

IF (1+ OF (eat3st, eatfull, eatcont, eatoth or eatlife) = 1 Yes)

EDEQS12

Over the past 7 days how dissatisfied have you been with your weight or shape?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 A lot

17. PERSONALITY DISORDER – BORDERLINE AND ANTISOCIAL

IF APMSMode <> 2 THEN

ASK ALL

Intro

The next set of questions is 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

ASK ALL

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

ASK ALL

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

ASK ALL

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

ASK ALL

PD76

Does your sense of who you are often change dramatically?

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

ASK ALL

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

ASK ALL

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

ASK ALL

PD79

Have you often done things impulsively?

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

ASK ALL

PD80

Have you tried to hurt or kill yourself or threatened to do so?

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

ASK ALL

PD81

Have you ever cut, burned, or scratched yourself on purpose?

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

ASK ALL

PD82

Do you have a lot of sudden mood changes?

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

ASK ALL

PD83

Do you often feel empty inside?

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

ASK ALL

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

ASK ALL

PD85

Do you hit people or throw things when you get angry?

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

ASK ALL

PD86

Do even little things get you very angry?

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

ASK ALL

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

ASK ALL

PD88

Before you were 15, would you bully or threaten other kids?

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

ASK ALL

PD89

Before you were 15, would you start fights?

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

ASK ALL

PD90

Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, a knife or a gun?

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

ASK ALL

PD91

Before you were 15, did you deliberately torture someone or cause someone physical pain or suffering?

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

ASK ALL

PD92

Before you were 15, did you torture or hurt animals on purpose?

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

ASK ALL

PD93

Before you were 15, did you rob, mug, or forcibly take something from someone by threatening him or her?

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

ASK ALL

PD94

Before you were 15, did you force someone to have sex with you, get undressed, or touch you sexually?

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

ASK ALL

PD95

Before you were 15, did you start fires?

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

ASK ALL

PD96

Before you were 15, did you deliberately destroy things that weren't yours?

- 1 Yes

- 2 No
- 9 Don't Understand/Does Not Apply

ASK ALL

PD97

Before you were 15, did you break into houses, other buildings, or cars?

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

ASK ALL

PD98

Before you were 15, did you lie a lot or con other people?

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

ASK ALL

PD99

Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?

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

ASK ALL

PD100

Before you were 15, did you run away and stay away overnight?

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

ASK ALL

PD101

Before you were 13, did you often stay out very late, long after the time you were supposed to be home?

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

ASK ALL

PD102

Before you were 13, did you often skip school?

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

ASK ALL

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?

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

ASK ALL

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?

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

ASK ALL

PD105

Have you ever hit or thrown things at your spouse or partner?

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

ASK ALL

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?

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

ASK ALL

PD107

Since you were 15, have you been in any fights?

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

ASK ALL

PD107a

Have you been in a physical fight, assaulted or deliberately hit anyone in the past five years?

- 1 Yes
- 2 No **GOTO PD108**
- 9 Don't Understand/Does Not Apply **GOTO PD108**

IF PD107a = Yes

PD107b

How many times in the last five years?

- 1 - 100

IF PD107a = Yes

PD107c

Were you ever intoxicated with drink or drugs before any of these incidents?

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

IF PD107a = Yes

PD107d

Did any of these incidents involve any of the following people?

PLEASE ENTER THE NUMBERS OF ALL THOSE PEOPLE INVOLVED

- 1 Spouse or partner
- 2 Girlfriend or boyfriend
- 3 Children
- 4 Other family member
- 5 A friend
- 6 Someone known to you - not a family or friend
- 7 A stranger
- 8 Police
- 9 Other

IF PD107a = Yes

PD107e

Did any of these fights or assaults occur in the following places?

PLEASE ENTER THE NUMBERS OF ALL THE PLACES WHERE THESE FIGHTS OR ASSAULTS OCCURED

- 1 In your home
- 2 In someone else's home
- 3 In the street - outdoors
- 4 In a bar or pub
- 5 At your workplace
- 6 In a hospital
- 7 Anywhere else

IF PD107a = Yes

PD107f

Did any of the following things happen as a result of these fights or assaults?

PLEASE ENTER THE NUMBERS OF ALL THE THINGS THAT RESULTED FROM THESE FIGHTS OR ASSAULTS

- 1 You were injured
- 2 You saw your GP because of your injuries
- 3 You went to hospital because of your injuries
- 4 The other person(s) was injured
- 5 The police became involved
- 6 None of these things

ASK ALL

PD108

Since you were 15, have you used a weapon, like a stick, knife, or gun in a fight?

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

ASK ALL

PD109

Do you feel guilty or remorseful for previous behaviour such as having hurt, mistreated, or stolen from other people?

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

ASK ALL

PD110

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?

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

ASK ALL

PD111

Since you were 15, have you used or sold drugs?

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

ASK ALL

PD112_22

Since you were 15, have you carried out financial fraud?

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

ASK ALL

PD113_22

Since you were 15, have you received payment for sex?

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

ASK ALL

PD114

Since you were 15, have you ever used an alias or pretended to be someone else?

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

ASK ALL

PD115

Since you were 15, have you often 'conned' others to get what you want?

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

ASK ALL

PD116

Since you were 15, did you ever drive a car when you were drunk or high on drugs?

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

18. PERSONALITY DISORDER - GENERAL

IF APMSMode <= 2 THEN

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

**ASK ALL
SAPASInt**

The next set of questions are about how you are generally, as a person...

**ASK ALL
SAPAS1**

In general, do you have difficulty making and keeping friends?

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

**ASK ALL
SAPAS2**

Would you normally describe yourself as a loner?

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

**ASK ALL
SAPAS3**

In general, do you trust other people?

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

**ASK ALL
SAPAS4**

Do you normally lose your temper easily?

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

**ASK ALL
SAPAS5**

Are you normally an impulsive sort of person? (For example, do you rush into most things without thinking about the consequences?)

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

**ASK ALL
SAPAS6**

Are you normally a worrier?

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

**ASK ALL
SAPAS7**

In general, do you depend on others a lot?

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

**ASK ALL
SAPAS8**

In general, are you a perfectionist?

This applies to most tasks – not just isolated areas in your life.

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

19. SOCIAL FUNCTIONING

**ASK ALL
Intro**

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

ASK ALL

SFQA

I complete my tasks at work and home satisfactorily.

- 1 Most of the time
- 2 Usually
- 3 Occasionally
- 4 Not at all

ASK 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

ASK ALL

SFQC

I have no money problems

- 1 No problems at all
- 2 Slight problems only
- 3 Definite problems
- 4 Very severe problems

ASK ALL

SFQD

I have difficulties in getting and keeping close relationships.

- 1 Severe difficulties
- 2 Some difficulties
- 3 Occasional difficulties
- 4 No difficulties at all

ASK ALL

SFQE

I have problems in my sex life.

- 1 Severe problems
- 2 Moderate problems
- 3 Occasional problems
- 4 No problems at all

ASK 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

ASK ALL

SFQG

I feel lonely and isolated from other people.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

ASK ALL

SFQH

I enjoy my spare time.

- 1 Very much
- 2 Sometimes
- 3 Not often
- 4 Not at all

20. BIPOLAR DISORDER

ASK ALL

BPIntro

The next questions are about whether there has been a period of time when you were not your usual self.

ASK ALL

MDQ1

Has there ever been a period of time when you were not your usual self and...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

- 1 Yes
- 2 No

ASK ALL

MDQ2

Has there ever been a period of time when you were not your usual self and...you were so irritable that you shouted at people or started fights or arguments?

- 1 Yes
- 2 No

ASK ALL

MDQ3

Has there ever been a period of time when you were not your usual self and...you felt much more self-confident than usual?

- 1 Yes
- 2 No

ASK ALL

MDQ4

Has there ever been a period of time when you were not your usual self and...you got much less sleep than usual and found you didn't really miss it?

- 1 Yes
- 2 No

ASK ALL

MDQ5

Has there ever been a period of time when you were not your usual self and...you were much more talkative or spoke much faster than usual?

- 1 Yes
- 2 No

ASK ALL

MDQ6

Has there ever been a period of time when you were not your usual self and...thoughts raced through your head or you couldn't slow your mind down?

- 1 Yes
- 2 No

ASK ALL

MDQ7

Has there ever been a period of time when you were not your usual self and...you were so easily distracted by things around you that you had trouble concentrating or staying on track?

- 1 Yes
- 2 No

ASK ALL

MDQ8

Has there ever been a period of time when you were not your usual self and...you had much more energy than usual?

- 1 Yes
- 2 No

ASK ALL

MDQ9

Has there ever been a period of time when you were not your usual self and...you were much more active or did many more things than usual?

- 1 Yes

- 2 No

ASK ALL

MDQ10

Has there ever been a period of time when you were not your usual self and...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?

- 1 Yes
- 2 No

ASK ALL

MDQ11

Has there ever been a period of time when you were not your usual self and...you were much more interested in sex than usual?

- 1 Yes
- 2 No

ASK ALL

MDQ12

Has there ever been a period of time when you were not your usual self and...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

- 1 Yes
- 2 No

ASK ALL

MDQ13

Has there ever been a period of time when you were not your usual self and...spending money got you or your family into trouble?

- 1 Yes
- 2 No

IF (YES to 7 OR MORE of MDQ1 to 13) THEN

MDQ14

Have several of these ever happened during the same period of time?

- 1 Yes
- 2 No

IF MDQ14 = Yes THEN

MDQ15

How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

- 1 No Problem
- 2 Minor Problem
- 3 Moderate Problem
- 4 Serious Problem

21. AUTISM

ASK ALL

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.

ASK ALL

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

ASK ALL

ASsound

I often notice small sounds when others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree

- 4 Definitely disagree

ASK ALL

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

ASK ALL

ASdates

I am fascinated by dates.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASsocsit

I find social situations easy.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASdetail

I tend to notice the details that others do not.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASpeople

I find myself drawn more strongly to people than to things.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

AStalk

When I talk, it isn't always easy for others to get a word in edgeways.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

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

ASK ALL

ASfriend

I find it easy to make new friends.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

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

ASK ALL

ASBlines

I find it easy to 'read between the lines' when someone is talking to me.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASGoOn

People often tell me that I keep going on and on about the same thing.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASdomore

I find it easy to do more than one thing at once.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASphone

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

ASK ALL

ASface

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

ASK ALL

ASinform

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

ASK ALL

ASRout

It does not upset me if my daily routine is disturbed.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASsococc

I enjoy social occasions.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

ASdob

I am not very good at remembering people's date of birth.

- 1 Definitely agree
- 2 Slightly agree
- 3 Slightly disagree
- 4 Definitely disagree

ASK ALL

RAADSR2

I can't tolerate things I dislike (like smells, textures, sounds or colours)

- 1 True now and when I was young
- 2 True now only
- 3 True only when I was younger than 16
- 4 Never true

22. POST-TRAUMATIC STRESS DISORDER

ASK ALL

PTSDCL1

Over the next few screens will be a list of problems and complaints. Please indicate how much you have been bothered by each problem in the last month.

(In the last month:) Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

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

ASK ALL

PTSDCL2

(In the last month:) Repeated, disturbing dreams of a stressful experience from the past?

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

ASK ALL

PTSDCL3

(In the last month:) Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

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

ASK ALL

PTSDCL4

(In the last month:) Feeling very upset when something reminded you of a stressful experience from the past?

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

ASK ALL

PTSDCL5

(In the last month:) Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?

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

ASK ALL

PTSDCL6

(In the last month:) Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?

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

ASK ALL**PTSDCL7**

(In the last month:) Avoid activities or situations because they remind you of a stressful experience from the past?

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

ASK ALL**PTSDCL8**

(In the last month:) Trouble remembering important parts of a stressful experience from the past?

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

ASK ALL**PTSDCL9**

(In the last month:) Loss of interest in things that you used to enjoy?

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

ASK ALL**PTSDCL10**

(In the last month:) Feeling distant or cut off from the other people?

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

ASK ALL**PYSDCL11**

(In the last month:) Feeling emotionally numb or being unable to have loving feelings for those close to you?

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

ASK ALL**PTSDCL12**

(In the last month:) Feeling as if your future will somehow be cut short?

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

ASK ALL**PTSDCL13**

(In the last month:) Trouble falling or staying asleep?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit

- 5 Extremely

ASK ALL

PTSDCL14

(In the last month:) Feeling irritable or having angry outbursts?

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

ASK ALL

PTSDCL15

(In the last month:) Having difficulty concentrating?

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

ASK ALL

PTSDCL16

(In the last month:) Being 'super alert' or watchful on guard?

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

ASK ALL

PTSDCL17

(In the last month:) Feeling jumpy or easily startled?

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

ASK ALL

PTSDCL18

(In the last month:) Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

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

ASK ALL

PTSDCL19

(In the last month:) Having strong negative beliefs about yourself, other people or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

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

ASK ALL

PTSDCL20

(In the last month:) Blaming yourself or someone else for a stressful experience or what happened after it?

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

ASK ALL

PTSDCL21

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(In the last month:) Having strong negative feelings such as fear, horror, anger, guilt or shame?

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

ASK ALL

PTSDCL22

(In the last month:) Taking too many risks or doing things that could cause you harm?

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

ASK ALL

PTSDever

Has a traumatic event or experience ever 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.

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

ASK ALL

PTSDarm_22

Have you ever served in the UK Armed Forces or the UK Reserve Armed Forces?

- 1 Regular
- 2 Reserve
- 3 Both regular and reserve
- 4 Other (please specify)
- 5 No

IF PTSDarm_22 = 4 Other

PTSDarmO

Please specify

IF PTSDarm_22 = 1, 2, 3, 4

PTSDarmf

In what year did you first serve in the UK Armed Forces?

Please enter the year as numbers for example 1990

1900 - 2023

IF PTSDarm_22 = 1, 2, 3, 4,

PTSDarmc

Are you currently serving in the UK Armed Forces?

- 1 Yes
- 2 No **GOTO PTSDarmi**

IF (PTSDarm_22 = 1, 2, 3, 4) AND (PTSDarmc = No)

PTSDarmi

In what year did you last serve in the UK Armed Forces?

Please enter the year as numbers for example 1990

1900 - 2023

IF PTSDarm_22 = 1, 2 or 3

PTSDarmb

Which branch of the Armed Forces (do/did) you serve with?

- 1 Royal Naval Service
- 2 Army
- 3 Royal Air Force
- 4 As a Reservist, Cadet, Territorial Army
- 5 Other

IF PTSDarm_22 = 1,2,3,4

PTSDarmiImpact

Looking back at your military career, what overall impact do you feel it had on your life post-service (health, employment, life satisfaction)?

- 1 Positive impact
- 2 No impact
- 3 Both positive and negative impact
- 4 Negative impact

IF (PTSDarm_22 = 1, 2, 3, 4 AND (PTSDever = Yes)

PTSDarms

Was the traumatic event or experience you referred to before...

- 1 a military experience
- 2 a non military experience
- 3 or both?

23. INTERPERSONAL VIOLENCE AND ABUSE

PERPETRATION

ASK ALL

ActionIntro

The next few questions are about things that you might have done to someone against their will, perhaps to a partner or ex-partner, a family member, someone else you knew or a stranger.

Please include all events, even if they didn't seem important at the time.

Your answers are confidential - the computer locks them up so that the interviewer cannot see what you have answered.

ASK ALL

Action2

Have you ever pushed, held down, slapped or used any physical force on someone, even if this happened a long time ago?

- 1 Yes
- 2 No

IF Action2 = Yes

Action2WHO

What was the relationship of that person (or those people) to you when it happened?

Please select all that apply.

Were they...

MULTICODE

- 1 Your husband/boyfriend/partner
- 2 Your wife/girlfriend/partner
- 3 Your ex-husband/ex-boyfriend/ex-partner
- 4 Your ex-wife/ex-girlfriend/ex-partner
- 5 Another family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 A stranger
- 8 Other

IF Action2WHO = ANOTHER FAMILY MEMBER (5)

Action2WFAM

Was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF Action2WHO = SOMEONE ELSE YOU KNEW (6)

Action2WSOM

At the time it happened, was the other person you knew...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date

- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

IF (Action2WHO = 6 Someone else you knew OR 7 A stranger OR 8 Other) OR (Action2WFAM = 7 Any other relative)

Action2Gen

Was the person or people you did this to...

- 1 Male
- 2 Female
- 3 Both
- 4 Other

IF Action2 = Yes

Act2Whn

Has this happened in the past 12 months?

- 1 Yes
- 2 No

ASK ALL

Action3a

Have you ever shared an explicit image or video of someone you knew, without their permission, even if this happened a long time ago?

- 1 Yes
- 2 No

IF Action3a = Yes

Action3aWHO

What was the relationship of that person (or those people) to you when it happened?

Please select all that apply.

Were they...

MULTICODE

- 1 Your husband/boyfriend/partner
- 2 Your wife/girlfriend/partner
- 3 Your ex-husband/ex-boyfriend/ex-partner
- 4 Your ex-wife/ex-girlfriend/ex-partner
- 5 Another family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 A stranger
- 8 Other

IF Action3aWHO = ANOTHER FAMILY MEMBER (5)

Action3aWFAM

Was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF Action3aWHO = SOMEONE ELSE YOU KNEW (6)

Action3aWSOM

At the time it happened, was the other person you knew...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

IF (Action3aWHO = 6 Someone else you knew OR 7 A stranger OR 8 Other) OR (Action3aWFAM = 7 Any other relative)

Action3aGen

Was the person or people you did this to...

- 1 Male
- 2 Female
- 3 Both
- 4 Other

IF Action3a = Yes

Act3aWhn

Has this happened in the past 12 months?

- 1 Yes
- 2 No

ASK ALL

Action4

Have you ever got someone to do something sexual that they did not want to do or where they were unable to refuse, even if this happened a long time ago?

- 1 Yes
- 2 No

IF Action4 = YES

Action4WHO

What was the relationship of that person (or those people) to you when it happened?

Please select all that apply.

Were they...

MULTICODE

- 1 Your husband/boyfriend/partner
- 2 Your wife/girlfriend/partner
- 3 Your ex-husband/ex-boyfriend/ex-partner
- 4 Your ex-wife/ex-girlfriend/ex-partner
- 5 Another family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 A stranger
- 8 Other

IF Action4WHO = ANOTHER FAMILY MEMBER (5)

Action4WFAM

Was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF Action4WHO = SOMEONE ELSE YOU KNEW (6)

Action4WSOM

At the time it happened, was the other person you knew...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

If (Action4WHO = 6 Someone else you knew OR 7 A stranger OR 8 Other) OR (Action4FAM = 7 Any other relative)

Action4Gen

Was the person or people you did this to...

- 1 Male
- 2 Female

- 3 Both
- 4 Other

IF Action4 = Yes

Act4Whn

Has this happened in the past 12 months?

- 1 Yes
- 2 No

ASK ALL

Action1

And, have you ever tried to frighten someone, by threatening to hurt them or someone close to them, even if this happened a long time ago?

- 1 Yes
- 2 No

IF Action1 = YES

Action1WHO

What was the relationship of that person (or those people) to you when it happened?
Please select all that apply.

Were they...

MULTICODE

- 1 Your husband/boyfriend/partner
- 2 Your wife/girlfriend/partner
- 3 Your ex-husband/ex-boyfriend/ex-partner
- 4 Your ex-wife/ex-girlfriend/ex-partner
- 5 Another family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 A stranger
- 8 Other

IF Action1WHO = ANOTHER FAMILY MEMBER (5)

Action1WFAM

Was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF Action1WHO = SOMEONE ELSE YOU KNEW (6)

Action1WSOM

At the time it happened, was the other person you knew ...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

If (Action1WHO = 6 Someone else you knew OR 7 A stranger OR 8 Other) OR (Action1WFAM = 7 Any other relative)

Action1Gen

Was the person or people you did this to...

- 1 Male
- 2 Female
- 3 Both
- 4 Other

IF Action1 = Yes

Act1Whn

Has this happened in the past 12 months?

- 1 Yes
- 2 No

VIOLENCE VICTIMISATION AND ABUSE

Note to programmer: Throughout this module we need to have 'emergency exit' routing. If someone chooses 'prefer not to answer' or tries to skip certain questions, they will be asked whether they want to skip the whole section or skip just that question.

The module has been split into three sections the pop up check will only appear once per section. If they choose to skip only that question, they will continue through the section as usual. If they then choose to skip another question in the section then they will be able to do so, but won't be asked if want to skip the whole section again.

Once the next section starts, the first time the respondent chooses to skip a question in that section the emergency exit pop up will appear again.

ASK ALL

Intro2

The next questions are about things that others have done TO YOU since you were 16.

This includes things done by a partner or ex-partner, a family member, someone else you knew, or a stranger. Please include all events against your will, even if they didn't seem important at the time.

Some questions may feel repetitive. We're asking these to understand how common these things are to inform support and service provision.

Your answers are confidential - the computer locks them up so that the interviewer cannot see what you have answered.

If there are any questions you find that you do not want to answer, you can skip them by pressing 'CTRL and R'.

TEXTFILL SPECIFICATION

^RELHus 'your husband/boyfriend/partner'
 ^RELWif 'your wife/girlfriend/partner'
 ^RELExH 'your ex-husband/ex-boyfriend/ex-partner'
 ^RELExW 'your ex-wife/ex-girlfriend/ex-partner'
 ^RELStr 'a stranger'
 ^RELOth 'the other person you mentioned'
 ^RELFat 'your father/stepfather'
 ^RELMot 'your mother/stepmother'
 ^RELBro 'your brother/stepbrother'
 ^RELSis 'your sister/stepsister'
 ^RELSon 'your son/stepson'
 ^RELDau 'your daughter/stepdaughter'
 ^RELFamOth 'your other relative'
 ^RELDat 'someone you met recently or a date'
 ^RELFri 'your friend'
 ^RELNei 'your neighbour'
 ^RELCol 'your colleague/peer from work or school/university'
 ^RELTru 'a person in a position of trust or authority (e.g. manager, teacher, police)'
 ^RELSom 'someone else you knew'

ASK ALL

PUSH

Since the age of 16, has anyone **pushed you, held you down or slapped you**?

- 1 Yes, once
- 2 Yes, a few times
- 3 Yes, many times
- 4 No

IF PUSH=1

PUSHWhn

When were **you pushed, held down or slapped**?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF PUSH = 1, 2 or 3

PUSHWho

How many people have done this to you since you were 16?

- 1 One
- 2 More than one

IF PUSH = 1, 2 or 3**PUSHSexM**

[TEXTFILL: Was that person.../Were those people...]

IF PushWho=1 "PLEASE SELECT ONE OPTION"

IF PushWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF PUSH = 1, 2 or 3**PUSHRel**

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF PushWho=1 "PLEASE SELECT ONE OPTION"

IF PushWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF PUSHREL = OTHER FAMILY MEMBER**PUSHRelF**

Was the other family member your...

IF PushWho=1 "PLEASE SELECT ONE OPTION"

IF PushWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF PUSHREL = SOMEONE ELSE YOU KNEW**PUSHRelP**

At the time it happened, was the other person you knew ...

IF PushWho=1 "PLEASE SELECT ONE OPTION"

IF PushWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

FOR EACH RELATIONSHIP TYPE REPORTED AT PUSHREL**IF PUSH = 2 OR 3****PUSHWhnFir**

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RELExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4.

Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] push, hold down or slap you, since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

ASK ALL

Physical

'Since the age of 16, has anyone kicked, bit, hit or choked you, or used other physical force or a weapon against you?'

- 1 Yes, once
- 2 Yes, a few times
- 3 Yes, many times
- 4 No

IF Physical = 1

PhysWhn

When were you kicked, bit, hit or choked, or had other physical force or a weapon used against you?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF Physical = 1, 2 or 3

PhysWho

How many people have done this to you since you were 16?

- 1 One
- 2 More than one

IF Physical = 1, 2 or 3

PhysSexM

[TEXTFILL: Was that person.../Were those people...]

IF PhysWho=1 "PLEASE SELECT ONE OPTION"

IF PhysWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF Physical = 1, 2 or 3

PhysRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF PhysWho=1 "PLEASE SELECT ONE OPTION"

IF PhysWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF PhysREL = OTHER FAMILY MEMBER

PhysRelF

Was the other family member your...

IF PhysWho=1 "PLEASE SELECT ONE OPTION"

IF PhysWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson

- 6 Daughter/stepdaughter
- 7 Any other relative

IF PhysREL = SOMEONE ELSE YOU KNEW

PhysRelP

At the time it happened, was the other person you knew ...

IF PhysWho=1 "PLEASE SELECT ONE OPTION"

IF PhysWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

LOOP FOR EACH RELATIONSHIP TYPE REPORTED AT PhysREL

IF Physical = 2 OR 3

PhysWhnFir

When did[TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RelExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] kick, bite, hit or choke, or have other physical force or a weapon used against you since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

[FOR ANY REPORT OF PHYSICAL VIOLENCE {IF (PUSH = 1,2, OR 3) AND/OR (PHYSICAL = 1,2 OR 3)}

Vinj

Were you ever injured (even if only slightly) as a result of physical force being used against you? By injured we mean things such as bruises, black eyes, cuts, scratches or broken bones.

- 1 Yes injured
- 2 No

ASK ALL

Threat

'Since the age of 16, has anyone threatened you in any of the following ways, either in person, by phone or online?

- Threatened to hurt you or someone close to you
- Threatened to kill you
- Threatened to use a weapon on you
- Threatened to damage your property or pet
- Other threat
 - 1 Yes, once
 - 2 Yes, a few times
 - 3 Yes, many times
 - 4 No

IF Threat = 1

ThreatWhn

When were you threatened?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF Threat = 1, 2 or 3

ThreatWho

How many people have done this to you since you were 16?

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

- 1 One
- 2 More than one

IF Threat = 1, 2 or 3

ThreatSexM

[TEXTFILL: Was that person.../Were those people...]

IF ThreatWho = 1 "PLEASE SELECT ONE OPTION"

IF ThreatWho = 2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF Threat = 1, 2 or 3

ThreatRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF ThreatWho = 1 "PLEASE SELECT ONE OPTION"

IF ThreatWho = 2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF ThreatREL = OTHER FAMILY MEMBER

ThreatRelF

Was the other family member your...

IF ThreatWho = 1 "PLEASE SELECT ONE OPTION"

IF ThreatWho = 2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF ThreatREL = SOMEONE ELSE YOU KNEW

ThreatRelP

At the time it happened, was the other person you knew ...

IF ThreatWho=1 "PLEASE SELECT ONE OPTION"

IF ThreatWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

LOOP FOR EACH RELATIONSHIP TYPE REPORTED AT ThreatREL

If Threat = 2 or 3

ThreatWhnFir

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RELExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] threaten you since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

ASK ALL

Harass

'Since the age of 16, has anyone done any of the following to you more than once, causing you fear, annoyance or distress:

- Sent obscene or threatening letters, emails, texts or social media messages
- Made obscene, threatening, nuisance or silent phone calls
- Waited or loitered outside your home or workplace
- Followed you around and watched you
- Monitored or tracked you
- Harassed or stalked you in some other way'
 - 1 Yes
 - 2 No

IF Harass = 1

HarassWho

How many people have done this to you since you were 16?

- 1 One
- 2 More than one

IF Harass = 1

HarassSexM

[TEXTFILL: Was that person.../Were those people...]

IF HarassWho=1 "PLEASE SELECT ONE OPTION"

IF HarassWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF Harass = 1

HarassRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF HarassWho=1 "PLEASE SELECT ONE OPTION"

IF HarassWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF HarassREL = OTHER FAMILY MEMBER

HarassRelF

Was the other family member your...

IF HarassWho=1 "PLEASE SELECT ONE OPTION"

IF HarassWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF HarassREL = SOMEONE ELSE YOU KNEW

HarassRelP

At the time it happened, was the other person you knew ...

IF HarassWho=1 "PLEASE SELECT ONE OPTION"

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IF HarassWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

FOR EACH RELATIONSHIP TYPE REPORTED AT HarasstREL

IF Harass = 1

HarassWhnFir

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RelExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] harass or stalk you, since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF Harass = 1

StalkType

'Which of the following occurred **more than once** and caused you fear, annoyance or distress? Someone...

PLEASE SELECT ALL THAT APPLY

- 1 Sent obscene or threatening letters, emails, texts or social media messages
- 2 Made obscene, threatening, nuisance or silent phone calls
- 3 Waited or loitered outside your home or workplace
- 4 Followed you around and watched you
- 5 Monitored or tracked you
- 6 Harassed or stalked you in some other way
- 7 None happened more than once

[FOR ANY REPORT OF THREAT or HARASSMENT AND STALKING {IF (Threat =1,2 or 3) OR (Harass =1) VTech

When you were <TEXTFIL: threatened/ stalked or harassed>, was social media or a digital device involved, such as a smartphone, laptop, video doorbell, or home surveillance system?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, not at all

ASK ALL

Images

'Since the age of 16, has anyone shared explicit or intimate images or video of you against your will?.'

- 1 Yes, once
- 2 Yes, a few times
- 3 Yes, many times
- 4 No

IF Images = 1

ImagesWhn

When were intimate images of you shared against your will?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF Images = 1, 2 or 3

ImagesWho

How many people have done this to you since you were 16?

- 1 One

2 More than one

IF Images = 1, 2 or 3

ImagesSexM

[TEXTFILL: Was that person.../Were those people...]

IF ImagesWho=1 "PLEASE SELECT ONE OPTION"

IF ImagesWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF Images = 1, 2 or 3

ImagesRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF ImagesWho=1 "PLEASE SELECT ONE OPTION"

IF ImagesWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF ImagesREL = OTHER FAMILY MEMBER

ImagesRelF

Was the other family member your...

IF ImagesWho=1 "PLEASE SELECT ONE OPTION"

IF ImagesWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF ImagesREL = SOMEONE ELSE YOU KNEW

ImagesRelP

At the time it happened, was the other person you knew ...

IF ImagesWho=1 "PLEASE SELECT ONE OPTION"

IF ImagesWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

LOOP FOR EACH RELATIONSHIP TYPE REPORTED AT ImagesREL

IF Images = 2 or 3

ImagesWhnFir

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RelExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] share intimate images of you against your will, since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year

- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

ASK ALL

SxContact

'Since the age of 16, has anyone touched you, or got you to touch them, in a sexual way when you did not want to or were unable to refuse?'

- 1 Yes, once
- 2 Yes, a few times
- 3 Yes, many times
- 4 No

IF SxContact = 1

SxContactWhn

When were you touched or someone got you to touch them in a sexual way when you did not want to?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF SxContact = 1, 2 or 3

SxContactWho

How many people have done this to you since you were 16?

- 1 One
- 2 More than one

IF SxContact = 1, 2 or 3

SxContactSexM

[TEXTFILL: Was that person.../Were those people...]

IF SxContactWho=1 "PLEASE SELECT ONE OPTION"

IF SxContactWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF SxContact = 1, 2 or 3

SxContactRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF SxContactWho=1 "PLEASE SELECT ONE OPTION"

IF SxContactWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF SxContactREL= OTHER FAMILY MEMBER

SxContactReIF

Was the other family member your...

IF SxContactWho=1 "PLEASE SELECT ONE OPTION"

IF SxContactWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF SxContactREL= SOMEONE ELSE YOU KNEW**SxContactRelP**

At the time it happened, was the other person you knew ...

IF SxContactWho=1 "PLEASE SELECT ONE OPTION"

IF SxContactWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

LOOP FOR EACH RELATIONSHIP TYPE REPORTED AT SxContactREL**IF SxContact = 2 or 3****SxContactWhnFir**

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RelExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSon // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] touch you or get you to touch them in a sexual way when you did not want to, since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

ASK ALL**SxAgnstWil**

'Since the age of 16, has anyone had sex with you against your will?

This includes oral, vaginal or anal sex, without your consent or when you were unable to refuse.

- 1 Yes, once
- 2 Yes, a few times
- 3 Yes, many times
- 4 No

IF SxAgnstWil = 1**SxAgnstWilWhn**

When did someone **have sex with you against your will** ?

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

IF SxAgnstWil = 1, 2 or 3**SxAgsntWilWho**

How many people have done this to you since you were 16?

- 1 One
- 2 More than one

IF SxAgnstWil = 1, 2 or 3**SxAgnstWilSexM**

[TEXTFILL: Was that person.../Were those people...]

IF SxAgsntWilWho=1 "PLEASE SELECT ONE OPTION"

IF SxAgsntWilWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Male
- 2 Female
- 3 Both
- 4 Other
- 5 Don't know

IF SxAgnstWil = 1, 2 or 3

SxAgnstWilRel

What was the relationship of <TEXTFILL: that person/those people> that did this to you at the time it happened?

IF SxAgsntWilWho=1 "PLEASE SELECT ONE OPTION"

IF SxAgsntWilWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Husband/boyfriend/partner
- 2 Wife/girlfriend/partner
- 3 Ex-husband/ex-boyfriend/ex-partner
- 4 Ex-wife/ex-girlfriend/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF SxAgnstWilREL = OTHER FAMILY MEMBER

SxAgnstWilRelF

Was the other family member your...

IF SxAgsntWilWho=1 "PLEASE SELECT ONE OPTION"

IF SxAgsntWilWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Son/stepson
- 6 Daughter/stepdaughter
- 7 Any other relative

IF SxAgnstWilREL = SOMEONE ELSE YOU KNEW

SxAgnstWilRelP

At the time it happened, was the other person you knew ...

IF SxAgsntWilWho=1 "PLEASE SELECT ONE OPTION"

IF SxAgsntWilWho=2 "PLEASE SELECT ALL THAT APPLY"

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

LOOP FOR EACH RELATIONSHIP TYPE REPORTED AT SxAgnstWilREL

IF SxAgnstWil = 2 or 3

SxAgnstWilWhnFir

When did [TEXTFILL: IF PushRel = 1. Husband THEN ^RELHus // IF PushRel = 2. Wife THEN ^RELWife // IF PushRel = 3. Ex-husband THEN ^RelExH // IF PushRel = 4. Ex-wife THEN ^RELExW // IF PushRel = 7. Stranger THEN ^RELStr // IF PushRel = 8. Other THEN ^RELOth // IF PushRelF = 1. Father THEN ^RELFat // IF PushRelF = 2. Mother THEN ^RELMot // IF PushRelF = 3. Brother THEN ^RELBro // IF PushRelF = 4. Sister THEN ^RELSis // IF PushRelF = 5. Son THEN ^RELSON // IF PushRelF = 6. Daughter THEN ^RELDau // IF PushRelF = 7. Other THEN ^RELFamOth // IF PushRelP = 1. Someone met recently THEN ^RELDat // IF PushRelP = 2. Friend THEN ^RELFri // IF PushRelP = 3. Neighbour THEN ^RELNei // IF PushRelP = 4. Colleague THEN ^RELCol // IF PushRelP = 5. Person in authority THEN ^RELTru // IF PushRelP = 6. Someone else THEN ^RELSom] have sex with you against your will, since you were 16?

If this has happened more than once, please CODE ALL THAT APPLY

- 1 In the past year
- 2 1 or 2 years ago
- 3 3 to 9 years ago
- 4 10 years ago or more

ASK ALL

CONTR

Since you were 16, has a **partner or ex-partner** ever **repeatedly** done any of the things listed below?

By partner we mean a boyfriend, girlfriend, husband, wife or civil partner.

- Prevented you from knowing about or having access to household money
- Prevented you from working or earning money, or studying
- Stopped you from seeing friends and relatives
- Belittled you and made you feel worthless
- Used digital technology to monitor, threaten or control you

- 1 Yes

- 2 No
- 3 Never had a partner/been in a relationship

IF CONTR = YES

CONTRWh

Which of the following has a partner or ex-partner done repeatedly since you were 16?

PLEASE SELECT ALL THAT APPLY

- 1 Prevented you from knowing about or having access to household money
- 2 Prevented you from working or earning money, or studying
- 3 Stopped you from seeing friends and relatives
- 4 Belittled you and made you feel worthless
- 5 Used digital technology to monitor, threaten or control you

IF CONTR = YES AND CONTRWh <> REF

CONTRWh12

[IF CONTRWh >= 2 RESPONSES: 'Which of the following has a partner or ex-partner done'] [IF CONTRWh=1 RESPONSE: Has a partner or ex-partner done the following'] in the past twelve months?

CODE ALL THAT APPLY

[FEED FORWARD OPTIONS CODED AT CONTRWh]

- 1 Prevented you from knowing about or having access to household money
- 2 Prevented you from working or earning money, or studying
- 3 Stopped you from seeing friends and relatives
- 4 Belittled you and made you feel worthless
- 5 Used digital technology to monitor, threaten or control you
- 6 None of these

IF CONTRWh = 5 AND CONTRWh12 <> REF

Digital

How has digital technology been used by a partner or ex-partner to harass, monitor or control you?

PLEASE SELECT ALL THAT APPLY

- 1 To take or share images or videos of you against your will
- 2 To send you images or videos against your will
- 3 To make threats against you or shame you
- 4 To monitor where you are, who you are with, or what you are doing
- 5 To control finances or choices about your home

24. CHILD SEXUAL ABUSE

ASK ALL

VBa

BEFORE the age of 16, did anyone ever talk to you in a sexual way that made you feel uncomfortable?

- 1 Yes
- 2 No **GOTO VBb**
- 9 Don't Understand/Does Not Apply **GOTO VBb**

IF VBa = Yes

VBaage

About how old were you when this first happened?

If you can't remember exactly, an estimate is fine.

0 - 15

IF VBa = Yes

VBaGen

Was the person or people who did this to you...

Please select all that apply.

- 1 Male
- 2 Female
- 3 Both
- 4 Other

IF VBa = Yes

VBaWho22

What was the relationship of the person who did this to you, at the time it happened?

If more than one person did this to you please tell us about all the different people.

PLEASE SELECT ALL THAT APPLY

- 1 Boyfriend/husband/partner
- 2 Girlfriend/wife/partner
- 3 Ex-boyfriend/ex-husband/ex-partner
- 4 Ex-girlfriend/ex-wife/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF VBaWho22 = OTHER FAMILY MEMBER (5)

VBaRelF

At the time it happened, was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Cousin
- 6 Uncle/aunt
- 7 Grandparent
- 8 Any other relative

IF VBaWho22 = SOMEONE ELSE YOU KNEW (6)

VBaRelP

At the time it happened, was the other person you knew ...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

ASK ALL

VBb

Before the age of 16, did anyone touch you, or get you to touch them, in sexual way without your consent?

- 1 Yes
- 2 No **GOTO VBc**

IF VBb = Yes

VBbage

About how old were you when this first happened?

If you can't remember exactly, an estimate is fine.

0 - 15

IF VBa = Yes

VBbGen

Was the person or people who did this to you...

Please select all that apply.

- 1 Male
- 2 Female
- 3 Both
- 4 Other

VBbWho22

What was the relationship of the person who did this to you, at the time it happened?

If more than one person did this to you please tell us about all the different people.

PLEASE SELECT ALL THAT APPLY

- 1 Boyfriend/husband/partner
- 2 Girlfriend/wife/partner
- 3 Ex-boyfriend/ex-husband/ex-partner
- 4 Ex-girlfriend/ex-wife/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF VBbWho22 = OTHER FAMILY MEMBER

VBbReIF

At the time it happened, was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister
- 5 Cousin
- 6 Uncle/aunt
- 7 Grandparent
- 8 Any other relative

IF VBbWho22 = SOMEONE ELSE YOU KNEW

VBbReIP

At the time it happened, was the other person you knew ...

PLEASE CODE ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

ASK ALL

VBc

Before the age of 16, did anyone have sex with you against your will or when you were unable to refuse?

- 1 Yes
- 2 No **GOTO END OF MODULE**

IF VBc = Yes

VBcage

About how old were you when this first happened?

If you can't remember exactly, an estimate is fine.

0 - 15

IF VBa = Yes

VBcGen

Was the person or people who did this to you...

Please select all that apply.

- 1 Male
- 2 Female
- 3 Both
- 4 Other

VBc = Yes

VBcWho22

What was the relationship of the person who did this to you, at the time it happened?

If more than one person did this to you please tell us about all the different people.

PLEASE SELECT ALL THAT APPLY

- 1 Boyfriend/husband/partner
- 2 Girlfriend/wife/partner
- 3 Ex-boyfriend/ex-husband/ex-partner
- 4 Ex-girlfriend/ex-wife/ex-partner
- 5 Other family member
- 6 Someone else you knew (including friend, neighbour, colleague)
- 7 Stranger
- 8 Other

IF VBcWho22 = OTHER FAMILY MEMBER

VBcReIF

At the time it happened, was the other family member your...

PLEASE SELECT ALL THAT APPLY

- 1 Father/stepfather
- 2 Mother/stepmother
- 3 Brother/stepbrother
- 4 Sister/stepsister

- 5 Cousin
- 6 Uncle/aunt
- 7 Grandparent
- 8 Any other relative

IF VBcWho22 = SOMEONE ELSE YOU KNEW

VBcRelP

At the time it happened, was the other person you knew...

PLEASE SELECT ALL THAT APPLY

- 1 someone you met recently or a date
- 2 your friend
- 3 your neighbour
- 4 your colleague/peer from work, school or university
- 5 a person in a position of trust or authority (e.g. manager, teacher, police)
- 6 someone else you knew

25. CHILDHOOD ABUSE AND NEGLECT

IF APMSMode <> 2 THEN

ASK ALL

Intro

There are now some questions about how you were treated by others when you were a child

ASK ALL

Child1

Not including smacking, before you were 18, did an adult in your life hit, beat, kick, or physically hurt you in any way?

- 1 Yes
- 2 No

ASK ALL

Child2

Before you were 18, did you get scared or feel really bad because an adult in your life called you names, said mean things to you, or said they didn't want you?

- 1 Yes
- 2 No

ASK ALL

Child4

Before you were 18, did an adult in your life shake you very hard or shove you against a wall or a piece of furniture?

- 1 Yes
- 2 No

ASK ALL

Child3

Sometimes a family argues over where a child should live. Before you were 18, did a parent take, keep, or hide you to stop you from being with another parent?

- 1 Yes
- 2 No

ASK ALL

ChildDom

Before you were 18, did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Yes
- 2 No

ASK ALL

ChildMen

Before you were 18, did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No

ASK ALL

ChildDrin

Before you were 18, did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes

- 2 No

ASK ALL

ChildDru

Before you were 18, did you live with anyone who used illegal drugs or misused prescription medications?

- 1 Yes
2 No

ASK ALL

ChildPris

Before you were 18, did you live with anyone who served time or was sentenced to serve time in a prison or young offenders' institution?

- 1 Yes
2 No

ASK ALL

Child5

Parents have different ideas about when a child should be independent and able to look after themselves.

When you were a young child, say under 12, did you have any of the following experiences?

Your parents/ carers expected you to do your own laundry (under the age of 12)

- 1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 never

ASK ALL

Child6

You had regular dental check ups

- 1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 never

ASK ALL

Child7

You went to school in clothes that were dirty, torn, or that didn't fit, because there were no clean ones available

- 1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 never

ASK ALL

Child9

You went hungry because no-one got your meals ready or there was no food in the house

- 1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 never

ASK ALL

Child11

You were ill but no-one looked after you or took you to the doctor

- 1 Always
2 Often
3 Sometimes
4 Occasionally
5 Rarely
6 never

ASK ALL

Child12

You did not have a safe place to stay

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Rarely
- 6 Never

26. SUICIDAL THOUGHTS, ATTEMPTS AND SELF HARM

ASK ALL

DSHIntro

The next few questions are being asked again from earlier in the interview.

ASK ALL

DSHlife

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

ASK ALL

DSHtry

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 DSHtry = 1

DSHNum

Has this happened...

- 1 Once
- 2 More than once

IF DSHNum = More than once

TryFirst

How old were you when you **first** made an attempt to take your own life?

ENTER....

IF DSHtry = Yes

TryWhn_22

Was <TEXTFILL: IF DSHNum=Once: this...>; <TEXTFILL: IF DSHNum=More than once: the **most recent** occasion....>

- 1 In the last month
- 2 In the last year
- 3 Or, longer ago

IF DSHtry = Yes

DSH4b

Did you **try** to get help from anyone following this attempt?

- 1 Yes
- 2 No

IF DSH4b = Yes

DSH4c_22

Who did you **try** to get help from?

You may give more than one response, ~~include~~ whether or not help was received

- 1 Friend, partner, family, neighbour
- 2 Hospital, emergency services, A&E
- 3 GP practice, family doctor
- 4 Counsellor, therapist, mental health professional
- 5 Telephone or online crisis helpline (e.g. Samaritans)
- 6 Education or work setting
- 7 Other

IF DSH4c_22 = Other

DSH4d_22

Who else did you ask for help?

IF DSHtry = Yes

DSH9Try

Have you **ever received medical attention** because of a suicide attempt?

- 1 Yes
- 2 No

IF DSHtry = Yes

DSH10Try

Have you **ever seen a psychiatrist, psychologist or counsellor** because of a suicide attempt?

- 1 Yes
- 2 No

ASK ALL

DSHharm_22

Have you ever harmed yourself in any way on purpose but not with the intention of killing yourself?

- 1 Yes
- 2 No

IF DSHharm_22 = 1

DSHHarNum

Has this happened...

- 1 Once
- 2 More than once

IF DSHHarNum = More than once

HarmFirst

How old were you when you **first** harmed yourself, without the intention of killing yourself?

ENTER....

IF DSHharm_22 = Yes

HrmWhn_22

Was <TEXTFILL: IF DSHHarNum=Once: this...>; <TEXTFILL: IF DSHHarNum=More than once: the **most recent** occasion....>

- 1 In the last month
- 2 In the last year
- 3 Or, longer ago

IF DSHharm_22 = Yes

DSH6_22

When you self-harmed, did you...

You may give more than one response

- 1 Cut yourself
- 2 Burn yourself
- 3 Swallow something
- 4 Or harm yourself some other way?

IF DSHharm_22 = Yes

DSH7_22

Did you do any of these things to raise awareness of your situation or to change your situation?

- 1 Yes
- 2 No

IF DSHharm_22 = Yes

DSH8

Did you do any of these things because it relieved unpleasant feelings of anger, tension, anxiety or depression?

- 1 Yes
- 2 No

IF DSHharm_22 = Yes

DSH9_22

Have you received medical attention for harming yourself in any of these ways?

- 1 Yes
- 2 No

IF DSHharm_22 = Yes

DSH10

Have you ever seen a psychiatrist, psychologist or counsellor because you had harmed yourself?

- 1 Yes
- 2 No

IF DSHharm_22 = Yes

TalkToGP_22

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 or feel distressed.

27. DISCRIMINATION

IF APMSMode <> 2 THEN

ASK ALL

Intro_22

The next questions are about whether you have been unfairly treated or discriminated against in any aspect of your life **in the last 12 months**, because you belong to a particular group.

ASK ALL

DISeth_22

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of your skin colour or ethnicity?

- 1 Yes
- 2 No

IF DISeth_22 = Yes

DISethWh

Where did that unfair treatment because of your skin colour or ethnicity occur? Select all that apply

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting
- 10 Online
- 11 Somewhere else

IF DISeth_22 = Yes

DISethHow

What happened when you were unfairly treated because of your skin colour or ethnicity? Select all that apply
Answer about the last 12 months only

MULTICODE1 Verbally abused, threatened, or harassed

- 1 Property damaged
- 2 Physically attacked
- 3 Denied access to services e.g. a loan
- 4 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 5 Treated worse than others in some other way

ASK ALL

DISsex_22

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of your sex or gender identity?

- 1 Yes
- 2 No

IF DISsex_22 = Yes

DISsexWh

Where did that unfair treatment because of your sex or gender identity occur? Select all that applyMULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting

- 10 Online
- 11 Somewhere else

IF DISsex_22 = Yes

DISsexHow

What happened when you were unfairly treated because of your sex or gender identity? Select all that apply
Answer about the last 12 months only

MULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

ASK ALL

DISrel_22

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of your religious beliefs?

- 1 Yes
- 2 No

IF DISrel_22 = Yes

DISrelWh

Where did that unfair treatment because of your religious beliefs occur? Select all that apply

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting
- 10 Online
- 11 Somewhere else

IF DISrel_22 = Yes

DISrelHow

What happened when you were unfairly treated because of your religious beliefs? Select all that apply
Answer about the last 12 months only

MULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

ASK ALL

DISAge_22

Have you been unfairly treated **in the last 12 months**, that is since ^<TEXTFILL date a year prior to interview> because of your age?

- 1 Yes
- 2 No

IF DISAge_22 = Yes

DISAgeWh

Where did that unfair treatment because of your age occur?-Select all that apply

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting

- 10 Online
- 11 Somewhere else

IF DISAge_22 = Yes

DISAgeHow

What happened when you were unfairly treated because of your age? Select all that apply

Answer about the last 12 months onlyMULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

ASK ALL

DISmen

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of your mental health?

- 1 Yes
- 2 No

IF DISmen = Yes

DISmenWh

Where did that unfair treatment because of your mental health occur? Select all that apply–

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting
- 10 Online
- 11 Somewhere else

IF DISmen = Yes

DISmenHow

What happened when you were unfairly treated because of your mental health? Select all that apply

Answer about the last 12 months onlyMULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

ASK ALL

DISphy_22

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of any other health problem or disability?

- 1 Yes
- 2 No

IF DISphy_22 = Yes

DISphyWh

Where did that unfair treatment because of any other health problem or disability occur? Select all that apply

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting
- 10 Online
- 11 Somewhere else

IF DISphy_22 = Yes

DISphyHow

What happened when you were unfairly treated because of any other health problem or disability? Select all that apply

MULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

ASK ALL

DISsori_22

Have you been unfairly treated **in the last 12 months**, that is since <TEXTFILL date a year prior to interview>, because of your sexual orientation?

- 1 Yes
- 2 No

IF DISsori_22 = Yes

DISsoriWh

Where did that unfair treatment because of your sexual orientation occur? Select all that apply

MULTICODE

- 1 My home
- 2 Someone else's home
- 3 School, college, university
- 4 Workplace
- 5 Pub, cinema or other leisure venue
- 6 Public place (including park, street, transport)
- 7 Hospital or healthcare setting
- 8 Police station or court
- 9 Jobcentre, housing office or other service setting
- 10 Online
- 11 Somewhere else

IF DISsori_22 = Yes

DISsoriHow

What happened when you were unfairly treated because of your sexual orientation? Select all that apply

MULTICODE

- 1 Verbally abused, threatened, or harassed
- 2 Property damaged
- 3 Physically attacked
- 4 Denied access to services e.g. a loan
- 5 Denied an opportunity or offered poorer quality opportunity e.g. unfairly denied a job or promotion
- 6 Treated worse than others in some other way

28. PRISON EXPERIENCE – PROPOSED QUESTIONS

IF APMSMode <> 2 THEN

ASK ALL

PrisonEv

We are interested in the experiences of people who have been in prison or an offender institution on remand or served a sentence.

Have you ever been in prison on remand or serving a sentence?

- 1 Yes
- 2 No

IF PrisonEv = Yes

PrisonNum

How many times have you been in prison on remand or serving a sentence?

- 1 Once
- 2 Twice
- 3 3-5 times
- 4 6-10 times

- 5 11 times or more

IF PrisonEv = Yes

PrisonLng

Thinking about {Textfill - the longest time / when} you were in prison {Textfill - for}, how long were you in prison for?

- 1 Less than a month
- 2 1 - 6 months
- 3 7 – 11 months
- 4 12 to 24 months
- 5 25 to 60 months
- 6 More than 60 months

IF PrisonEv = Yes

PrisonWhn

Thinking about {Textfill - the last time / when} you were in prison on remand or serving a sentence, how long has it been since you were released?

- 1 Less than 1 year
- 2 1 – 5 years
- 3 5 to 10 years
- 4 More than 10 years ago

IF PrisonEv = Yes

PrisonTreat

Did you receive any mental health treatment or services while you were in prison?.

- 1 Yes
- 2 No

IF PrisonEv = Yes

PrisonSeg

Were you put in segregation {during any of the times you were / when you were} in prison on remand or serving a sentence?

Segregation is when you are kept apart from other prisoners. You may have been kept in the segregation unit or wing.

- 1 Yes
- 2 No

29. SEXUAL ORIENTATION AND BEHAVIOUR

IF APMSMode <= 2 THEN

ASK ALL

SexIntro

Now a few questions about yourself.

ASK ALL

TransHist

The next question is asked because not all people feel that the sex they were described as at birth matches how they feel about themselves today.”

Do you consider yourself to be trans, or to have a trans history?

Trans is a term used to describe people whose gender is not the same as the sex they were described as at birth.

- 1 No
- 2 Yes

ASK ALL

SexOriH_22

Which of the following best describes your sexual orientation?

- 1 Straight/Heterosexual
- 2 Gay or Lesbian
- 3 Bisexual
- 4 Other sexual orientation

IF SexOriH_22 = 4

SOOther

Please write in how you would describe your sexual orientation:

[OPEN]

IF DVage < 65

Het5yrs_22

Altogether, in the last 5 years, how many <TEXTFILL opposite sex sex at birth (using sex_22): men/women> have you had sex with?

Please type in the number in the last 5 years, '0' if none.

0...99

IF DVage < 65

Sam5Yrs

Altogether, in the last 5 YEARS, how many <TEXTFILL same sex sex at birth : men/women (using sex_22)> have you had sex with? Please type in the number in the last 5 years, '0' if none.

0...99

End of self-comp

{End of self-completion section}

ASK ALL

Leaflet

Thank you for answering these questions. They can be difficult to answer and may make you feel overwhelmed. There are organisations that can help with this and we encourage you to contact them if you need help.

{If APMSMode = 1 Face to face 'At the end of the interview, everyone will be given a leaflet which has details of these organisations.}

{If APMSMode = 2 Remote 'There is a leaflet in the pack your interviewer gave you that has details of these organisations. You can also view this leaflet online at www.natcen.ac.uk/wellbeing/documents'}

ASK ALL

Hide

That's the end of the Self Completion section of the interview.

Once you press next, the Self Completion questions will be hidden.

Please hand the computer back to the interviewer and they will introduce the next section.

1 Next

{IF Hide = yes}

Handback

INTERVIEWER, PLEASE CONFIRM THE LAPTOP HAS BEEN HANDED BACK TO YOU. REMEMBER THAT YOU CAN DEMONSTRATE THAT THE RESPONSENT'S SELF-COMPLETION DATA HAS BEEN LOCKED.

INTERVIWER:

Range: 1000...9997

30. COGNITIVE AND INTELLECTUAL FUNCTIONING

IF APMSMode <> 2 THEN

IF 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.

IF DVage >= 60

PMADAY

What day of the week is it today?

1 [TEXTFILL correct day: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday]

2 Anything else/does not know

IF DVage >= 60

PMATODAY

What is the date of the month today?

1 [TEXTFILL correct date:]

2 Anything else/does not know

IF DVage >= 60

PMAmonth

What month is it?

- 1 [TEXTFILL correct month: January / February / March / April / May / June / July / August / September / October / November / December]
- 2 Anything else/does not know

IF DVage >= 60

PMAYear

What year is it?

- 1 [TEXTFILL correct year:]
- 2 anything else/does not know

IF DVage >= 60

Season

What season is it?

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

IF DVage >= 60

AGE

What is your age?

0 - 120

DVAgeQ

DV to calculate if respondent correctly answers age

- 1 Correct
- 2 Incorrect

IF DVage >= 60

List1

I'm going to read you a list of 10 words. Please listen carefully and try to remember them.

When I am done, tell me as many words as you can, in any order. Ready?

READ LIST AT A STEADY RHYTHM OF ABOUT 1 WORD PER SECOND

CABIN -- PIPE -- ELEPHANT -- CHEST -- SILK --THEATRE -- WATCH -- WHIP -- PILLOW -- GIANT

Now tell me all the words you can remember.

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

IF DVage >= 60

Subtrct1

Please take 7 away from 100 and then tell me the answer

1 - 100

IF DVage >= 60

Subtrct2

Now continue to take 7 away from what you have left over until I ask you to stop

ALLOW FOUR MORE SUBTRACTIONS

- WRITE IN SECOND SUBTRACTION

1 - 100

IF DVage >= 60

Subtrct3

WRITE IN THIRD SUBTRACTION

1 - 100

IF DVage >= 60

Subtrct4

WRITE IN FOURTH SUBTRACTION

1 - 100

IF DVage >= 60

Subtrct5

WRITE IN FIFTH SUBTRACTION, THEN TELL RESPONDENT TO STOP

1 - 100

IF DVage >= 60

Paper

What do people usually use to cut paper?

- 1 Scissors or shears
- 2 anything else

IF DVage >= 60

Count

Please count backwards from 20 to 1

- 1 Counted correctly
- 2 Made one or more mistakes

IF DVage >= 60

Plant

What is the prickly green plant found in the desert?

- 1 Cactus
- 2 Anything else

IF DVage >= 60

Say

Please say 'Methodist Episcopal'

INTERVIEWER: Pronounced 'Metho-O-dist E-PIS-k-pl'

- 1 Said exactly right
- 2 Anything else

IF DVage >= 60

Queen

Who is the reigning King or Queen?

- 1 Charles, King Charles or King Charles III

IF DVage >= 60

PM

Who is the prime minister now?

INTERVIEWER: THE SCRIPT GIVES THE NAME OF THE PRIME MINISTER AS OF 25TH OCT 2022. PLEASE CODE THE NAME OF THE CURRENT PRIME MINISTER (AT TIME OF INTERVIEW) AS CORRECT

- 1 Correct Surname - Sunak
- 2 Anything else

IF DVage >= 60

West

What is the opposite of East?

- 1 West
- 2 anything else

IF DVage >= 60

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

ASK ALL

intnart2

SHOWCARD M1

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

q1

'kawd'

CHORD

- 1 correct
- 2 incorrect/don't know

q2

'ake'

ACHE

- 1 Correct
- 2 Incorrect/don't know

q3

'deppo'

DEPOT

- 1 Correct
- 2 Incorrect/don't know

q4

'ile'

AISLE

- 1 Correct
- 2 Incorrect/don't know

q5

'BOO-kay' or 'BO-kay'

BOUQUET

- 1 Correct
- 2 Incorrect/don't know

q6

'sarm'

PSALM

- 1 Correct
- 2 Incorrect/don't know

q7

'KAY-pon'

CAPON

- 1 Correct
- 2 Incorrect/don't know

q8

'di-NIGH'

DENY

- 1 Correct
- 2 Incorrect/don't know

q9

'NAW-zia'

NAUSEA

- 1 Correct
- 2 Incorrect/don't know

q10

'dett'

DEBT

- 1 Correct

2 Incorrect/don't know

q11

'KUR-tius'

COURTEOUS

- 1 Correct
- 2 Incorrect/don't know

q12

'RARE-ifie'

RARIFY

- 1 Correct
- 2 Incorrect/don't know

q13

'e-KWIV-oh-kl'

EQUIVOCAL

- 1 Correct
- 2 Incorrect/don't know

q14

'NIGH-eve'

NAIVE

- 1 Correct
- 2 Incorrect/don't know

q15

'KATT-a-koom'

CATACOMB

- 1 Correct
- 2 Incorrect/don't know

q16

'jayld'

GAOLED

- 1 Correct
- 2 Incorrect/don't know

q17

'time'

THYME

- 1 Correct
- 2 Incorrect/don't know

ASK ALL

q18

'air'

HEIR

- 1 Correct
- 2 Incorrect/don't know

q19

'RAY-DICKS'

RADIX

- 1 Correct
- 2 Incorrect/don't know

q20

'ASS-ig-neight'

ASSIGNATE

- 1 Correct
- 2 Incorrect/don't know

q21

'high-EIGHT-us'

HIATUS

- 1 Correct
- 2 Incorrect/don't know

q22

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

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'suttl'

SUBTLE

- 1 Correct
- 2 Incorrect/don't know

q23

'PRO-cree-eight'

PROCREATE

- 1 Correct
- 2 Incorrect/don't know

q24

'jist'

GIST

- 1 Correct
- 2 Incorrect/don't know

q25

'gowdje'

GOUGE

- 1 Correct
- 2 Incorrect/don't know

q26

'sue-PER-flu-us'

SUPERFLUOUS

- 1 Correct
- 2 Incorrect/don't know

q27

'SIM-illy'

SIMILE

- 1 Correct
- 2 Incorrect/don't know

q28

'b'n-arle'

BANAL

- 1 Correct
- 2 Incorrect/don't know

q29

'KWAD-rew-ped'

QUADRUPED

- 1 Correct
- 2 Incorrect/don't know

q30

'CHELL-ist'

CELLIST

- 1 Correct
- 2 Incorrect/don't know

q31

'fa-SARD'

FACADE

- 1 Correct
- 2 Incorrect/don't know

q32

'zellat'

ZEALOT

- 1 Correct
- 2 Incorrect/don't know

q33

'dram'

DRACHM

- 1 Correct
- 2 Incorrect/don't know

q34

'e-on'

AEON

- 1 Correct
- 2 Incorrect/don't know

q35

'plass-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

'ID-I'

IDYLL

- 1 Correct
- 2 Incorrect/don't know

q39

'poo-ER-pur-I'

PUERPERAL

- 1 Correct
- 2 Incorrect/don't know

q40

'a-VERR'

AVER

- 1 Correct
- 2 Incorrect/don't know

q41

'gowsh'

GAUCHE

- 1 correct
- 2 incorrect/don't know

q42

'tope-ee-airy'

TOPIARY

- 1 Correct
- 2 Incorrect/don't know

q43

'le-VI-ath'n'

LEVIATHAN

- 1 Correct
- 2 Incorrect/don't know

q44

'bee-AT-ifie'

BEATIFY

- 1 Correct
- 2 Incorrect/don't know

q45

'PRELL-it'

PRELATE

- 1 Correct
- 2 Incorrect/don't know

q46

'si-DARE-ee-al'

SIDEREAL

- 1 Correct
- 2 Incorrect/don't know

q47

'de-MAIN'

DEMESNE

- 1 Correct
- 2 Incorrect/don't know

q48

'SING-k-pea'

SYNCOPE

- 1 Correct
- 2 Incorrect/don't know

q49

'LAY-bile'

LABILE

- 1 Correct
- 2 Incorrect/don't know

q50

'kam-pan-EE-lay'

CAMPANILE

- 1 Correct
- 2 Incorrect/don't know

31. STRESSFUL LIFE EVENTS

ASK ALL

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

NatHaz

Have you experienced any damage to your home as a consequence of weather events such as wind, rain, snow or flood, within the last year?

- 1 Yes
- 2 No

ASK ALL

Trauma1

SHOW CARD N1

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

CODE ALL THAT APPLY

- 1 Serious illness or injury to yourself
- 2 Serious assault to yourself
- 3 Serious illness or injury to a close relative
- 4 Serious assault of a close relative
- 5 Death of an immediate family member of yours
- 6 Death of a close family friend or other relative, like an aunt, cousin or grandparent
- 7 Separation due to marital difficulties, divorce or steady relationship broken down
- 8 Serious problem with a close friend, neighbour or relative
- 9 None of these **GOTO Trauma2**

IF Trauma1 <> None of these

TR1Whn

SHOW CARD N2

Thinking about the <TEXTFILL: event mentioned at Trauma1>. When did that last 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

IF TR1Whn = 1 or 2 or 3

TR1Multiple

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] Has this happened more than once?

- 1 Yes
- 2 No

IF TR1Multiple = 1 or 2

TR1Age

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] How old were you when this {IF TR1Multiple=1: "first"} happened?

[STRING]

- 1 Don't know

IF TR1Age = Don't know

TR1AgeBands

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] About how old were you when this {IF TR1Multiple=1: "first"} happened?

INTERVIEWER: SELECT A RANGE IF THE RESPONDENT CAN'T REMEMBER EXACT AGE.

- 1 0-9
- 2 10-15
- 3 16-20
- 4 21-30
- 5 31-40
- 6 41-50
- 7 51-60
- 8 61-70
- 9 71-80
- 10 81+ years old

ASK ALL

Trauma2

SHOW CARD N3

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

CODE ALL THAT APPLY

- 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 Legal difficulties to do with your right to stay in the UK
- 5 Something you valued being lost or stolen
- 6 In trouble with police involving court appearance
- 7 Spent time in prison on remand or serving a sentence
- 8 None of these **GOTO Trauma3**

IF Trauma2 <> None of these

TR2Whn

SHOW CARD N4

Thinking about the <TEXTFILL: event mentioned at Trauma2>. When did that last 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

IF TR2Whn = 1 or 2 or 3

TR2Multiple

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] Has this happened more than once?

- 1 Yes
- 2 No

IF TR2Multiple = 1 or 2

TR2Age

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] How old were you when this {IF TR2Multiple=1: "first"} happened?

[STRING]
1 Don't know

IF TR2Age = Don't know

TR2AgeBands

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] About how old were you when this {IF TR2Multiple=1: "first"} happened?

INTERVIEWER: SELECT A RANGE IF THE RESPONDENT CAN'T REMEMBER EXACT AGE.

- 1 0-9
- 2 10-15
- 3 16-20
- 4 21-30
- 5 31-40
- 6 41-50
- 7 51-60
- 8 61-70
- 9 71-80
- 10 81+ years old

ASK ALL

Trauma3

SHOW CARD N5

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

- 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 Living near or fighting in a war or political uprising
- 9 None of these **GOTO ChldInst**

IF Trauma3 <> None of these

TR3Whn

SHOW CARD N4

Thinking about the <TEXTFILL: event mentioned at Trauma3>. When did that last 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

IF TR3Whn = 1 or 2 or 3

TR3Multiple

[Thinking about the <TEXTFILL: even mentioned at Trauma1>.] Has this happened more than once?

- 1 Yes
- 2 No

IF TR3Multiple = 1 or 2

TR3Age

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] How old were you when this {IF TR3Multiple=1: "first"} happened?

[STRING]
1 Don't know

IF TR3Age = Don't know

TR3AgeBands

[Thinking about the <TEXTFILL: event mentioned at Trauma1>.] About how old were you when this {IF TR3Multiple=1: "first"} happened?

INTERVIEWER: SELECT A RANGE IF THE RESPONDENT CAN'T REMEMBER EXACT AGE.

- 1 0-9
- 2 10-15
- 3 16-20
- 4 21-30
- 5 31-40
- 6 41-50
- 7 51-60

- 8 61-70
- 9 71-80
- 10 81+ years old

ASK ALL

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

ASK ALL

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

ASK ALL

AffectedFam

SHOWCARD N6

Sometimes family members or others we are close to experience things that are stressful or difficult for them. This can also affect people around them.

Has a member of your immediate family ever experienced any of the following things? This could include a parent, sibling, spouse, child or someone you have lived with or felt especially close to.

- 1 Homelessness
- 2 Prison
- 3 Severe drug or alcohol problems
- 4 Gambling problems
- 5 Self-harm or suicide
- 6 Other mental health problems
- 7 Served in the Armed Forces
- 8 Worked in a highly stressful job
- 9 Living near or fighting in a war or uprising
- 10 None of the above

{IF AffectedFam <> None of the above}

AffectedNeg

Do you feel you have been negatively affected in any way by (TEXTFILL {IF AffectedFam = one option only 'their experience'} OR {IFAffectedFam = More than one response option 'their experiences'})? This could include financial, emotional or practical impacts.

- 1 Yes
- 2 No

32. PARENTING

IF APMSMode <> 2 THEN

ASK ALL

MaPaIntro

Now a few questions about you and your parents when you were growing up.

ASK ALL

BothMaPa

Did you live more or less continuously with both of your natural parents at home until you were 16?

EXPLAIN IF NECESSARY: That is your birth parents.

'YES' TO INCLUDE BOTH PARENTS BUT RESPONDENT AT BOARDING SCHOOL OR AWAY TEMPORARILY.

- 1 Yes **GOTO AnyChild**
- 2 No

IF BothMaPa = No

YNotBoth

Is that because there was

...READ OUT...

- 1 ...a divorce or separation,
- 2 or, a death,
- 3 or, are you adopted,
- 4 or, your parents never lived together,
- 5 or, is there another reason? (IF VOLUNTEERED, SPECIFY AT NEXT QUESTION)

IF (BothMaPa = No) AND (YNOTbBoth = Other reason)

XYNotBoth

IF VOLUNTEERED, TYPE IN OTHER ANSWER GIVEN, OTHERWISE TYPE '7' AND <Enter>

IF BothMaPa = No

MaOrPa

And may I check ^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)

ASK ALL

AnyChild

Do you have any children, including any that do not live with you as part of your household?

INTERVIEWER IF NECESSARY:

Include step or adopted children and any grown-up children who have moved away.

Exclude miscarriages, abortions, stillbirths or any deceased children.

- 1 Yes
- 2 No

IF AnyChild = Yes

ChldAge

What is the age of your youngest child?

[STRING]

33. SOCIAL SUPPORT

IF APMSMode <= 2 THEN

ASK ALL

DLSSInt1

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

ASK ALL

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?

IF NONE ENTER '0'

0 - 97

ASK ALL

CloseR13

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?

IF NONE ENTER '0'

0 - 97

ASK ALL

CloseFr

How many friends or acquaintances who do not live with you would you describe as close or good friends?

IF NONE ENTER '0'

0 - 97

IF ((CloseR13 >= 1) OR (CloseFr >= 1))

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?

IF NONE ENTER '0'

0 - 97

ASK ALL
DLSSint2

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.

ASK ALL
DLSS1

SHOW CARD P1

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

ASK ALL
DLSS2

SHOWCARD P1

(There are people I know amongst my family and friends) - who make me feel loved.

- 1 not true
- 2 partly true
- 3 certainly true

ASK ALL
DLSS3

SHOWCARD P1

(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

ASK ALL
DLSS4

SHOWCARD P1

(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

ASK ALL
DLSS5

SHOWCARD P1

(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

ASK ALL
DLSS6

SHOWCARD P1

(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

ASK ALL
DLSS7

SHOWCARD P1

(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

ASK ALL
Notclse

Now thinking about people who you are not close to but who you like to have contact with – for example, acquaintances, neighbours, colleagues, or relatives you are not close to. How many of these people did you communicate with in the past week?

0...50

ASK ALL

LonelyIntro

The next four questions are about relationships with others. For each one, please say how often (if at all) you feel that way.

ASK ALL

Companion

How often do you feel that you lack companionship?

- 1 hardly ever or never
- 2 some of the time
- 3 often

ASK ALL

LeftOut

How often do you feel left out?

- 1 hardly ever or never
- 2 some of the time
- 3 often

ASK ALL

Isolate

How often do you feel isolated from others?

- 1 hardly ever or never
- 2 some of the time
- 3 often

ASK ALL

Lonely

How often do you feel lonely?

- 1 often or always
- 2 some of the time
- 3 occasionally
- 4 hardly ever
- 5 never

34. RELIGION

IF APMSMode <> 2 THEN

ASK ALL

SpecRel

The next few questions are about religion. Do you have a specific religion?

- 1 Yes
- 2 No

IF SpecRel = Yes

WhatRelR

SHOWCARD Q1

What is your religion?

INTERVIEWER: CODE ONE ONLY. IF MORE THAN ONE CODE THE MAIN RELIGION.

- 1 Catholic
- 2 Protestant
- 3 All Other Christian denomination
- 4 Buddhist
- 5 Hindu
- 6 Jewish
- 7 Muslim
- 8 Sikh
- 9 Any other religion (SPECIFY)

IF (SpecRel = Yes) AND (WhatRel = Other)

OthRel

ENTER RELIGION

IF SpecRel = Yes

ImporRel

How important is your religion to your sense of who you are?

- 1 Very important
- 2 Fairly important

- 3 Not very important
- 4 Not at all important

IF SpecRel = Yes

ServRel

About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 Once or twice a month
- 4 Less than once a month, but more than once a year
- 5 Once a year
- 6 Less than once a year
- 7 Never

35. SOCIAL CAPITAL AND PARTICIPATION

IF APMSMode <> 2 THEN

ASK ALL

LivIntro

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

ASK ALL

Hwlong

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

ASK ALL

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 about 5 minutes.

ASK ALL

Belong

SHOWCARD R1

Please look at this card and tell me the answer that best describes your feelings.

I feel like I belong around here.

INTERVIEWER: By 'around here' we mean anywhere you can walk to, from your home, in about 5 minutes.

- 1 Strongly Agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

ASK ALL

Trust

Showcard R1

I trust people around here.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

ASK ALL

SafeNight

Showcard R1

I feel safe around here in the night-time.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

ASK ALL

Move

Showcard R1

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

ASK ALL

GrnSpcDist

Showcard R1

My local green spaces are within easy walking distance for me.

INTERVIEWER: THIS INCLUDES WHATEVER FEELS LOCAL TO THE PARTICIPANT.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

ASK ALL

Garden

Do you have access to your own private garden or outdoor space, or a communal garden or outdoor space?

INTERVIEWER: CODE ALL THAT APPLY

- 1 Private garden or private outdoor space
- 2 Communal/shared garden or communal/shared outdoor space
- 3 Neither [EXCLUSIVE]

ASK ALL

SocMed

In the past year, have you used social media apps or sites, for example, Facebook, WhatsApp, Twitter, Instagram, Snapchat, Tiktok, etc.?

- 1 Yes
- 2 No

IF SocMed = Yes

SocMedIntro

How much do you agree or disagree with the following statements about social media?

IF SocMed = Yes

SMLikesNum

Showcard R2

The number of likes, comments or shares I get on social media has an impact on my mood

- 1 Agree a lot
- 2 Agree a little
- 3 Neither agree nor disagree
- 4 Disagree a little
- 5 Disagree a lot

IF SocMed = Yes

SMTime

Showcard R2

In general, I spend more time on social media than I mean to

- 1 Agree a lot
- 2 Agree a little
- 3 Neither agree nor disagree
- 4 Disagree a little
- 5 Disagree a lot

ASK ALL

IntHarm

In the past year, have you seen anything online – either on social media or the internet that made you feel upset, scared or uncomfortable?

- 1 Yes
- 2 No

36. ETHNICITY AND MIGRATION

ASK ALL

EthIntro

Now a few questions about yourself.

ASK ALL

COB

What is your country of birth?

- 1 England
- 2 Wales
- 3 Scotland
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere, write in the current name of country

IF COB = Other

COBO

Write in the current name of country of birth

ASK ALL

COBMother

In which country was your **mother** born?

- 1 England
- 2 Wales
- 3 Scotland
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere, write in the current name of country
- 7 Don't Know (exclusive code)
- 8 Prefer not to say

IF COBMother = 6 Elsewhere, write in the current name of country

COBOMother

Write in the current name of the country your **mother** was born.

ASK ALL

COBFather

What is your **father's** country of birth?

- 1 England
- 2 Wales
- 3 Scotland
- 4 Northern Ireland
- 5 Republic of Ireland
- 6 Elsewhere, write in the current name of country
- 7 Don't Know (exclusive code)
- 8 Prefer not to say

IF COBFather = Other

COBOFather

Write in the current name of the country your **father** was born.

IF COB = Other

MgYR

If you were not born in the United Kingdom, when did you most recently arrive to live here?

INTERVIEWER: DO NOT COUNT SHORT VISITS AWAY FROM THE UK. IF THE PARTICIPANT ARRIVED IN THE UK TO LIVE HERE BEFORE 1925, CODE 1925

1925...2023

IF COB = Other

Residence

SHOWCARD S1

What is your current official immigration status?

Please be assured that the answers you give will be kept confidential and used only for research purposes.

Please select all that apply.

- 1 Citizen of a European Union country, with settled status
- 2 Citizen of a European Union country, without settled status
- 3 Holding a Visa
- 4 Indefinite Leave to Remain in the UK

- 5 Limited Leave to Remain in the UK
- 6 Humanitarian Protection
- 7 Refugee status
- 8 Asylum Seeker status
- 9 Prefer not to say
- 10 Other (please specify)

IF Residence = Other

ResidenceO

Write in the current official immigration status.

37. EDUCATION AND EMPLOYMENT

ASK ALL

EducationQual

Do you have any educational qualifications for which you received a certificate?

- 1 Yes
- 2 No

IF EducationQual = No

WorkQual

Do you have any professional, vocational or other work-related qualifications for which you received a certificate?

- 1 Yes
- 2 No

IF EducationQual = Yes OR WorkQual = Yes

HighestQual

Was your highest qualification...

- 1 At degree level or above
- 2 Or another kind of qualification

ASK IF DVAge = 16-19

Sch7days

In the last 7 days, were you going to school or college full-time (including on vacation)?

INTERVIEWER: EXCLUDE UNIVERSITY STUDENTS AT THIS QUESTION.

- 1 Yes
- 2 No

ASK IF Sch7days = No OR DVAge > 19

Wrking

Did you do any paid work in the 7 days ending Sunday the ^DMDLSUN, either as an employee or as self-employed? ...

- 1 Yes
- 2 No

IF (Wrking = No) AND (DVage < 66)

SchemeET

Were you on a government scheme for employment training?

- 1 Yes
- 2 No

IF Wrking = No

IF (LILO1 = 1) OR (SchemeET = No)

JbAway

Did you have a job or business that you were away from?

- 1 Yes
- 2 No **GOTO OwnBus**
- 3 Waiting to take up a new job/business already obtained **GOTO OwnBus**

IF LILO1 = 1 AND JbAway = 1 Yes

JbReas

What was the main reason you were away from work (last week)?...

- 1 on leave/holiday
- 2 a mental, nervous or emotional problem
- 3 a physical health problem
- 4 attending a training course away from the workplace
- 5 laid off/short time
- 6 personal/family reason

7 other reasons

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

OwnBus

Did you do any unpaid work in that week for any business that you own?

- 1 Yes **GOTO Looked**
- 2 No

IF OwnBus = No

RelBus

...or that a relative owns?...HELP<F9>

- 1 Yes **GOTO StartJ**
- 2 No

IF (JbAway = No) AND (RelBus = No)

Looked

Thinking of the 4 weeks ending Sunday the ^DMDLSUN were you looking for any kind of paid work or government training scheme at any time in those 4 weeks? ... (HELP<F9>)

- 1 Yes
- 2 No
- 3 Waiting to take up a new job or business already obtained

IF (JbAway = Waiting to take up a new job/business already obtained) OR ((Looked = Yes) OR (Looked = Waiting to take up a new job or business already obtained))

StartJ

If a job or a place on a government scheme had been available in the week ending Sunday the ^DMDLSUN would you have been able to start within 2 weeks?

- 1 Yes
- 2 No

IF ((Looked = No) OR (StartJ = No))

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<F9>)

- 1 Looking after the family/home
- 2 Temporarily sick or injured
- 3 Long-term sick or disabled (USE ONLY FOR PEOPLE AGED 16-65)
- 4 Retired from paid work
- 5 Something else (Please specify)

YInActO

INTERVIEWER: Please specify

Text: Maximum 60 characters

IF Sch7Days = 2 No OR DVAge >19

EduCourse

Are you at present enrolled on any full-time or part-time education courses excluding leisure classes?

Please include correspondence courses and open learning as well as other forms of full-time and part-time education course.

- 1 Yes – full time student
- 2 Yes – part-time student
- 3 No

IF Sch7Days = 1 Yes OR EduCourse = 1 or 2

StudentLvl

Are you...

INTERVIEWER: READ OUT

- 1 At school
- 2 At Sixth Form College
- 3 At Further Education (FE) College
- 4 At Higher Education (HE) College
- 5 or at University?

IF ((QILO.DVILO3a = 2) OR (QILO.DVILO3a = 3) OR (StudentLvl = 3, 4 OR 5)) AND ((QILO.Wrking = No) or (QILO.Wrking = DK) or (QILO.Wrking = RF))

Everwk_22

Have you ever been in paid employment or self-employment, apart from casual or holiday work?

- 1 Yes
- 2 No

IF Everwk_22 = Yes

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_22 = Yes

WhyLeft

May I just check, how did you come to leave your last job? Were you...
READ OUT... INTERVIEWER: CODE MAIN REASON IF MORE THAN ONE

- 1 Dismissed
- 2 Made redundant
- 3 Did you resign/give notice (including leaving an employment agency)
- 4 Retire
- 5 Was it a temporary job or contract job that came to an end
- 6 Or did you leave for some other reason

IF WhyLeft = Other

WhyleftO

INTERVIEWER: DESCRIBE REASON FOR LEAVING LAST JOB

IF Everwk_22 = Yes

Leave1

Would you say that any poor health or disability you had was a factor in you leaving this job?

- 1 Yes
- 2 No

IF Leave1 = Yes

Change

{Textfill: If Leave 1 = Yes then 'Were', If Wrking, JobAway, OwnBus or RelBus = Yes THEN 'Have there been'}
any changes at all made to your job or working conditions to help you to continue working?

- 1 Yes
- 2 No

IF Change = Yes

Change2

What changes were made?

CODE ALL THAT APPLY

- 1 Change of duties
- 2 Change to a number of hours worked
- 3 Given permission to take emergency leave as needed
- 4 Equipment provided or adaptations made
- 5 Other changes
- 6 No changes made

IF Change2 = Other

Change20th

INTERVIEWER: DESCRIBE OTHER CHANGES MADE

IF (Wrking = Yes) OR (Everwk_22 = Yes) OR (JbAway = 3 Waiting to take up job) OR (JbAway = 1 Yes)

OccT_22

I'd like to ask you some details about {textfill: IF Wrking = 1 Yes OR JbAway = 1 Yes 'your main job'; IF EverWk = 1 Yes 'your most recent main job'; IF JbAway = 3 Waiting to take up job 'the job you are waiting to take up'}. What {textfill: IF Wrking = 1 Yes 'is'; IF EverWk = 1 'was'; IF JbAway = 3 Waiting to take up job 'will be'} the name or title of the job?

Text: Maximum 60 characters

IF (Wrking = Yes) OR (Everwk_22 = Yes) OR (JbAway = 3 Waiting to take up job) OR (JbAway = 1 Yes)

OccD_22

...CURRENT OR LAST JOB

What skills or qualifications {textfill: IF Wrking = 1 Yes OR JbAway = 1 Yes 'are'; IF EverWk = 1 Yes 'were'; IF JbAway = 3 Waiting to take up job 'will be'} needed for that job?

INTERVIEWER: CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB.

IF (Wrking = YES) OR (Everwk_22 = Yes) OR (JbAway = 3 Waiting to take up job) OR (JbAway = 1 Yes)

THEN

IndD

...CURRENT OR LAST JOB

What {textfill: IF Wrking = 1 Yes OR JbAway = 1 Yes OR JbAway = 3 Waiting to take up job 'does'; IF EverWk = 1 Yes 'did'; the firm/organisation you {textfill: IF Wrking = 1 Yes OR JbAway = 1 Yes 'work'; IF JbAway = 3

Waiting to take up job 'will work'; IF EverWk = 1 Yes 'worked' for mainly make or do (at the place where you ^WorkWorked)
DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.

**IF (Wrking = Yes) OR (EverWk_22 = Yes) OR (JbAway = 3 Waiting to take up job) OR (JbAway = 1 Yes)
THEN**

ISector

Textfill: IF Wrking = 1 Yes OR JbAway = 1 Yes 'Is'; IF EverWk = Yes 'Was' your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the health service, or a non-profit organisation such as a charity?

- 1 Private sector
- 2 Public sector
- 3 Non-profit organisation
- 4 Don't know
- 5 Refused

**IF (DVILoo3A = Yes) OR (Everwk_22 = Yes) OR (JbAway = 3 Waiting to take up job) OR (JbAway = 1 Yes)
THEN**

Stat_22

{textfill: IF Wrking = 1 OR JbAway = 1 Yes 'Are you'; IF EverWk = 1 'Were you'; IF JbAway = 3 'Will you be'...}

- 1 an employee
- 2 or, self-employed? **GOTO Dirctr**

IF Stat_22 = 2 Self-employed

Dirctr

Can I just check, in this job {textfill: IF Wrking = 1 OR JbAway = 1 Yes 'are you'; IF EverWk = 1 'Were you'; IF JbAway = 3 'will you be'} a Director of a limited company?

- 1 Yes
- 2 No

IF (Stat_22 = 1. Employee or Dirctr = 2. No)

Manage_22

{textfill: IF Wrking = 1 OR JbAway = 1 Yes 'Are you'; IF EverWk = 1 'Were you'; IF JbAway = 3 'will you be'} a...?

ASK OR RECORD

- 1 manager,
- 2 foreman or supervisor
- 3 or, other employee?

IF Stat_22 = Employee THEN

EmpNo_22

Including yourself, how many employees ^are/were employed at the place where you ^WorkWorked {textfill: IF JbAway = 3 'will work'}?

- 1 1 or 2
- 2 3 - 9
- 3 10 - 24
- 4 25 - 499
- 5 500+

IF (Stat_22 = Self-employed) AND (Dirctr = 2 No)

Solo_22

^Do/Did {textfill: IF JbAway = 3 'Will' you have any employees}?

- 1 None
- 2 1 or 2
- 3 3-9
- 4 10-24
- 5 25-499
- 6 500+

IF (Wrking = Yes) OR (Everwk_22 = Yes) OR (JbAway = 1 Yes)

FtPtWk

In your (main) job ^are/were you working:

- 1 full time
- 2 or part time?

IF FtPtWk = part time

PTWkHours

How many hours ^do/did you work normally per week?

- 0 - 50

IF DVIL04a = 1 AND Stat = Employee.

EmpStY

In which year did you start working continuously for your current employer?

1900 - 2023

PROG: Soft check if < 1934 'INTERVIEWER: PLEASE CHECK ANSWER.' // Hard check if year = >2024
'INTERVIEWER: THIS DATE IS IN THE FUTURE, PLEASE UPDATE YOUR ANSWER'

IF DVIL04a = 1 AND Stat <> Employee

SEmpStY

In which year did you start working continuously as a self-employed person?

1900 - 2023

PROG: Soft check if < 1934 'INTERVIEWER: PLEASE CHECK ANSWER.' // Hard check if year = >2024
'INTERVIEWER: THIS YEAR IS IN THE FUTURE, PLEASE UPDATE YOUR ANSWER'.

IF LEmpLen4 <= 8 THEN

JobstM

and which month in < EMPSTY SEMPSTY > was that?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

PROG: Soft check if year = = 2023 and JobstM = later than interview month 'THIS MONTH IS IN THE FUTURE.
PLEASE UPDATE YOUR ANSWER'

DVLastWK

Time in years since last worked. From QLastJb.DtJbl

IF Wrking = 1 Yes AND APMSMode = 2 Telephone RemoteWrk

Thinking about your main job, do you currently do part or all of your job from home?

- 1 Yes – all
- 2 Yes- part
- 3 No

IF RemoteWrk = Yes AND APMSMode = 2 Telephone

RemoteHrs

How mat hours do you work form home in a usual week?

[0.00...99.00]

IF (DVIL03a <> InEmp) AND (YInAct <> Retired from paid work)

NotWk

Is the reason that you are not working at present ...

RUNNING PROMPT - CODE FIRST THAT APPLIES

- 1 the way you have been feeling makes it impossible for you to do any kind of paid work
- 2 a physical health problem makes it impossible for you to do any kind of paid work
- 3 you have not found a suitable job
- 4 or, because you do not want or need a paid job at the moment?
- 5 other

IF NotWk = 1 OR 2 OR 3 OR 5

LookNow

(May I just check) Are you looking for a job at the moment?

- 1 Yes **GOTO DiffJob**
- 2 No

IF LookNow = No

LookAtAll

Have you looked for a job at all (since you last worked?)

- 1 Yes **GOTO LookStop**
- 2 No

IF LookAtAll = No

LookNot

Why have you not looked for a job?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation **GOTO DiffJob**
- 2 No suitable jobs: due to health problems **GOTO DiffJob**
- 3 Other **GOTO DiffJob**

IF LookAtAll = Yes**LookStop**

Why have you stopped looking for jobs?

CODE ALL THAT APPLY

- 1 No suitable jobs: general employment situation
- 2 No suitable jobs: due to health problems
- 3 Other

IF (FtPtWk = PT) AND (PTWkHours < 30)**Undemp**

If you were employed part time in your main job last week (less than 30 hours) was it because you...

RUNNING PROMPT...

- 1 Could not find full-time work
- 2 Did not want full-time work
- 3 Another reason

IF Undemp = OtherReas**Undempo**

Please specify, other reason

{IF Stat_22 = an employee}**JobType**

Leaving aside your own personal intentions and circumstances, is {textfill: IF Wrking = 1 Yes OR JbAway = 1 'your main job'; IF EverWk = 1 Yes 'your most recent main job'; IF JbAway = 3 Waiting to take up job 'the job you are waiting to take up'}...

- 1 a permanent job,
- 2 or {textfill: IF Wrking = 1 Yes 'is there some way that it is not'; IF EverWk = 1 Yes 'was there some way that it was not'; IF JbAway = 3 Waiting to take up job 'is there some way that it will not be'} permanent?

IF JobType = 1. permanent OR 2. Not permanent in some way**AgencyWork**

{textfill: IF Wrking = 1 OR JbAway = 1 'Are you'; IF EverWk = 1 'Were you'; IF JbAway = 3 'will you be'} working as an agency worker, that is, employed through an employment agency?

- 1 Yes
- 2 No

IF AgencyWork = yes**AgencyWorkPd**

{textfill: IF Wrking = 1 OR JbAway = 1 'Are you'; IF EverWk = 1 'Were you'; IF JbAway = 3 'will you be'} paid...

- 1 On a continuous basis (by your agency) including between jobs
- 2 Or on a job by job basis (only when working)

END IF

END IF

IF JobType = not permanent**NotPerm**

In what way {textfill: IF Wrking = 1 OR JbAway = 1 'is the job not permanent, is it'; IF EverWk = 1 'was the job not permanent, was it'; IF JbAway = 3 'will the job not be permanent, will it be'} ...

CODE ALL THAT APPLY

- 1 working for an employment agency
- 2 casual type of work
- 3 seasonal work
- 4 done under contract for a fixed period or for a fixed task
- 5 or {textfill: IF Wrking = 1 OR IF JbAway = 3 OR JbAway = 1 'is'; IF EverWk = 1 'was'} there some other way that it {textfill: IF Wrking = 1 OR IF JbAway = 3 OR JbAway = 1 'is'; IF EverWk = 1 'was'} not permanent?

NotPermWhy

{textfill: IF Wrking = 1 OR EverWk = 1 OR JbAway = 1 'Did you take'; IF JbAway = 3 'Are you taking'} that type of job rather than a permanent job because...

- 1 You had a contract which included a period of training?
- 2 You had a contract for a probationary period?

- 3 You could not find a permanent job?
- 4 You did not want a permanent job?
- 5 or was there some other reason?

TEMLEN

How long in all, from start to finish, {textfill: IF Wrking = 1 OR JbAway = 1 'is your job for'; IF EverWk = 1 'was your job for'; IF JbAway = 3 'will your job be for'} ?

- 1 1 Less than 1 month
- 2 1 month but less than 3 months
- 3 3 months but less than 6 months
- 4 6 months but less than 12 months
- 5 12 months but less than 18 months
- 6 18 months but less than 2 years
- 7 2 years but less than 3 years
- 8 3 years but less than 4 years
- 9 4 years but less than 5 years
- 10 5 years or more
- 11 Time not fixed yet

END IF

38. FINANCIAL AND HOUSING CIRCUMSTANCES

ASK ALL

Sinc

SHOW CARD U1

We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which of these <you (and your husband/wife/partner)> receive? Just tell me the number beside the rows that best apply.

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

- 1 Earnings from employment or self-employment
- 2 State retirement pension
- 3 Pension from former employer
- 4 Personal Pensions
- 5 Job-Seekers Allowance
- 6 Employment and Support Allowance
- 7 Income Support
- 8 Pension Credit
- 9 Working Tax Credit
- 10 Child Tax Credit
- 11 Child Benefit
- 12 Housing Benefit
- 13 Council Tax Benefit / Reduction
- 14 Universal Credit
- 15 Other state benefits
- 16 Interest from savings and investments (e.g. stocks & shares)
- 17 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
- 18 grants, rent)
- 19 No source of income (Exclusive)

ASK ALL

AttDisab

SHOW CARD U2

Can I just check, do you or any of your household receive any of these listed on this card? Please only think about people aged 16+ in your household. Just tell me the number beside the rows that best apply.

CODE ALL THAT APPLY

- 1 Attendance Allowance
- 2 Disability Living Allowance – care component
- 3 Disability Living Allowance – mobility component
- 4 Personal Independence Payment – daily living component
- 5 Personal Independence Payment – mobility component
- 6 None of these – EXCLUSIVE **GO TO Gross4_22**

{IF AttDisab = 1-5}

AtDisWho

SHOW CARD U2

Please could you tell me who receives these allowances in your household?

List people from household grid aged 16+

{IF AttDisab = 1-5 {Loop for each HH member selected at AtDisWho}}

AtDisAmt

Now looking at this card, which of these rates is <^name of HH member selected at AtDisWho> currently receiving? Just tell me the number beside the row that best apply.

CODE ALL THAT APPLY.

SHOW CARD U3 {Weekly rates from April 2022 to April 2023}

Attendance Allowance

- 1 Higher rate for attendance during day AND night - £92.40
- 2 Lower rate for day OR night - £61.85

Disability Living Allowance (DLA) - Care Component

- 3 Highest rate - £92.40
- 4 Middle rate - £61.85
- 5 Lowest rate - £24.45

Disability Living Allowance (DLA) - Mobility Component

- 6 Highest rate - £64.50
- 7 Lower rate - £24.45

Personal Independence Payments (PIP) – Daily Living Component

- 8 Enhanced rate - £92.40
- 9 Standard rate - £61.85

Personal Independence Payments (PIP) – Mobility Component

- 10 Enhanced rate - £64.50
- 11 Standard rate - £24.45

SHOW CARD U4 {weekly rates from April 2023}

Attendance Allowance

- 1 Higher rate for attendance during day AND night - £101.75
- 2 Lower rate for day OR night - £68.10

Disability Living Allowance (DLA) - Care Component

- 3 Highest rate - £101.75
- 4 Middle rate - £68.10
- 5 Lowest rate - £26.90

Disability Living Allowance (DLA) - Mobility Component

- 6 Highest rate - £71.00
- 7 Lower rate - £26.90

Personal Independence Payments (PIP) – Daily Living Component

- 8 Enhanced rate - £101.75
- 9 Standard rate - £68.10

Personal Independence Payments (PIP) – Mobility Component

- 10 Enhanced rate - £71.00
- 11 Standard rate - £26.90

HARD CHECK: IF RESPONDENT/HH MEMBER IS AGED UNDER 65 AND AtDisab= ATTENDANCE ALLOWANCE:
"INTERVIEWER: Only people aged 65+ can receive attendance allowance. Please change"

HARD CHECK: IF RESPONDENT/HH MEMBER RECEIVES BOTH ATTENDANCE ALLOWANCE (1 OR 2) AND
DISABILITY ALLOWANCE (3-7): "INTERVIEWER: It is not possible to receive Attendance Allowance AND
Disability Allowance. Please change."

ASK ALL

Gross4_22

SHOW CARD U5

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents *(your/you and your husband/wife/partner's combined)* income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to *(you/your joint incomes)*.

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: band numbers as given by showcard U57, 96, 97

IF Gross4 = 32

G4High_22

SHOW CARD U6

Could you please look at this second card and tell me which group represents *(your/you and your husband/wife/partner's combined)* income from all these sources, again before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to *(you/your joint incomes)*.

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: band numbers as given by showcard U68, 96, 97

{IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household}

OthInc

Can I check, does anyone else in the household have an income from any source?

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- 1 Yes
- 2 No

IF (OthInc = Yes)

Gross4a_22

SHOW CARD U5

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.? Just tell me the number beside the row that best applies.

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: band numbers as given by showcard U5 96, 97

INTERVIEWER IF NECESSARY: OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

IF (Gross4a = 32)

G4aHigh_22

SHOW CARD U6 - High Earnings section

Could you please look at this second card again and tell me which group represents the total income of the whole household, again before any deductions for income tax, National Insurance, etc.? Just tell me the number beside the row that best applies.

INTERVIEWER IF NECESSARY: OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

Range: band numbers as given by showcard U6, 96, 97

ASK ALL

HsngPr

I would now like to ask you some questions about your accommodation

INTERVIEWER: RESPONDENT SHOULD ANSWER ABOUT THEMSELVES. WHERE THE RESPONDENT IS RESPONSIBLE FOR THE HOUSEHOLD ANSWERS ALSO REFER TO THE OVERALL HH FINANCES.

- 1 Press 1 and <Enter> to continue

ASK ALL

Ten1

SHOW CARD U7

In which of these ways do you (or your household) occupy this accommodation?

INTERVIEWER: IF NECESSARY OBTAIN INFORMATION FROM OTHER HOUSEHOLD MEMBERS IF RESPONDENT IS UNSURE

- 1 Own outright - **GO TO HMWARM**
- 2 Buying it with the help of a mortgage or loan - **GO TO HMWARM**
- 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 - **GO TO HMWARM**

IF ((Ten1 = Pay part rent and part mortgage) OR (Ten1 = Rent it) OR (Ten1 = Live here rent-free))

Tied

Does the accommodation go with the job of anyone in the household?

- 1 Yes
- 2 No

IF ((Ten1 = Pay part rent and part mortgage) OR (Ten1 = Rent it) OR (Ten1 = Live here rent-free))

LLord_22

SHOW CARD U8

Who is your landlord?

INTERVIEWER: If asked, New Town Development should be included as local authority or council.

CODE FIRST THAT APPLIES

- 1 the local authority/council
- 2 a housing association or co-operative or charitable trust or registered social landlord
- 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 letting agency or another individual private landlord

ASK ALL

HmWarm

In winter are you able to keep your home warm enough?

- 1 Yes **GOTO UsedLess**
- 2 No

IF HmWarm = No THEN

FriendW

In the last year have you ever felt reluctant to invite friends or family to your home because of difficulties keeping it warm?

- 1 Yes
- 2 No

ASK ALL

UsedLess

In the last year, have you ever used less gas, electricity or other fuel than you needed to because you were worried about cost?

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 Other Fuel
- 4 None of these

ASK ALL

Discon

In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?

CODE ALL THAT APPLY

- 1 Gas
- 2 Electricity
- 3 SPONTANOUES - Other Fuel
- 4 None of these

ASK ALL

InDebt

SHOWCARD U9

Have there been times during the past year when you or your household were seriously behind in paying within the time allowed for any of these items?

CODE ALL THAT APPLY

- 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 (Exclusive) – GOTO MATDEPF_22**

IF InDebt <> None

DBurd

Thinking about the overdue payments you have just told me about, to what extent is keeping up with the repayment of them and any interest payment a financial burden to you?

Would you say it was...

- 1 A heavy burden
- 2 Somewhat of a burden
- 3 Or, not a problem at all

IF InDebt <> None

Borrow_22

SHOWCARD U10

Have there been times during the past 12 months when you had to borrow money from any of the sources on this card, in order to pay for your day-to-day needs?

CODE ALL THAT APPLY

- 1 Pawnbroker (e.g. Albemarle & Bond or Cash Converters)
- 2 Money lender (e.g. payday loans, doorstep, Money Shop, Provident, etc.)
- 3 Unlicensed lender (e.g. loan shark)
- 4 Social Fund loan
- 5 Credit Union

- 6 Friend(s)
- 7 Family
- 8 None of these (Exclusive)

ASK ALL

MATDEPF_22

SHOWCARD U11

Do you (and your family or partner) ...

...make regular savings of £10 a month or more for rainy days or retirement?

READ OUT

- 1 I/we do this
- 2 I/we would like to do this but cannot afford this at the moment
- 3 I/we do not want/need this at the moment
- 4 Does not apply

39. RECONTACT AND DATA LINKAGE

ASK ALL

FollUp

Thank you very much for your help. There is a second part to this study, which is carried out by the University of Leicester.

If you were selected to take part would it be alright if we pass your contact details to the University of Leicester, so that they can call you in a few weeks to tell you more about it?

<IF APMSMODE = 2 "The second part of the study would involve an in-person interview">

IF NECESSARY, REASSURE RESPONDENT THAT WE ARE SELECTING **ALL KINDS OF DIFFERENT PEOPLE** FOR THE FOLLOW-UP. THEIR SELECTION DOES NOT NECCESARILY IMPLY ANYTHING ABOUT THEM OR THE ANSWERS THEY HAVE GIVEN.

IF NECESSARY SAY: 'The second interview is usually much shorter, and just focuses on your health and personality.'

- 1 Yes
- 2 No

IF FollUp = 1

BestTime

Thank you. Is there (generally) a time in the day when it would be more convenient for us to call you?

RECORD VERBATIM

INCLUDE ANY DETAILS GIVEN ABOUT HOLIDAYS OR IMMINENT MOVES **BUT DO NOT PROBE FOR THESE**

String: 100

ASK ALL

ReCall2

May I just check...

Our work is very important, so my office likes to get in touch with a percentage of the people who have helped us, just to check that you are happy with the way we do things. Would it be OK for the office to contact you for this reason?

- 1 Yes
- 2 No

ASK IF Mainstage only (NOT asked for Core DRH OR EMB DRH)

ReconRes

In the future, NatCen or NHS Digital may want to carry out follow-up research about health or health services.

INTERVIEWER: {IF APMSMode = 1 "Please give the participant the GREEN FOLLOW-UP RESEARCH CONSENT FORM' IF APMSMode = 2 "Please ask the participant to find GREEN FOLLOW-UP RESEARCH CONSENT FORM in their interview pack. If they can't find it the participant can view the form online at www.natcen.ac.uk/wellbeing/documents"}
Please read this form, it explains more about what is involved and let me know if you have any questions.

Would you be happy for **NatCen or NHS Digital** to contact you for the purpose of future research?

- 1 Yes
- 2 No

IF ReconRes = Yes AND APMSMode = 1

ReconResSig

Before I can pass on your details, I have to obtain written consent from you.

INTERVIEWER: Enter the respondent's SERIAL NUMBER on the top of the GREEN follow-up research consent form...

AName.....Point...Address...Hhold ...
^SCLine

- Ask the respondent to **tick** the box and sign the form.
- Give the white copy of the form to the respondent.
- Please countersign
- Code which consents obtained.

CODE ALL THAT APPLY

- 1 Consent given for NatCen or NHS Digital to make recontact (ticked box)
- 2 Consent form signed
- 3 No consent obtained

Soft Checks for ReconResSig

• **Code 3 - no consent obtained: This is an exclusive code (if multi coded with codes 1 or 2) "No consent obtained" is an exclusive code. Please change."**

• **Code 1 selected only "INTERVIEWER: The respondent has given consent for NatCen or NHS Digital to make recontact BUT you have not selected code 2 'Consent form signed'. PLEASE CHECK."**

• **Code 2 selected only "INTERVIEWER: The respondent has signed the consent form (code 2) BUT you have not selected code 1 'consent given for NatCen or NHS Digital to make recontact'. PLEASE CHECK**

IF ReconRes = yes AND APMSMode = 2 AND DVCAWIPhone = 1

ReconResSigWeb

Before I can pass on your details, I have to obtain electronic consent from you.

Please go back to {SurveyURL}, enter your unique access code again: {AccessCode} if needed. Then enter your password: **2023**.

Please follow the on-screen instructions.

If you need any help or explanations at any point, please ask me. I will stay on the phone.

INTERVIEWER: Please stay on the phone call in case the participant needs help.

INTERVIEWER: check if the respondent has completed the electronic consent and agreed being contacted for future research.

- 1 Yes Consent given for NatCen or NHS Digital to make recontact
- 2 No

{IF ReconRes = 1 yes APMSMode= 2 AND DVCAWIPhone = 2 or 3}

ReconResConfirmTel

If you would like more information on how your data will be used you can read the privacy notice in your pack, or you can view this on our website here www.natcen.ac.uk/wellbeing/privacy.

Before you give consent for NatCen or NHS Digital to contact you for the purpose of future research please confirm that you have read and understand the following statements:

- I have read and understood the Green Follow-up Research consent form.
- The interviewer has explained the processes and I have had an opportunity to discuss these with them.

Please confirm if you agree with the statements I just read out.

- 1 Yes
- 2 No

NO DK/REF

{IF ReconResConfirmTel = 2 No}

DLNoTel

Are you sure? You have said **no** that you do not agree with the statements. This means you cannot provide consent to NatCen or NHS Digital contacting you for the purpose of future research unless you say yes at the previous question.

INTERVIEWER: If this is not correct select code 2 to 'go back and change the answer'. If this is correct, please code 1 to 'Continue'.

- 1 Continue - Do not want to provide consent to NatCen or NHS Digital contacting me for the purpose of future research
- 2 No this is not correct, go back to change answer [GO TO ReconResConfirmTel]

IF ReconResConfirmTel = 1 Yes

ReconResSigTel

Thank you for reading the consent form and confirming that you understand the statements. I am going to read out another statement so you can indicate whether you consent to your details being passed on so NatCen or NHS Digital can contact you for the purpose of future research.

I CONSENT - to **NatCen Social Research** or **NHS Digital** contacting me for the purpose of future research. I understand that I am free to decline to take part in any future studies.

Read out:

- 1 Yes, I consent for NatCen or NHS Digital to recontact me
- 2 No, I do not consent

SOFT CHECK: "You have selected that you {IF **ReconResSigTel** =1 "DO" IF **ReconResSigTel** = 2 "DON'T"} consent to NatCen Social Research or NHS Digital re-contacting you for the purpose of future research. Please confirm this is the correct answer by clicking 'NEXT'."

ASK IF Mainstage only (NOT asked for Core DRH OR EMB DRH)

FlagNow_22

We would like to ask for your permission to add information from some medical and health records to the answers you have provided in this study.

INTERVIEWER: [APMSMode = 1 "Give the respondent the PINK consent form (linking survey answers to health information) and allow them time to read the information." APMSMode = 2 "Ask the participant to find PINK CONSENT FORM (linking survey answers to health information) in their interview pack. If they can't find it the participant can view the form online at www.natcen.ac.uk/wellbeing/documents"]

Please read this form, it explains more about what is involved and let me know if you have any questions.

Would you be willing to give consent to linking some of your medical and health records to your answers? You do not have to agree to them all.

- 1 Yes
- 2 No

ASK IF Mainstage only (NOT asked for Core DRH OR EMB DRH)

IF FlagNow_22 = 1 OR 2 AND APMSMode = 1

FlagWozHlthMort

Before we add some medical and health records to your survey answers, I have to obtain written consent from you.

INTERVIEWER: Enter respondent's SERIAL NUMBER on the top of the consent form...

AName.....Point...Address...Hhold ...

^SCLine

- Ask the respondent to **tick** the appropriate box(es) and sign the form. They do not have to tick all the boxes.
- Please countersign
- Give the white copy of the form to the respondent.
- Code which consent obtained.

CODE ALL THAT APPLY

- 1 Consent given for HEALTH RECORDS (ticked box)
- 2 Consent given for CAUSE OF DEATH DATA (ticked box)
- 3 Consent form signed
- 4 No consent obtained

{IF FlagNow_22 = 1 OR 2 AND APMSMode=2 AND DVCAWIPhone= 1}

FlagWozHlthMortWeb

Before we add some medical and health records to your survey answers, I have to obtain electronic consent from you.

Please go back to {SurveyURL}, enter your unique access code again: {AccessCode} if needed. Then enter your password: **2023**

Please follow the on-screen instructions. If you need any help or explanations at any point, please ask me. I will stay on the phone.

INTERVIEWER: Please stay on the phone call in case the participant needs help. When you continue CAPI will take you to the next question to ask the participant when they have finished completing the electronic consents. Press <1> AND <Enter> to continue.

IF FlagNow_22 = 1 OR 2 AND APMSMode = 2 DVCAWIPhone = 1

HlthMortWebCon

INTERVIEWER: check if the respondent has completed the electronic consents and agreed to at least one of the data linkage consent.

- 1 Consent given for HEALTH RECORDS
- 2 Consent given for CAUSE OF DEATH DATA
- 3 No consent obtained

IF FlagNow_22 = 1 OR 2 AND APMSMode =2 DVCAWIPhone = 2 or 3

DLConfirmTel

APMS 2023/4: APPENDIX C – PHASE ONE QUESTIONNAIRE

If you would like more information on how your data will be used you can read the privacy notice in your pack, or you can view this on our website here www.natcen.ac.uk/wellbeing/privacy.

Before you give consent to link your medical and health records to your survey answers, please confirm that you understand the following statements:

- I have read and understood the Pink Data Linkage consent form.
- The interviewer has explained the processes and I have had an opportunity to discuss these with them.

Please confirm that you agree with the statements I have just read out.

- 1 Yes
- 2 No

NO DK/REF

{IF DLConfirmTel = 2 No THEN}

DLNoW

Are you sure? You have said **no** that you do not agree with the statements. This means you cannot provide consent to linking your medical and health records to your survey answers unless you say yes at the previous question.

INTERVIEWER: If this is not correct select code 2 to 'go back and change the answer'. If this is correct, please code 1 to 'Continue'.

- 1 Continue - I do not want to provide consent to link my medical and health, records to my survey answers
- 2 No this is not correct, go back to change answer [GOTO DLConfirm]

{ASK IF DLConfirmTel = 1 Yes THEN}

FlagWozHlthMortTel

Thank you for reading the consent form and confirming that you understand the statements. I am going to read out some more statements so you can indicate whether you consent to link your **health records** to your survey data.

I UNDERSTAND – All the information will be treated in strict confidence and used solely for statistical and research purposes. Access to the data for other qualified researchers can only be granted by the NHS Digital Data Access Review Service (DARS).

I AUTHORISE - NatCen Social Research passing my name, address and date of birth to NHS Digital, and NHS Digital to provide the NSHW Research Team with information held on the databases that I have consented to.

Please confirm which of the following apply, you do not have to agree to them all:

I CONSENT – to my survey answers being linked

to:

- 1 HEALTH INFORMATION DATA
- 2 CAUSE OF DEATH DATA
- 3 No consent given

{IF (Followup = 1) OR (ReconResSig = 1) OR (ReCall2 = 1) OR (ReconResSig = Yes) OR (ReconResSigWeb = Yes) OR (ReconResSigTel)= YES OR FlagWozHlthMort = 1 OR 2) OR (HlthMorWebCon = 1 OR 2) OR OR (HlthMorWebCon = 1 OR 2)}

Thank

We would like to thank you very much for taking the time to complete an interview and helping us to understand the health and wellbeing of people living across England.

Before we end the interview, I need to collect a little more information for our records.

{IF (Followup = 1) OR OR (ReconResSig = 1) OR (ReconResSigWeb = 1) OR {FlagWozHlthMort = 1 OR 2) OR (HlthMorWebCon = 1 OR 2) OR OR (HlthMorWebCon = 1 OR 2)}

Ttl

INTERVIEWER: Please ask and record the participants full name.

INTERVIEWER: If needed, This will only be used to contact you for reasons you have agreed to.

INTERVIEWER: Code the title of the participant

- 1 Mr,
- 2 Mrs,
- 3 Ms,
- 4 Miss,
- 5 Other

Title

INTERVIEWER: Record the title of the participant

Text: Maximum 4 characters

FrstName

INTERVIEWER: Enter the first name of the participant.

Text: Maximum 2 characters

Surname

INTERVIEWER: Enter the surname of the participant.

Text: Maximum 30 characters

{IF (FollUp = 1) OR (ReCall2 = 1) OR (ReconResSig = Yes) OR (ReconResSigWeb = Yes) OR (ReconResSigTel = Yes)}

GiveTel

Please may I have a telephone number, so we can contact you?

INTERVIEWER: IF RESPONDENT IS RELUCTANT, EXPLAIN THAT WE WON'T PASS THE NUMBER TO ANYONE ELSE. WE'LL ONLY USE IT TO CONTACT THEM ABOUT THE {IF Follup = 1 OR FollupDEF = 1 "SECOND PART OF THESTUDY" IF ReCall2 = 1 "TO CHECK UP ON HOW THIS INTERVIEW WENT" IF(ReconResSig = Yes) OR (ReconResSigWeb = Yes) OR (ReconResSigTel) = Yes "FOR FOLLOW UP RESEARCH".

- 1 Yes
- 2 No
- 3 No Phone

IF GiveTel = 1

TelNo

INTERVIEWER

RECORD TELEPHONE NUMBER

(Must be STD code and number, or mobile number)

String:15

{IF (FollUp = 1) OR (ReCall2 = 1) OR (ReconResSig = Yes) OR (ReconResSigWeb = Yes) OR (ReconResSigTel= Yes)}

GiveEm

Please may I have an email address, so we can contact you?

- 1 Yes
- 2 No
- 3 No email

IF GiveEm = 1

Email1

INTERVIEWER RECORD EMAIL ADDRESS

String: 255

Email2

Is this correct:

<Email from Email1>

- 1 Continue.

ENDIF

ENDIF

ENDINT

THIS IS THE END OF THE MAIN PART OF THE RESPONDENT'S INTERVIEW.

- 1 Press 1 and <Enter> to continue.