

1. What is your age in years?

2. What is your gender?

Male

Female

Transgender

3. What is your ethnic group?

Choose **one** section from A to E, then tick **one** to best describe your ethnic group or background.

**A. White**

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background, write in \_\_\_\_\_

**B. Mixed / multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed / multiple ethnic background, write in \_\_\_\_\_

**C. Asian / Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in \_\_\_\_\_

**D. Black / African / Caribbean / Black British**

African

Caribbean

Any other Black / African / Caribbean background, write in \_\_\_\_\_

**E. Other ethnic group**

Arab

Any other ethnic group, write in \_\_\_\_\_

4. What religion do you identify with?

Religion and belief			
<input type="checkbox"/>	<b>Buddhist</b>	<input type="checkbox"/>	<b>No Religious Belief</b>
<input type="checkbox"/>	<b>Christian</b>	<input type="checkbox"/>	<b>Agnostic</b>
<input type="checkbox"/>	<b>Hindu</b>	<input type="checkbox"/>	<b>Atheist</b>
<input type="checkbox"/>	<b>Jewish</b>	<input type="checkbox"/>	<b>Do not wish to answer</b>
<input type="checkbox"/>	<b>Muslim</b>	<input type="checkbox"/>	<b>Other religion/belief, describe below</b>
<input type="checkbox"/>	<b>Sikh</b>	<input type="checkbox"/>	

5. How would you describe your sexual orientation?

Heterosexual  Lesbian  Gay  Bi-sexual  Rather not disclose

6. At what age did you first seek help for your mental health problem?

7. Have you ever had a stay in an inpatient ward for your mental health condition?

Yes  No

If yes – Have any of your stays been under section (involuntary admission)? Yes  No

When was your last admission to hospital? \_\_\_\_\_

8. Have you had a stay in hospital for a serious physical health problem in the last 12 months?

Yes  No

What was it for? \_\_\_\_\_

9. Have you had a physical health check (Blood pressure, pulse, weight, asked about smoking, asked about alcohol consumption) from your GP or practice nurse?

Yes  No

10. Are you taking any prescribed medications for mental health conditions?

Yes  No

If yes how many?

How is your medication administered?

Oral  Depot injection  Both

11. Are you taking any other prescribed medications for a physical health condition?

If so what conditions are you taking them for? \_\_\_\_\_

12. What is your highest level of education? (including school, college and university)?

- |   |                          |
|---|--------------------------|
| Degree or equivalent                                | <input type="checkbox"/> |
| Higher education qualification (below degree level) | <input type="checkbox"/> |
| GCE/GCSE A-levels or equivalent                     | <input type="checkbox"/> |
| GCE/GCSE, O-levels or equivalent                    | <input type="checkbox"/> |
| Other qualifications at NVQ level 1 or below        | <input type="checkbox"/> |
| No formal qualifications                            | <input type="checkbox"/> |

13. What is your current employment status?

- |                              |                          |                                  |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| Full-time work               | <input type="checkbox"/> | Part-time work                   | <input type="checkbox"/> |
| Volunteer work               | <input type="checkbox"/> | Education or training            | <input type="checkbox"/> |
| Unemployed                   | <input type="checkbox"/> | Long-term sickness or disability | <input type="checkbox"/> |
| Looking after family or home | <input type="checkbox"/> | Retired                          | <input type="checkbox"/> |

Doing something else (please specify below)

\_\_\_\_\_

14. Are you in receipt of direct payments?

Yes  No  Don't know

15. Do you know what mental health diagnosis a doctor has given you?

Tick all that apply:

- |                                  |                          |                     |                          |                          |                          |
|----------------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|
| Schizophrenia                    | <input type="checkbox"/> | Bi-polar disorder   | <input type="checkbox"/> | Schizoaffective disorder | <input type="checkbox"/> |
| Psychotic disorder               | <input type="checkbox"/> | Delusional disorder | <input type="checkbox"/> | Manic episodes           | <input type="checkbox"/> |
| Severe depression with psychosis | <input type="checkbox"/> |                     |                          |                          |                          |
| Other (please specify below)     |                          |                     |                          |                          |                          |

\_\_\_\_\_

16. In your own words how would you define your mental health condition?

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17. What is your marital status?

Married or in Civil partnership  Cohabiting  Separated/divorced   
Single  Widowed

18. Do you have any children?

Yes  No

If yes, how many?

19. Do you have any pets?

Yes  No

If yes what pets do you have?

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20. What best describes your current living situation?

Alone  Partner / spouse  Parent / parents   
Other family  Friends  Other

21. What best describes your housing type?

House or flat owned by you (including with a mortgage)

House or flat rented from a housing association/local authority

House, flat or room rented from a private landlord

Residential home or sheltered housing

Hostel

Homeless or living on the street

Staying with a friend or family but have my own room

'Sofa surfing' (staying with friends or family but no bed)

Other (please specify below)

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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

22. Do you have a named informal carer?

Yes  No

A carer is someone who provides practical and emotional assistance to support you

– often a family member or friend.