# Supplementary Material 2: Baseline questionnaire

**AD-CARE: Cohort study data collection**

**Service User Questionnaire – Baseline**

**Version 1, 16/09/16**

|  |  |
| --- | --- |
| **List of measures** | **Please tick if completed** |
| Socio-demographic information |  |
| The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) |  |
| UCLA Loneliness Scale (UCLS) |  |
| Lubben Social Network Scale – 6 |  |
| Health and Lifestyles Survey Social Capital Questionnaire |  |
| Center for Epidemiologic Studies Short Depression Scale (CES-D 10) |  |
| Internalized Stigma of Mental Illness Inventory – 10-item Version (ISMI-10) |  |

Participant ID:

Date of interview:

ADU Service:

NHS Trust:

Interviewer:

**About You**

**1. What is your age?** \_\_\_\_\_years

**2. I identify my gender as…**

Man

Woman

Transgender

Prefer not to say

**3. Please choose one option that best describes your ethnic group or background:**

**White**

1. English / Welsh / Scottish / Northern Irish / British

2. Irish

3. 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 / 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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Are you currently employed?**

No

Yes

**If yes:**

Full-time

Part-time

**5. What is your current relationship status?**

Single

Co-habiting

Married

Divorced

Widowed

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

Excellent

Very good

Good

Fair

Poor

**The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)**

*Below are some statements about feelings and thoughts.*

*Please tick the box that best describes your experience of each over the last two weeks.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
| I’ve been feeling optimistic about the future |  |  |  |  |  |
| I’ve been feeling useful |  |  |  |  |  |
| I’ve been feeling relaxed |  |  |  |  |  |
| I’ve been dealing with problems well |  |  |  |  |  |
| I’ve been thinking clearly |  |  |  |  |  |
| I’ve been feeling close to other people |  |  |  |  |  |
| I’ve been able to make up my own mind about things |  |  |  |  |  |

**UCLA Loneliness Scale (UCLS)**

*The following statements describe how people sometimes feel. For each statement, please indicate how often you feel this way by choosing one of the answers provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Never** | **Rarely** | **Sometimes** | **Always** |
| 1. How often do you feel that you lack companionship? |  |  |  |  |
| 2. How often do you feel that there is no one you can turn to? |  |  |  |  |
| 3. How often do you feel that you are an outgoing person? |  |  |  |  |
| 4. How often do you feel left out? |  |  |  |  |
| 5. How often do you feel isolated from others? |  |  |  |  |
| 6. How often can you find companionship when you want it? |  |  |  |  |
| 7. How often do you feel unhappy being so withdrawn? |  |  |  |  |
| 8. How often do you feel people are around you but not with you? |  |  |  |  |

**Lubben Social Network Scale – 6**

**Family:** *Considering the people you are related to by birth, marriage or adoption*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **0: None** | **1: One** | **2: Two** | **3: Three or Four** | **4: Five - Eight** | **5: Nine or more** |
| 1. How many relatives do you see or hear from at least once a month? |  |  |  |  |  |  |
| 2. How many relatives do you feel at ease with that you can talk about private matters? |  |  |  |  |  |  |
| 3. How many relatives do you feel close to such that you could call on them for help? |  |  |  |  |  |  |

**Friendships:** Considering all of your friends including those who live in your neighbourhood

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **0: None** | **1: One** | **2: Two** | **3: Three or Four** | **4: Five - Eight** | **5: Nine or more** |
| 4. How many of your friends do you see or hear from at least once a month? |  |  |  |  |  |  |
| 5. How many friends do you feel at ease with that you could talk about private matters? |  |  |  |  |  |  |
| 6. How many friends do you feel close to such that you could call on them for help? |  |  |  |  |  |  |

**Health and Lifestyles Survey Social Capital Questionnaire**

**Neighbourhood Social Capital**

*Please answer the following questions about the neighbourhood you currently live in (please tick one box for each question)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **Don’t know** |
| 1. Is it a place you enjoy living? |  |  |  |
| 2. Is it a place where you feel personally safe? |  |  |  |
| 3. Is it a place where neighbours look after each other? |  |  |  |
| 4. Has it got good facilities for young children? |  |  |  |
| 5. Has it got good local transport? |  |  |  |
| 6. Has it got good leisure facilities for people like you? |  |  |  |

**Center for Epidemiologic Studies Short Depression Scale (CES‐D 10)**

*Below is a list of some of the ways you may have felt or behaved.*

*Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items** | **Rarely or none of the time**  (less than 1 day) | **Some or a little of the time**  (1‐2 days) | **Occasionally or a moderate amount of time** (3‐4 days) | **All of the time**  (5‐7 days) |
| 1. I was bothered by things that usually don't bother me. |  |  |  |  |
| 2. I had trouble keeping my mind on what I was doing. |  |  |  |  |
| 3. I felt depressed. |  |  |  |  |
| 4. I felt that everything I did was an effort. |  |  |  |  |
| 5. I felt hopeful about the future. |  |  |  |  |
| 6. I felt fearful. |  |  |  |  |
| 7. My sleep was restless. |  |  |  |  |
| 8. I was happy. |  |  |  |  |
| 9. I felt lonely. |  |  |  |  |
| 10. I could not "get going”. |  |  |  |  |

**Internalized Stigma of Mental Illness Inventory – 10-item Version (ISMI-10)**

*We are going to use the term “mental illness” in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it.*

*For each question, please mark whether you strongly disagree (1), disagree (2), agree (3), or strongly agree (4).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| 1. Mentally ill people tend to be violent. |  |  |  |  |
| 2. People with mental illness make important contributions to society. |  |  |  |  |
| 3. I don’t socialize as much as I used to because my mental illness might make me look or behave “weird.” |  |  |  |  |
| 4. Having a mental illness has spoiled my life. |  |  |  |  |
| 5. I stay away from social situations in order to protect my family or friends from embarrassment. |  |  |  |  |
| 6. People without mental illness could not possibly understand me. |  |  |  |  |
| 7. People ignore me or take me less seriously just because I have a mental illness. |  |  |  |  |
| 8. I can’t contribute anything to society because I have a mental illness. |  |  |  |  |
| 9. I can have a good, fulfilling life, despite my mental illness. |  |  |  |  |
| 10. Others think that I can’t achieve much in life because I have a mental illness. |  |  |  |  |