# Supplementary Material 3: Follow up questionnaire

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

**Service User Questionnaire – Follow up**

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

|  |  |
| --- | --- |
| **List of measures** | **Please tick if completed** |
| Socio-demographic information |  |
| Client Satisfaction Questionnaire (CSQ) |  |
| The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) |  |
| UCLA Loneliness Scale (UCLS) |  |
| Center for Epidemiologic Studies Short Depression Scale (CES-D 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

**Client Satisfaction Questionnaire**

*When answering these questions, please tell us how satisfied you are with the service you have received during you current or most recent period of support.*

**PLEASE CIRCLE YOUR ANSWER**

**1. How would you rate the quality of service you have received?**

4 3 2 1 \_

*Excellent Good Fair Poor*

**2. Did you get the kind of service you wanted?**

1 2 3 4 \_\_

*No, definitely not No, not really Yes, generally Yes, definitely*

**3. To what extent has the service met your needs?**

4 3 2 1\_\_\_

*Almost all of my Most of my needs Only a few of my None of my needs*

*needs have been met have been met needs have been met have been met*

**4. If a friend were in need of similar help, would you recommend the services to him or her?**

1 2 3 4\_\_\_

*No, definitely not No, I don’t think so Yes, I think so Yes, definitely*

**5. How satisfied are you with the amount of help you have received?**

1 2 3 4\_ \_

*Quite Indifferent or mildly Mostly satisfied Very*

*dissatisfied dissatisfied* *satisfied*

6. **Have the service you received helped you to deal more effectively with your problem?**

4 3 2 1 \_\_\_

*Yes, they help Yes, they helped No, they didn’t No, they seemed to*

*a great deal somewhat really help make things worse*

**7. In an overall, general sense, how satisfied are you with the service you have received?**

4 3 2 1\_\_\_

*Very satisfied Mostly satisfied Indifferent or mildly Quite dissatisfied*

*dissatisfied*

**8. If you were to seek help again, would you use the same services?**

1 2 3 4\_\_\_

*No, definitely not No, I don’t think so Yes, I think so Yes, definitely*

**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 | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I’ve been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I’ve been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I’ve been able to make up my own mind about things | 1 | 2 | 3 | 4 | 5 |

**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** | **1. Never** | **2. Rarely** | **3. Sometimes** | **4. 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? |  |  |  |  |

**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”. |  |  |  |  |