

1. Who do you usually live with?
- |                                    |   |
|------------------------------------|---|
| Husband/wife/steady partner        | 1 |
| Spouse/partner <i>and</i> children | 2 |
| Children (but no spouse/partner)   | 3 |
| Parents                            | 4 |
| Alone                              | 5 |
| Other _____                        | 6 |
2. Employment status
- |   |    |
|---|----|
| Paid employment – full-time                     | 1  |
| Paid employment – part-time                     | 2  |
| Voluntary work (unpaid)                         | 3  |
| Sheltered work                                  | 4  |
| Registered as unemployed but available for work | 5  |
| Not working/retired due to illness              | 6  |
| Retired   | 7  |
| Student   | 8  |
| Housewife/husband                               | 9  |
| Other _____                                     | 10 |
3. Please give details of all periods (including the current one) of employment that you have had during the past 6 months.

*Employment 1*

Occupation \_\_\_\_\_  
 Date started \_\_\_\_\_ Date finished \_\_\_\_\_  
 Reason for end of employment \_\_\_\_\_

*Employment 2*

Occupation \_\_\_\_\_  
 Date started \_\_\_\_\_ Date finished \_\_\_\_\_  
 Reason for end of employment \_\_\_\_\_

*Employment 3*

Occupation \_\_\_\_\_  
 Date started \_\_\_\_\_ Date finished \_\_\_\_\_  
 Reason for end of employment \_\_\_\_\_



d. A and E: Reason for attendance 1 \_\_\_\_\_

No. of attendances in last 6 months \_\_\_\_\_

Reason for attendance 2 \_\_\_\_\_

No. of attendances in last 6 months \_\_\_\_\_

Reason for attendance 3 \_\_\_\_\_

No. of attendances in last 6 months \_\_\_\_\_

5. Please give details of any of the following services that you have used *in the last 6 months*

<i>Service</i>	<i>Circle</i>	<i>No. of contacts</i>	<i>Typical duration</i>	<i>Was the contact at home?</i>	<i>If private, give cost per hour</i>
General practitioner (face-to-face)	No Yes				
General practitioner (telephone)	No Yes				
Out of hours contact (GP or deputy)	No Yes				
Out of hours contact (nurse)	No Yes				
Practice nurse (at the GP clinic)	No Yes				
District nurse	No Yes				
Community mental health nurse	No Yes				
Other nurse	No Yes				
Health visitor	No Yes				
Counsellor	No Yes				
Other therapist <i>Type</i> _____	No Yes				
'Alternative' medicine or therapy <i>Specify</i> _____	No Yes				
Psychologist	No Yes				
Psychiatrist (community or primary care based)	No Yes				
Other community based doctor <i>Specify</i> _____	No Yes				
Occupational therapist	No Yes				
Social worker	No Yes				

<i>Service</i>	<i>Circle</i>	<i>No. of contacts</i>	<i>Typical duration</i>	<i>Was the contact at home?</i>	<i>If private, give cost per hour</i>
Home help/home care worker	No Yes				
Care attendant	No Yes				
Community support worker	No Yes				
Housing worker	No Yes				
Voluntary worker (including priest etc.) <i>Specify</i> _____	No Yes				
Day centre/drop-in/social club <i>Name</i> _____	No Yes				
Self-help group <i>Name</i> _____	No Yes				

6. *In the last 6 months, have you received help from friends or relatives on any of the following tasks, as a consequence of your emotional problems?*

<i>Type of help</i>	<i>Circle</i>	<i>Helper's relationship to you (see key below)*</i>	<i>Average number of hours help per week</i>
Child care <i>(Circle 'No' if interviewee has no children)</i>	No Yes		
Personal care <i>(e.g. washing, dressing etc.)</i>	No Yes		
Help in/around the house <i>(e.g., cooking, cleaning etc.)</i>	No Yes		
Help outside the home <i>(e.g., shopping, transport etc.)</i>	No Yes		
Other _____	No Yes		

\* Key: 1 = Mother; 2 = Father; 3 = Brother/Sister; 4 = Other relative; 5 = Friend; 6 = Other (please specify)

7. Please list below use of any medications taken over the *last 6 months*. (If the dose has changed please list separately.)

<i>Name of drug</i>	<i>Dosage (if known)</i>	<i>Dose frequency (e.g. daily)</i>	<i>For how long have you taken this drug?</i>
1.	<i>mg</i>		
2.	<i>mg</i>		
3.	<i>mg</i>		
4.	<i>mg</i>		
5.	<i>mg</i>		
6.	<i>mg</i>		
8.	<i>mg</i>		
9.	<i>mg</i>		
10.	<i>mg</i>		
11.	<i>mg</i>		
12.	<i>mg</i>		
13.	<i>mg</i>		
14.	<i>mg</i>		
15.	<i>mg</i>		

8. Has your illness brought you into contact with police, or the courts, or a solicitor? If so, please give further details. (Interviewer: record number of contacts, number of nights in police cells, days in prison, etc.)

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9. Have you used any other services or incurred any specific costs as a result of your illness? If so, please give further details:

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