

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 _____

Please give details of any way in which your health problem has constrained your career in the last 6 months.

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4. *In the last 6 months, have you had any contact with hospital services?* Yes 1
(e.g. inpatient admission, outpatient attendance) No 0

If yes:

a. Inpatient care: Reason for stay 1 _____

No. of days in last 6 months _____

No. of days in last 3 months _____

Reason for stay 2 _____

No. of days in last 6 months _____

No. of days in last 3 months _____

Reason for stay 3 _____

No. of days in last 6 months _____

No. of days in last 3 months _____

Reason for stay 4 _____

No. of days in last 6 months _____

No. of days in last 3 months _____

Reason for stay 5 _____

No. of days in last 6 months _____

No. of days in last 3 months _____

b. Outpatient care: Reason for attendance 1 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 2 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 3 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

c. Day care:

Reason for attendance 1 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 2 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 3 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

d. A and E:

Reason for attendance 1 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 2 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

Reason for attendance 3 _____

No. of attendances in last 6 months _____

No. of attendances in last 3 months _____

5. Please give details of any of the following services that you have used *in the last 6 and 3 months*

<i>Service</i>	<i>Circle</i>	<i>No. of contacts in last 6 months</i>	<i>No. of contacts in last 3 months</i>	<i>Typical duration</i>	<i>Was 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					
Home help/home care worker	No Yes					
Care attendant						

<i>Service</i>	<i>Circle</i>	<i>No. of contacts in last 6 months</i>	<i>No. of contacts in last 3 months</i>	<i>Typical duration</i>	<i>Was contact at home?</i>	<i>If private, give cost per hour</i>
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 and 3 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 in last 6 months</i>	<i>Average number of hours help per week in last 3 months</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.)

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