CONFIDENTIAL

Eighteen Month Follow-up Questionnaire

Participant's trial ID number: [ ][ ] - [ ][ ][ ][ ][ ]

Date questionnaire sent: [ ][ ] / [ ][ ] / [2][0][ ][ ]
Day *Month* *Year*

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PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give in this questionnaire will help us find out which is the best way to improve mental well-being amongst those over the age of 65.

Please answer ALL the questions. Although some of the questions may not seem relevant to yourself or may appear similar, they do give us valuable information.

If you find it difficult to answer the question, please give the best answer you can.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick, as if you were filling out a ballot paper.

For example in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car?

Yes ☒

No ☐

If you are asked to write your answer, please do so by entering your answer in the box provided, for example:

How old are you? | 7 | 5 | years

Please use a black or blue pen for all the questions.

Please do not use a pencil or any other coloured pen.

If you have any queries or problems completing this questionnaire please contact your local study centre:

[redacted]

Please enter the date you are completing this questionnaire:

		/			/	2	0		
Day			*Month*			*Year*			

SECTION 1

This section is about how you have been feeling over the **last 2 weeks**.
Answer each question by placing a cross in the box that best describes your answer.

1. Little interest or pleasure in doing things

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

2. Feeling down, depressed, or hopeless

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

3. Trouble falling or staying asleep, or sleeping too much

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

4. Feeling tired or having little energy

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

5. Poor appetite or overeating

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

6. Feeling bad about yourself - that you are a failure or have let yourself or your family down

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

7. Trouble concentrating on things, such as reading the newspaper or watching television

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

9. Thoughts that you would be better off dead, or of hurting yourself in some way

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

1. Feeling nervous, anxious or on edge

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

2. Not being able to stop or control worrying

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

3. Worrying too much about different things

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

4. Trouble relaxing

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

5. Being too restless that it is hard to sit still

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

6. Becoming easily annoyed or irritable

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

7. Feeling afraid as if something awful might happen

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

SECTION 2

This section is about any physical health problems you may be experiencing.
Please cross one box for each health problem.

During the **past 4 weeks**, how much have you been bothered by any of the following problems?

1. Stomach pains

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

2. Back pain

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

3. Pain in your arms, legs, or joints (e.g. knees, hips)

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

4. Headaches

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

5. Chest pain

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

6. Dizziness

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

7. Fainting spells

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

8. Feeling your heart pound or race

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

9. Shortness of breath

Not bothered at all	Bothered a little	Bothered a lot
☐	☐	☐

10. Pain or problems during sexual intercourse

Not bothered at all ☐ Bothered a little ☐ Bothered a lot ☐

11. Constipation, loose bowels, or diarrhoea

Not bothered at all ☐ Bothered a little ☐ Bothered a lot ☐

12. Nausea, gas, or indigestion

Not bothered at all ☐ Bothered a little ☐ Bothered a lot ☐

13. Feeling tired or having low energy

Not bothered at all ☐ Bothered a little ☐ Bothered a lot ☐

14. Trouble sleeping

Not bothered at all ☐ Bothered a little ☐ Bothered a lot ☐

SECTION 3

This section asks you about how you've been feeling.

Answer each question by placing a cross in the box that best describes your answer.

1a. I tend to bounce back after illness or hardship

Not true at all ☐ Rarely true ☐ Sometimes true ☐ Often true ☐ True nearly all of the time ☐

1b. I am able to adapt to change

Not true at all ☐ Rarely true ☐ Sometimes true ☐ Often true ☐ True nearly all of the time ☐

SECTION 4

This section asks for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities.

Answer each question by placing a cross in the box that best describes your answer.

1. In general, would you say your health is:
(please cross one box only)

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate activitie**s, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? If so, how much?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs? If so, how much?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

4. During the **past 4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health**?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the **past 4 weeks**, how much of the time have you been limited in performing any kind of work or other regular daily activities **as a result of your physical health**?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the **past 4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

7. During the **past 4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious)?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework)?
(please cross one box only)

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

9. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** have you felt calm and peaceful ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

10. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** did you have a lot of energy ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. This question is about how you feel and how things have been with you during the **past 4 weeks**. Please give the one answer that comes closest to the way you have been feeling. How much during the **past 4 weeks** have you felt downhearted and depressed?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

12. During the **past 4 weeks** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives etc.)?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

SECTION 5

This section also asks about your health in general.

By placing a cross in one box in each group below, please indicate which statements best describes your own **health state today**.

Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

Self-Care

I have no problems with self-care ☐

I have some problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

Pain/Discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

Anxiety/Depression

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

SECTION 6

This section is about any medication you have been prescribed to improve your mental well-being.

Are you **currently** prescribed any of the medicines listed below?

Yes ☐ No ☐ Don't know ☐

If 'Yes', please cross all that apply.

Dosulepin ☐	Sertraline ☐	Venlafaxine ☐
Lofepramine ☐	Fluoxetine ☐	Duloxetine ☐
Citalopram ☐	Paroxetine ☐	Trazodone ☐
Mirtazapine ☐	Other ☐ *please list any other medications below*	

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

If you **are** prescribed one of these medicines but have stopped taking it for any reason please place a cross in this box. ☐

SECTION 7

This final section is about any health care you have received as a patient **for any reason** (please do not include any visits to your GP practice).

Answer each question by placing a cross in the box that best describes your answer.

Attending hospital

1a. During the **last 6 months** have you stayed overnight in hospital?

Yes ☐ No ☐ (go to 2a) Don't know ☐

1b. On how many separate occasions did you stay overnight in hospital? ☐☐

Please provide some details for each occasion you stayed in hospital (e.g. hip replacement, fall).

(If you have stayed more than 2 occasions, we will contact you for further details)

1c. **First hospital visit**

1d. After your hospital visit were you:

Transferred to community hospital (e.g. for rehabilitation) ☐

Discharged back to your home ☐

Other (please state) ☐

1e. **Second hospital visit**

1f. After your hospital visit were you:

Transferred to community hospital (e.g. for rehabilitation) ☐

Discharged back to your home ☐

Other (please state) ☐

Other visits to hospital

2a. Have you attended Accident and Emergency in the **last 6 months**?

Yes ☐ No ☐ (go to 3a) Don't know ☐

2b. If 'Yes', how many times have you attended Accident and Emergency in the **last 6 months**? ☐☐

3a. Have you attended Hospital Outpatients in the **last 6 months**?

Yes ☐ No ☐ (go to 4a) Don't know ☐

3b. If 'Yes', how many times have you attended Hospital Outpatients in the **last 6 months**? ☐☐

4a. Have you attended hospital as a day case/procedure patient in the **last 6 months**?

Yes ☐ No ☐ (go to 5a) Don't know ☐

4b. If 'Yes', how many times have you attended hospital as a day case/procedure in the **last 6 months?** ☐☐

NHS transport services

5a. Have you used a '999' emergency ambulance in the **last 6 months**?

Yes ☐ No ☐ (go to 6a) Don't know ☐

5b. If 'Yes', how many times have you used a '999' emergency ambulance in the **last 6 months**? ☐☐

6a. Have you used the Patient Transport Service in the **last 6 months**?

Yes ☐ No ☐ (go to 7a) Don't know ☐

6b. If 'Yes', how many times have you used the Patient Transport Service in the **last 6 months**? ☐☐

Other NHS services

7a. Have you gone to an NHS Walk-in Centre in the **last 6 months**?

Yes ☐ No ☐ (go to 8a) Don't know ☐

7b. If 'Yes', how many times have you been to an NHS Walk-in Centre in the **last 6 months**? ☐☐

8a. Have you called NHS Direct (the NHS telephone helpline) in the **last 6 months**?

Yes ☐ No ☐ (go to 9a) Don't know ☐

8b. If 'Yes', how many times have you called NHS Direct (the NHS telephone helpline) in the **last 6 months**? ☐☐

Support services

9a. Do you receive any home help?

Yes ☐ No ☐ (go to 10a) Don't know ☐

9b. Thinking about the **last 6 months**, of these how many months did you have home help? (please count any month where you have had a visit)

0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐ 7 months ☐ 8 months ☐

9c. Thinking about the **last 6 months**, typically, how many times a week did home help visit?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

10a. Does a care worker visit you at home?

Yes ☐ No ☐ (go to 11a) Don't know ☐

10b. Thinking about the **last 6 months**, of these how many months did a care worker visit you at home? (please count any month where you have had a visit)

0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐ 7 months ☐ 8 months ☐

10c. Thinking about the **last 6 months**, typically, how many times a week did a care worker visit?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

11a. Do you use meals on wheels?

Yes ☐ No ☐ (go to 12a) Don't know ☐

11b. Thinking about the **last 6 months**, of these how many months did you use meals on wheels? (please count any month where you have had a visit)

0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐ 7 months ☐ 8 months ☐

11c. Thinking about the **last 6 months**, typically, how many times a week did you use meals on wheels?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

12a. Do you go to any community centres?

Yes ☐ No ☐ Don't know ☐

12b. Thinking about the **last 6 months**, typically, how many times a week do you go to a community centre?

0 ☐ 1-2 ☐ 2-3 ☐ 3-4 ☐ 4+ ☐

12c. Which community centres do you attend?

If you have any general comments about the study, or this questionnaire, please write them below.

Thank you for completing this questionnaire.
Please return it in the pre-paid envelope provided.