## Supplementary Material 3: Content of the online survey for service users

Thank you for taking part in this survey.

Generalised anxiety disorder or long-term worrying is the most common anxiety disorder in older people. The main symptoms that characterise generalised anxiety disorder are excessive worry and feelings of fear, dread, and uneasiness that have lasted at least six months. Other symptoms include restlessness, tiredness or irritability, muscle tension, and difficulties with concentrating and sleeping. The purpose of this survey is to find out what types of treatment are typically offered to older people experiencing difficulties with long-term worrying or "their nerves" that have not responded well to treatment.

We will now ask you 15 questions about your experiences of long-term worrying or difficulties with "your nerves". It should take approximately 10 minutes to complete. However, you can stop the survey at any time if you wish. Your responses will be kept strictly confidential and anonymous, and you will not be identified in any of the information you provide. All data will be handled and stored in accordance with the UK Data Protection Act 1988. Please see the Participant Information Sheet for further information about taking part in this survey.

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•	Question 1 (out of 15): How old are you?
	☐ Less than 60 years old
	☐ 60-64 years old
	☐ 65-74 years old
	☐ 75-84 years old
	□ 85-94 years old
	□ 95 years old+
	☐ I'd prefer not to say
•	Question 2 (out of 15): What sex are you?
	□ Male
	☐ Female
	☐ I'd prefer not to say

	☐ Asian/Asian British								
	☐ Black/Black British								
	☐ Mixed								
	☐ White/White British								
	☐ I'd prefer not to say								
	☐ Other (please state):								
•	Question 4 (out of 15): What age did you leave school?								
•	Question 5 (out of 15): What is the highest level of educational qualification that you gained?								
	☐ School leaving certificate								
	☐ O levels or GCSEs								
	□ Diploma								
	☐ A levels								
	☐ Masters								
	□ Degree								
	☐ I have no educational qualifications								
	☐ I'd prefer not to say								
	☐ Other (please state):								
•	Question 6 (out of 15): What region of the UK do you live	Question 6 (out of 15): What region of the UK do you live in?							
	☐ Please state the first 3-4 characters of your po	stcode (e.g.	WR6 or	NW11) or r	earest to	wn/city:			
	☐ I'd prefer not to say								
Qı	uestion 7 (out of 15): Over the <u>last 2 weeks</u> , how	Not at all	Several	More than	Nearly	I'd prefe			
of	ten have you been bothered by any of the following		days	half the	every	not to			
pr	oblems?			days	day	say			
Fe	eling nervous, anxious or on edge	0	1	2	3				
			<del> </del>	+	<del> </del>	+			

Question 3 (out of 15): How would you describe your ethnic or racial background?

often have you been bothered by any of the following problems?		days	half the	every day	not to
Feeling nervous, anxious or on edge	0	1	2	3	
Not being able to stop or control worrying	0	1	2	3	
Worrying too much about different things	0	1	2	3	
Trouble relaxing	0	1	2	3	
Being so restless that it is hard to sit still	0	1	2	3	
Becoming easily annoyed or irritable	0	1	2	3	

Question 7 (out of 15): Over the <u>last 2 weeks</u> , how		Several	More than	Nearly	I'd prefer
often have you been bothered by any of the following		days	half the	every	not to
problems?			days	day	say
Feeling afraid as if something awful might happen	0	1	2	3	
Feeling depressed or down or unable to enjoy things	0	1	2	3	
Having panic attacks and other physical anxiety	0	1	2	3	
symptoms like racing heart, shortness of breath and					
upset stomach					
Feeling anxious or afraid of going out of the house	0	1	2	3	
alone, being in crowds or travelling on public transport					
Feeling especially anxious or nervous in social situations	0	1	2	3	
like public speaking or meeting unfamiliar people					
Feeling more afraid than most people about things like	0	1	2	3	
heights, flying, closed spaces, needles, or certain					
animals					
Having nightmares or memories of frightening	0	1	2	3	
experiences that are hard to keep out of your mind					
Feeling the need to do things over and over again like	0	1	2	3	
washing your hands or counting steps					
Other (please state):				1	<u>.I</u>
<ul> <li>Question 8 (out of 15): Focusing specifically on worrying long-term worrying or "your nerves"?</li> </ul>	; now, how l	ong have y	ou experienc	ed difficult	ies with
☐ Less than 1 year					
☐ 1-5 years					
☐ 6-10 years					
☐ 11-20 years					
☐ 21-30 years					
☐ 30 years+					
☐ I have never experienced difficulties with long-term wo	orrying or "m	y nerves"			
☐ Other (please state):					

Question 9 (out of 15):	Yes	Yes, but I don't	No
	If you know the name, please state:	know the name	
Are you <u>currently</u> (i.e. over the last 2 weeks) taking			
any medication for your long-term worrying or			
"your nerves"?			
Have you taken any medication for your long-term			
worrying or "your nerves" in the <b>past</b> ?			
Have you been offered any medication for your			
long-term worrying or "your nerves" in the past			
but declined?			

•	Question 10 (out of 15): If you have taken medication in the <u>past</u> for your long-term worrying or "your nerves", approximately how many different types have you tried?
	□ 1-2
	□ 3-4
	□ 5+
	☐ I can't remember
	☐ Other (please state):

Question 11 (out of 15):	Yes	Yes, but I don't	No
	If you know the name, please	know the name of	
	state it:	it	
Are you <u>currently</u> (i.e. over the last 2 weeks) receiving			
any talking therapy for your long-term worrying or			
"your nerves"?			
Have you received any talking therapy for your long-			
term worrying or "your nerves" in the <u>past</u> ?			
Have you been offered any talking therapy for your			
long-term worrying or "your nerves" in the past but			
declined?			

Question 12 (out of 15): If you have received talking therapy in the <u>past</u> for your long-term worrying or "your nerves", approximately how many different types have you tried?
□ 1 □ 2
☐ 3+ ☐ I can't remember ☐ Other (please state):

Question 13 (out of 15): In	Not at all	Slightly	Moderately	Very helpful	Extremely	Not
your personal opinion, how	helpful	helpful	helpful		helpful	applicable
helpful is your <u>current</u> (i.e.						
over the last 2 weeks)						
medication for treating your						
difficulties with long-term						
worrying or "your nerves"?						
talking therapy for treating						
your difficulties with long-						
term worrying or "your						
nerves"?						
combination of medication						
and talking therapy for						
treating your difficulties with						
long-term worrying or "your						
nerves"?						

Question 14 (out of 15): In	Not at all	Slightly	Moderately	Very helpful	Extremely	Not
your personal opinion, in	helpful	helpful	helpful		helpful	applicable
the past how helpful was						
medication for treating						
your difficulties with long-						
term worrying or "your						
nerves"?						
talking therapy for treating						
your difficulties with long-						
term worrying or "your						
nerves"?						
a combination of						
medication and talking						
therapy for treating your						
difficulties with long-term						
worrying or "your nerves"?						

•	Question 15 (out of 15): Please add any other comments that you have about how your long-term worrying is
	currently being treated (i.e. over the last 2 weeks) or has been treated in the past, and how helpful treatment
	has been in your personal experience:

This is the end of the survey. Thank you for taking the time to complete it - we are extremely grateful.