

Mental Health Questionnaire for UKB Web-Based questionnaire:

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End page provides links to support.

Q.No	Stem	Responses
INTRO1:	<p>We are interested in knowing more about the stresses and strains of life and your mental health. We realise that some of the questions are sensitive and may be difficult to answer but we hope you will feel able to take part. Participating in this questionnaire will help us understand mental health problems like depression and post traumatic stress disorder better. It's important we hear from people who have had these sorts of problems as well as people who have not.</p> <p>Your answers will be kept confidential. None of the information you provide will be sent to your GP or any other agencies.</p> <p>We will not act on any concerns you raise in this questionnaire, and are not able to offer you any help based on the answers you give. However, information on where to find help for the issues in this questionnaire will be shown at the end.</p> <p>Do not worry if you cannot answer a question – you can always press the “prefer not to answer” option and move on.</p>	- Next
START1	<p>To help you as you work your way through the questionnaire:</p> <ul style="list-style-type: none"> • Most devices will allow you to click or tap the description beside a choice button to select it <p>Click or tap on this sentence Click /tap here</p>	- Next

	<p style="text-align: center;">and over here</p> <ul style="list-style-type: none"> The progress bar at the bottom of each page (see below) is split into blocks, with each block representing a different section of the questionnaire. 	
Identity Check	First, we need to check a couple of things.	
ID1 [no number on implementation]	Please confirm your month and year of birth	mmm yyyy
ID2 [no number on implementation]	Please confirm your sex	[Select one from] - 01 Male - 02 Female
INTRO2	Now let's start with a few general questions about mental distress.	
INTRO2 restart	Now let's continue from where you left off...	
Section A: presence and absence of any mental health condition.		
A1	In your life, have you suffered from a period of mental distress that prevented you from doing your usual activities?	[Select one from] - 01 Yes - 02 No - UN Do not know - DA Prefer not to answer
A2	In your life, did you seek or receive help from a professional (medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional) for mental distress, psychological problems or unusual experiences?	[Select one from] - 01 Yes - 02 No - UN Do not know - DA Prefer not to answer
A3	<p>Have you been diagnosed with one or more of the following mental health problems by a professional, even if you don't have it currently? (tick all that apply):</p> <p>By professional we mean: any doctor, nurse or person with specialist training (such as a psychologist or therapist). Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis.</p>	[Select up to seven from] - 01 Depression - 02 Mania, hypomania, bipolar or manic-depression - 03 Anxiety, nerves or generalized anxiety disorder - 04 Social anxiety or social phobia - 05 Agoraphobia - 06 Any other phobia (eg disabling fear of heights or spiders) - 07 Panic attacks - 08 Obsessive compulsive disorder (OCD) - 00 None of the above

		- DA Prefer not to answer
A4	<p>Have you been diagnosed with one or more of the following; mental health problems by a professional, even if you don't have it currently? (tick all that apply):</p> <p>By professional we mean: any doctor, nurse or person with specialist training (such as a psychologist or therapist). Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis.</p>	<p>[Select up to eight from]</p> <ul style="list-style-type: none"> - 01 Anorexia nervosa - 02 Bulimia nervosa - 03 Psychological over-eating or binge-eating - 04 Schizophrenia - 05 Any other type of psychosis or psychotic illness - 06 A personality disorder - 07 Autism, Asperger's or autistic spectrum disorder -08 Attention deficit or attention deficit and hyperactivity disorder (ADD/ADHD) - 00 None of the above - DA Prefer not to answer
Section B: present and past depression and/or bipolar affective disorder.		
INTRO2	We next want to ask a few questions about your mood and feelings recently:	- Next
B1	<p>Over the last 2 weeks, how often have you been bothered by any of the following problems?</p> <ul style="list-style-type: none"> a. Little interest or pleasure in doing things b. Feeling down, depressed, or hopeless c. Trouble falling or staying asleep, or sleeping too much d. Feeling tired or having little energy e. Poor appetite or overeating f. Feeling bad about yourself or that you are a failure or have let yourself or your family down g. Trouble concentrating on things, such as reading the newspaper or watching television h. 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 i. Thoughts that you would be better off dead or of hurting yourself in some way <p>[9 questions on one page.]</p>	<ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
Now we want to know some more about symptoms in your lifetime		
B2	Have you ever had a time in your life when you felt sad, blue, or depressed for two weeks or more in a row?	<ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
B3	Have you ever had a time in your life lasting two	- 01 Yes

	weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	- 00 No - DA Prefer not to answer
	Please think of the two-week period in your life when your feelings of depression or loss of interest were worst:	Display throughout following questions B4 to B14
B4	Did this worst period start within two months of the death of someone close to you or after a stressful or traumatic event in your life?	- 01 Yes - 00 No - DA Prefer not to answer
B5	How much of the day did these feelings usually last?	- 04 All day long - 03 Most of the day - 02 About half of the day - 01 Less than half of the day - NA Do not know - DA Prefer not to answer
	Did you feel this way	- 03 Every day - 02 Almost every day - 01 Less often - NA Do not know - DA Prefer not to answer
B7	Did you feel more tired out or low on energy than is usual for you?	- 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
B8	Did you gain or lose weight without trying, or did you stay about the same weight?	- 01 Gained weight - 02 Lost weight - 03 Both gained and lost some weight during the episode - 00 Stayed about the same or was on a diet - NA Do not know - DA Prefer not to answer
	Did your sleep change?	- 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
B9a	Was that: A Trouble falling asleep B Waking too early C Sleeping too much	- 01 Yes - 00 No
B10	Did you have a lot more trouble concentrating than usual?	- 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
B11	People sometimes feel down on themselves, no good, worthless. Did you feel this way?	- 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
B12	Did you think a lot about death – either your own, someone else's or death in general?	- 01 Yes - 00 No

		<ul style="list-style-type: none"> - UN Do not know - DA Prefer not to answer
B13	About how long altogether did you feel this way? Count the time before, during and after the worst two weeks.	<ul style="list-style-type: none"> - 01 Less than a month - 02 Between one and three months - 03 Over three months, but less than six months - 04 Over six months, but less than 12 months - 05 One to two years - 06 Over two years - DA Prefer not to answer
	Think about your roles at the time of this episode, including study / employment, childcare and housework, leisure pursuits. How much did these problems interfere with your life or activities?	<ul style="list-style-type: none"> - 03 A lot - 02 Somewhat - 01 A little - 00 Not at all - DA Prefer not to answer
	Regarding times in your life when you have had feelings of depression or loss of interest:	
B15	How many periods did you have in your life lasting two or more weeks where you felt like this?	<ul style="list-style-type: none"> - 01 One - 02 Several - DA Prefer not to answer
B15a	Enter number	<p>BBOX1: Integer box 2 – 999 BBOX1 & “number of times” OR</p> <ul style="list-style-type: none"> - 01 Too many to count / One episode ran into the next.
B16	About how old were you the FIRST time you had a period of two weeks like this? (Whether or not you received any help for it.)	<p>BBOX2: Integer box 2 to current age BBOX2 & “years of age when first felt this way” OR</p> <ul style="list-style-type: none"> - UN Do not know OR - DA Prefer not to answer
B17	Did this episode occur within months of giving birth? Or has it been suggested you had post-natal depression?	<ul style="list-style-type: none"> - 01 Yes - 00 No - NA Not applicable - UN Do not know - DA Prefer not to answer
B18	About how old were you the LAST time you had a period of two weeks like this? (Whether or not you received any help for it)	<p>BBOX3: Integer box 2 to current age BBOX3 & “years of age when last felt this way” Or</p> <ul style="list-style-type: none"> - UN Don’t know Or - DA Prefer not to answer
B19	Did you ever tell a professional about these problems (medical doctor, psychologist, social	<ul style="list-style-type: none"> - 01 Yes - 00 No







	worker, counsellor, nurse, clergy, or other helping professional)?	- UN Do not know - DA Prefer not to answer
B20	Did you ever try the following for these problems? (tick all that apply)	[Select up to three] - 01 Medication prescribed to you (for at least two weeks) - 02 Unprescribed medication (more than once) - 03 Drugs or alcohol (more than once) - 00 None of the above - DA Prefer not to say
B21	Did you ever try talking therapies for these problems, or other structured activities you regard as therapeutic? Include only those you attended more than once.	[Select up to two] - 01 Talking therapies, such as psychotherapy, counselling, group therapy or CBT - 02 Other therapeutic activities such as mindfulness, yoga or art classes - 00 None of the above - DA Prefer not to answer
BSTEM4	Now we want to know about some different symptoms.	- Next
B22	Have you ever had a period of time when you were feeling so good, "high", "excited", or "hyper" that other people thought you were not your normal self or you were so "hyper" that you got into trouble?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
B23	Have you ever had a period of time when you were so irritable that you found yourself shouting at people or starting fights or arguments?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
B24	Please try to remember a period when you were in a "high" or "irritable" state and select all of the following that apply:	[Select up to eight] - 01 I was more active than usual - 02 I was more talkative than usual - 03 I needed less sleep than usual - 04 I was more creative or had more ideas than usual -05 I was more restless than usual -06 I was more confident than usual - 07 My thoughts were racing - 08 I was easily distracted - 00 None of the above - DA Prefer not to answer

B25	What is the longest time that these “high” or “irritable” periods have lasted?	[Choose one of] - 01 Less than 24 hours - 02 At least a day, but less than a week - 03 A week or more - UN Do not know - DA Prefer not to answer
B26	How much of a problem have these “high” or “irritable” periods caused you?	- 00 No problems - 01 Needed treatment or caused problems with work, relationships, finances, the law or other aspects of life. - UN Do not know - DA Prefer not to say
Section C: generalised anxiety disorder.		
INTRO4	We want to know some more about anxiety	Next
C1	Over the last 2 weeks, how often have you been bothered by any of the following problems? a) Feeling nervous, anxious or on edge b) Not being able to stop or control worrying c) Worrying too much about different things d) Trouble relaxing e) Being so restless that it is hard to sit still f) Becoming easily annoyed or irritable g) Feeling afraid as if something awful might happen [7 questions on one screen in grid]	[Select one from the following for each of the statements] - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
C2	Have you ever had a period lasting one month or longer when most of the time you felt worried, tense, or anxious?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
	What is the longest period of time that this kind of worrying has ever continued?	Cbox2: Integer 0-99 Cbox1: Integer 0-11 Cbox02 & “year(s) and” & Cbox01 & “month(s)” OR - 03 All my life / as long as I can remember
C3	People differ a lot in how much they worry about things. Did you ever have a time when you worried a lot more than most people would in your situation?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
CSTEM1	Please think of the period in your life when you have felt worried, tense, anxious, or more worried than most people would in your situation. This could be in the past, or it could be continuing now.	Display throughout following questions C4 to C10
C4	During that period, was your worry stronger than in other people?	- 01 Yes - 00 No

		- UN Do not know - DA Prefer not to answer
C5	Did you worry most days?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
C6	Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?	- 01 One thing - 02 More than one thing - UN Do not know - DA Prefer not to answer
C7	Did you find it difficult to stop worrying?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
C8	Did you ever have different worries on your mind at the same time?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
C9	How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried?	- 03 Often - 02 Sometimes - 01 Rarely - 00 Never - UN Do not know - DA Prefer not to answer
C10	How often did you find it difficult to control your worry?	- 03 Often - 02 Sometimes - 01 Rarely - 00 Never - UN Do not know - DA Prefer not to answer
C11	When you were worried or anxious, were you also: Restless? Keyed up or on edge? Easily tired? Having difficulty keeping your mind on what you were doing? More irritable than usual? Having tense, sore, or aching muscles? Often having trouble falling or staying asleep? [Seven questions on one screen]	Force choice: - 01 Yes - 02 No - NA Do not know For following options:
CSTEM2	Regarding times in your life when you have felt worried, tense or anxious:	Display throughout following questions C12 to C15
C12	Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?	- 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
C13	Did you ever use the following for the worry or the problems it caused? (tick all that apply):	- 01 Medication prescribed to you (for at least two weeks)

	Please include any treatments that you have already told us about under 'depression' if they were also for anxiety:	<ul style="list-style-type: none"> - 02 Unprescribed medication (more than once) - 03 Drugs or alcohol (more than once) - 00 None of the above - DA Prefer not to say
C14	<p>Did you ever try talking therapies for these problems, or other structured activities you regard as therapeutic? Include only those you attended more than once.</p> <p>Please include any treatments that you have already told us about under "depression" if they were also for anxiety:</p>	<p>[Select up to two]</p> <ul style="list-style-type: none"> - 01 Talking therapies, such as psychotherapy, counselling, group therapy or CBT - 02 Other therapeutic activities such as mindfulness, yoga or art classes - 00 None of the above - DA Prefer not to answer
C15	Think about your roles at the time of this episode, including study / employment, childcare and housework, leisure pursuits. How much did these problems interfere with your life or activities?	<p>[Choose one of]</p> <ul style="list-style-type: none"> - 03 A lot - 02 Somewhat - 01 A little - 00 Not at all - DA Prefer not to answer
Section D: addictions.		
INTRO5	Now we'd like to ask you a few questions about addiction and dependence	
D1	Have you been addicted to or dependent on one or more things, including substances (not cigarettes/coffee) or behaviours (such as gambling)?	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D2	Have you been addicted to alcohol?	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D2a	Is this addiction ongoing?	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
D2b	Have you been physically dependent on alcohol? This means experiencing withdrawal symptoms, such as sweating, shaking and nausea, if you didn't drink.	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D3	Have you been addicted to or dependent on prescription or over-the-counter medication?	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D3a	Was this addiction or dependence to one of the	[Select up to three from]

	following? (tick all that apply)	<ul style="list-style-type: none"> - 01 A sedative, benzodiazepine or sleeping tablet - 02 A painkiller - 00 Something else - UN Do not know - DA Prefer not to answer
D3b	Is this addiction or dependence ongoing?	[Select one from] <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
D4	Have you been addicted to illicit or recreational drugs?	[Select one from] <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D4a	Is this addiction or dependence ongoing?	[Select one from] <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
D5	Have you been addicted to a behaviour (such as gambling) or to anything else we have not mentioned?	[Select one from] <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer
D5a	Were you addicted to: (tick all that apply)	[Select up to two from] <ul style="list-style-type: none"> - 01 A behaviour - 02 Something else not mentioned - DA Prefer not to answer
D5b	Are these addictions ongoing?	[Select one from] <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
Section E: alcohol and cannabis use.		
INTRO6	Next we would like to ask you about alcohol, as we think it may influence mental health. Your answers will remain confidential so please be honest.	Next
ESTEM1	The next questions are about how frequently you drink alcohol.	Stay on screen for questions E1-E1b
E1	How often do you have a drink containing alcohol?	[Choose one from] <ul style="list-style-type: none"> - 00 Never - 01 Monthly or less - 02 2 to 4 times a month - 03 2 to 3 times a week - 04 4 or more times a week - DA Prefer not to answer
ESTEM2	In the next two questions, a "drink" is defined as one unit of alcohol. Typical units in common	Stay on screen for questions E1a and E1b

	<p>alcoholic beverages</p> <p> Pint or can of beer/lager/cider 2 units</p> <p> Single shot of spirits (25ml) 1 unit</p> <p> Small glass of fortified wine 1 unit</p> <p> Standard glass of wine (175ml) 2 units</p> <p> Large glass of wine (250ml) 3 units</p> <p> Bottle of wine (75cl) 9 units</p>	
E1A	<p>How many drinks containing alcohol do you have on a typical day when you are drinking? By “drink” we mean one unit of alcohol.</p>	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 1 or 2 - 02 3 or 4 - 03 5 or 6 - 04 7, 8, or 9 - 05 10 or more - DA Prefer not to answer
E1B	<p>How often do you have six or more drinks on one occasion? By “drink” we mean one unit of alcohol.</p>	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
E2	<p>How often during the last year have you found that you were not able to stop drinking once you had started?</p>	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 00 Never - 01 Less than monthly - 02 Monthly - 03 Weekly - 04 Daily or almost daily - DA Prefer not to answer
E3	<p>How often during the last year have you failed to do what was normally expected from you because of drinking?</p>	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
E4	<p>How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p>	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
E5	<p>How often during the last year have you had a</p>	<p>[Choose from]</p>

	feeling of guilt or remorse after drinking?	<ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
E6	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	[Choose one from] <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
E7	Have you or someone else been injured as a result of your drinking?	[Choose one from] <ul style="list-style-type: none"> - 00 No - 01 Yes, but not in the last year - 02 Yes, during the last year - DA Prefer not to answer
E8	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	[Choose one from] <ul style="list-style-type: none"> - 00 No - 01 Yes, but not in the last year - 02 Yes, during the last year - DA Prefer not to answer
E8a	About how old were you when somebody last commented this way about your drinking habits?	DBOX1: Integer box 2 to current age DBOX1 & "years old" Or <ul style="list-style-type: none"> - NA Do not know - DA Prefer not to answer
ESTEM3	Now we'd like to ask you about cannabis. Your answers will remain confidential	
E9	Have you taken CANNABIS (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff, dope), even if it was a long time ago?	[Choose one from] <ul style="list-style-type: none"> - 00 No - 01 Yes, 1-2 times - 02 Yes, 3-10 times - 03 Yes, 11-100 times - 04 Yes, more than 100 times - DA Prefer not to answer
E9a	Considering when you were taking cannabis most regularly, how often did you take it?	[Choose one from] <ul style="list-style-type: none"> - 01 Less than once a month - 02 Once a month or more, but not every week - 03 Once a week or more, but not every day - 04 Every day - NA Do not know - DA Prefer not to answer
E9b	About how old were you when you last had cannabis?	EBox1: Integer box 2 to current age

		EBox1 & "years old"
Section F: unusual and psychotic experiences.		
INTRO7	The next set of questions is about unusual experiences that you may have had, like seeing visions or hearing voices. We believe that these things may be quite common, but we don't know for sure. So please take your time and think carefully before answering.	
F1	Did you ever see something that wasn't really there that other people could not see? Please do not include any times when you were dreaming or half-asleep or under the influence of alcohol or drugs.	[Choose one from] - 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
F1a	About how many times in your life did this happen (when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?	FBOX1: Integer box 1 – 999 FBOX1 & "time(s)" OR - 01 Too many to count - NA Do not know - DA Prefer not to answer
F2	Did you ever hear things that other people said did not exist, like strange voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around? Please do not include any times when you were dreaming or half-asleep or under the influence of alcohol or drugs.	[Choose one from] - 01 Yes - 00 No - DA Prefer not to say - NA Don't know
F2a	About how many times in your life did this happen (when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?	FBOX2: Integer box 1 – 999 FBOX2 & "time(s)" OR - 01 Too many to count - NA Do not know - DA Prefer not to answer
F3	Did you ever believe that a strange force was trying to communicate directly with you by sending special signs or signals that you could understand but that no one else could understand (for example through the radio or television)? Please do not include any times when you were dreaming or half-asleep or under the influence of alcohol or drugs.	[Choose one from] - 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
F3a	About how many times in your life did this happen (when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?	FBOX3: Integer box 1 – 999 FBOX3 & "time(s)" OR - 01 Too many to count - NA Do not know - DA Prefer not to answer
F4	Did you ever believe that that there was an unjust plot going on to harm you or to have people follow	[Choose one from] - 01 Yes

	<p>you, and which your family and friends did not believe existed?</p> <p>Please do not include any times when you were dreaming or half-asleep or under the influence of alcohol or drugs.</p>	<ul style="list-style-type: none"> - 00 No - NA Do not know - DA Prefer not to answer
F4a	About how many times in your life did this happen (when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?	<p>FBOX4: Integer box 1 – 999</p> <p>FBOX4 & “time(s)”</p> <p>OR</p> <ul style="list-style-type: none"> - 01 Too many to count - NA Do not know - DA Prefer not to answer
F5	How often did any of these experiences happen in the past 1 year (seeing a vision, hearing a voice, or believing that something strange was trying to communicate with you, or there was a plot against you)?	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 00 Not at all - 01 Once or twice - 02 Less than once a month - 03 More than once a month - 04 Nearly every day or daily - DA Prefer not to answer
F6	How old were you (approximately) when you first had one of these experiences (seeing a vision, hearing a voice, or believing that something strange was trying to communicate with you, or there was a plot against you)?	<p>FBOX5: Integer box 2 to current age</p> <p>FBOX5 & “years old”</p> <p>OR</p> <ul style="list-style-type: none"> - 01 As long as I can remember - NA Do not know - DA Prefer not to answer
F7	How distressing did you find having any of these experiences (seeing a vision, hearing a voice, or believing that something strange was trying to communicate with you, or there was a plot against you)?	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 00 Not distressing at all, it was a positive experience - 01 Not distressing, a neutral experience - 02 A bit distressing - 03 Quite distressing - 04 Very distressing - NA Do not know - DA Prefer not to answer
F8	Did you ever talk to a doctor, counsellor, psychiatrist or other health professional about any of these experiences (seeing a vision, hearing a voice, or believing that something strange was trying to communicate with you, or there was a plot against you)?	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
F9	Were you ever prescribed a medication by a health professional for any of these experiences (seeing a vision, hearing a voice, or believing that something strange was trying to communicate with you, or there was a plot against you)?	<p>[Choose one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - NA Do not know - DA Prefer not to answer
Section G: events in childhood or adult life.		
INTRO8	This section asks about your childhood and some possible stresses and strains of life. The answers you give will remain confidential.	

G1	<p>When I was growing up...</p> <p>a) I felt loved b) People in my family hit me so hard that it left me with bruises or marks c) I felt that someone in my family hated me d) Someone molested me (sexually) e) There was someone to take me to the doctor if I needed it</p> <p>[Five questions on one screen with same options.]</p>	<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often - 04 Very often true - DA Prefer not to answer`
G2	<p>Since I was sixteen...</p> <p>a) I have been in a confiding relationship b) A partner or ex-partner deliberately hit me or used violence in any other way c) A partner or ex-partner repeatedly belittled me to the extent that I felt worthless d) A partner or ex-partner sexually interfered with me, or forced me to have sex against my wishes e) There was money to pay the rent or mortgage when I needed it</p> <p>[Five questions on one screen with same options.]</p>	<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often - 04 Very often true - DA Prefer not to answer
G3	<p>In your life, have you..?</p> <p>a) Been a victim of a sexual assault, whether by a stranger or someone you knew b) Been attacked, mugged, robbed, or been the victim of a physically violent crime c) Been in a serious accident that you believed to be life-threatening at the time d) Witnessed a sudden violent death (eg. murder, suicide, aftermath of an accident) e) Been diagnosed with a life-threatening illness f) Been involved in combat or exposed to a war-zone (either in the military or as a civilian)</p> <p>[Six questions on one screen with the same options.]</p>	<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
G4	<p>Next is a list of problems and complaints that people sometimes have in response to such extremely stressful experiences. Please indicate how much you have been bothered by that problem in the past month:</p> <p>a. Repeated, disturbing memories, thoughts, or images of a stressful experience? b. Feeling very upset when something reminded you of a stressful experience? c. Avoiding activities or situations because they</p>	<p>– [Choose one of]</p> <ul style="list-style-type: none"> - 00 Not at all - 01 A little bit - 02 Moderately - 03 Quite a bit - 04 Extremely - DA Prefer not to answer

	reminded you of a stressful experience? [Three questions on the same screen with the options]	
G5	Please indicate how much you have been bothered by that problem in the past month: a) Feeling distant or cut off from other people? b) Feeling irritable or having angry outbursts? [Two questions on the same screen with the options]	[Choose one of] - 00 Not at all - 01 A little bit - 02 Moderately - 03 Quite a bit - 04 Extremely - DA Prefer not to answer
Section H: harm behaviours.		
INTRO9	This section is about thoughts that some people have when they are distressed.	- Next
H1	Many people have thoughts that life is not worth living. Have you felt that way?	[Choose one of] - 00 No - 01 Yes, once - 02 Yes, more than once - DA Prefer not to answer
H2	Have you contemplated harming yourself (for example by cutting, biting, hitting yourself or taking an overdose)?	[Choose one of] - 00 No - 01 Yes, once - 02 Yes, more than once - DA Prefer not to answer
H2a	Have you felt this way in the last 12 months?	[Choose one of] - 00 No - 01 Yes - DA Prefer not to answer
H3	Have you deliberately harmed yourself, whether or not you meant to end your life?	[Choose one of] - 00 No - 01 Yes - DA Prefer not to answer
H3a	How many times have you harmed yourself?	[Choose one of] - 01 1 - 02 2 - 03 3 or more - DA Prefer not to answer
H3b	Have you harmed yourself in the last 12 months, whether or not you meant to end your life?	[Choose one of] - 00 No - 01 Yes - DA Prefer not to answer
H4	Have you done any of the following to harm or endanger yourself? (tick all that apply)	[Choose up to five] - 01 Self-injury such as self-cutting, scratching or hitting, etc. - 02 Ingesting a medication in excess of the normal dose - 03 Ingesting alcohol or a

		<ul style="list-style-type: none"> recreational or illicit drug - 04 Swallowing dangerous objects or products - 05 Stopping prescribed medication - 00 something not listed - DA Prefer not to answer
	Have you harmed yourself with the intention to end your life?	[Choose one] <ul style="list-style-type: none"> - 00 No - 01 Yes - DA Prefer not to answer
H5a	Was this in the last 12 months?	[Choose one] <ul style="list-style-type: none"> - 00 No - 01 Yes - DA Prefer not to answer
H6	Following any time when you took an overdose or deliberately tried to harm yourself did you (tick all that apply)	[Choose up to five] <ul style="list-style-type: none"> - 01 Need hospital treatment (eg A&E)? - 02 See anyone from psychiatric or mental health services, including liaison services? - 03 See your GP? - 04 Receive help from friends / family / neighbours? - 05 Use a helpline / voluntary organization? - 00 None of the above - DA Prefer not to answer
Section J: subjective wellbeing.		
INTRO10	Finally we would like to know how you feel about things in general	
J1	In general how happy are you?	<ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer
J2	In general how happy are you with your HEALTH?	<ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer
	To what extent do you feel your life to be meaningful?	<ul style="list-style-type: none"> - 01 Not at all - 02 A little - 03 A moderate amount

		<ul style="list-style-type: none"> - 04 Very much - 05 An extreme amount - UN Do not know - DA Prefer not to answer
J4	<p>Please use the space below to tell us any further information relevant to this questionnaire. Any information you provide here will not be made available to researchers for research purposes. Please remember that we will not action any concerns you raise in this questionnaire; details of possible sources of support are provided on the next screen [max 1000 characters].</p> <p>Please note: after you press the Save and finish button below, you will no longer be able to change your answers.</p>	Text box: 1000 characters
END	<p>Thank you very much for taking the time to complete this questionnaire. Your help is greatly appreciated.</p> <p>If you feel you need any further help with the issues in this questionnaire, we recommend talking it through with someone you trust, including your GP.</p> <p>You can find out more about mental health and illness from Mind (www.mind.org.uk). General tips to help you cope with everyday things like money, work, and more are available from: http://www.mind.org.uk/information-support/tips-for-everyday-living/</p> <p>For support with specific issues, further information is available from:</p> <p>www.thesurvivorstrust.org (sexual violence)</p> <p>https://www.victimsupport.org.uk/help-victims (other crime and violence)</p> <p>https://www.drinkaware.co.uk (alcohol)</p> <p>http://www.combatstress.org.uk/ (information for military veterans)</p> <p>http://www.mind.org.uk/news-campaigns/campaigns/bluelight/ (information for emergency service personnel)</p> <p>https://www.rnli.org/aboutus/lifeguardsandbeaches/Pages/volunteer-lifeguards/support-and-advice.aspx (information for RNLI employees and volunteers).</p> <p>If you are very upset or do not feel safe, please contact someone as soon as possible. The Samaritans can be contacted on Freephone 116 123, or email jo@samaritans.org. Alternatively, please visit www.samaritans.org</p> <p>You may now close this browser tab, if you so wish.</p>	