

Questionnaire Code: DFU2INT

Participant ID:

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Study Questionnaire

Thank you for participating in The Healthlines Study. We would be grateful if you could complete and return this questionnaire. Your responses are very important to the study, so please try and answer all the questions. There are no right or wrong answers to the questions.

If you have any queries about this questionnaire or how to answer any of the questions, please phone xxx-xxxx (Administrator for The Healthlines Study), or email on: xxx.xxx@xxx

Returning the Questionnaire

Please return your completed questionnaire to the research team using the FREEPOST envelope provided (no stamp is needed).

You can also contact us at any time by writing to: The Healthlines Study, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol, BS8 2PS.

Please write today's date: ____ / ____ / ____

USE OF HEALTHCARE

Section A: Use of NHS Services

These questions are important because they will help us to understand the cost to you and to the NHS of treating mental health or emotional problems (including depression). Please remember - all of these answers are completely confidential.

12.1 Please tell us how many face-to-face or telephone contacts you have had with each of the following NHS healthcare professionals during the past 4 months. Appointments with these healthcare professionals are provided by the NHS (not paid for by you).

Person contacted in the past 4 months	No contact (tick here)	CONTACTS		
		At surgery or clinic	Home visit	Phone consultation
a) District nurse	<input type="checkbox"/>	/ number of visits	..... number of calls
b) Community Mental Health Nurse	<input type="checkbox"/>	/ number of visits	..... number of calls
c) NHS Counsellor/ Psychologist	<input type="checkbox"/> number of visits	/	..... number of calls
d) Psychiatrist	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
e) Community support worker	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
f) Occupational therapist	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
g) Social worker	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
h) NHS Direct (phone)	<input type="checkbox"/>	/	/ number of calls
i) NHS walk-in centre	<input type="checkbox"/> number of visits	/	..... number of calls
j) GP out-of-hours service	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls

12.2 In the last 4 months, have you been to an NHS hospital for an overnight stay because of mental health or emotional problems (including depression)?

No ₀  Please go to Question 12.3

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Number of nights _____ nights Please briefly tell us the reason for the first stay:
b) 2nd Visit: Number of nights _____ nights Please briefly tell us the reason for the second stay:
c) 3rd Visit: Number of nights _____ nights Please briefly tell us the reason for the third stay:

12.3 In the last 4 months, have you received day care in an NHS hospital because of mental health or emotional problems (including depression)?

No ₀  Please go to Question 12.4

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Please briefly tell us the reason for the first visit:
b) 2nd Visit: Please briefly tell us the reason for the second visit;
c) 3rd Visit: Please briefly tell us the reason for the third visit:

12.4 In the last 4 months, have you been to an NHS outpatient or community mental health clinic because of mental health or emotional problems (including depression)?

No ₀ 

Please go to Question 12.5

Yes ₁ 

Please answer all the questions in the box below

a)	What was the name of the clinic you attended?
	How many visits did you make to the clinic? visits
	Please briefly tell us the reason for the visits to this clinic:

b)	What was the name of the clinic?
	How many visits did you make to the clinic? visits
	Please briefly tell us the reason for the visits to the clinic:

c)	What was the name of the clinic?
	How many visits did you make to the clinic? visits
	Please briefly tell us the reason for the visits to the clinic:

12.5 In the last 4 months, have you been to an A&E (casualty) department because of mental health or emotional problems (including depression)?

No ₀  Please go to Question 12.6

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Please briefly tell us the reason for the first visit:	..... ..... ..... .....
b) 2nd Visit: Please briefly tell us the reason for the second visit:	..... ..... ..... .....
c) 3rd Visit: Please briefly tell us the reason for the third visit:	..... ..... ..... .....

12.6 In the last 4 months, have you used any other hospital services because of mental health or emotional problems (including depression)?


No ₀  Please go to Question 12.7

Yes ₁  Please answer all the questions in the box below

Please specify which service and why you used it .	
Service used:	..... ..... .....
Reason used:	..... ..... .....

12.7 In the last 4 months, have you used an ambulance because of mental health or emotional problems (including depression)?

No ₀  Please go to Question 12.8



Yes ₁  Please answer all the questions in the box below

<p>a) 1st Use: Please briefly tell us the reason for the first use:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>b) 2nd Use: Please briefly tell us the reason for the second use:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>c) 3rd Use: Please briefly tell us the reason for the third use:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

12.8 Are you in paid work (including self-employed)?

No ₀  Please go to Section B, *Use of Private Healthcare*

Yes ₁  Please answer all the questions in the box below

<p>a) Have you had to take any time off work to attend any healthcare appointments because of mental health or emotional problems (including depression) during the last 4 months?</p> <p>No <input type="checkbox"/>₀  Please go to Section B, <i>Use of Private Healthcare</i></p> <p>Yes <input type="checkbox"/>₁  Please answer all the questions in the box</p>	
<p>b) How much time in total have you had to take off work to attend any healthcare appointments because of mental health or emotional problems during the last 4 months?</p> <p>.....hours .....minutes</p>	
<p>c) Were you paid during this time off?</p> <p>No <input type="checkbox"/>₀ Yes <input type="checkbox"/>₁ I am self-employed <input type="checkbox"/>₂</p>	

Section B: Use of Private Healthcare

This next set of questions is about your use of private healthcare services for mental health or emotional problems (including depression). These are services that you pay for yourself. This is not about care provided by NHS healthcare professionals.

12.9 In the last 4 months, have you spent any money on the following?

	No	Yes		In total, approximately how much did you spend?
a) Private counselling or psychotherapy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
b) Private psychiatrist	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
c) Private hospital or clinic	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
d) Complementary or alternative therapies (e.g. acupuncture, hypnotherapy)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
e) Any other private therapist	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
f) Over-the-counter (without a prescription) medication, remedies or treatments	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....

Section C: Looking After Your Mental Health

12.10 In the last 4 months, have you bought or been given any self-help books for mental health or emotional problems (including depression)?

No ₀ ⇒ Please go to 12.11

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for these? (Tick <u>all</u> that apply)				
I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....
(If unsure, please estimate total cost)				

12.11 In the last 4 months, have you used an online or computerised cognitive behavioural therapy (CBT) program?

No ₀ ⇒ Please go to 12.12





Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for this? (Tick <u>all</u> that apply)				
I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....
(If unsure, please estimate total cost)				


12.12 In the last 4 months, did you take out or renew a gym or leisure centre membership to help improve your mental health or emotional problems (including depression)?

No ₀  Please go to 12.13





Yes ₁  Please answer all the questions in the box below

a) For how many months did you purchase a membership?			
.....number of months			
b) Who paid for this? (Tick <u>all</u> that apply)			
I paid	<input type="checkbox"/> ₀		Total cost £.....
Friend/relation	<input type="checkbox"/> ₁		Total cost £.....
The NHS	<input type="checkbox"/> ₂		Total cost £.....
Someone else	<input type="checkbox"/> ₃		Total cost £.....
(If unsure, please estimate total cost)			

12.13 In the last 4 months, did you attend any exercise classes, dance classes, swimming, team sports, or other kinds of fitness activities to help improve your mental health or emotional problems (including depression)?

No ₀  Please go to Section D, *Extra Help*

Yes ₁  Please answer all the questions in the box below

a) Who paid for this? (Tick <u>all</u> that apply)			
I paid	<input type="checkbox"/> ₀		Total cost £.....
Friend/relation	<input type="checkbox"/> ₁		Total cost £.....
The NHS	<input type="checkbox"/> ₂		Total cost £.....
Someone else	<input type="checkbox"/> ₃		Total cost £.....
(If unsure, please estimate total cost)			

Please turn over the page 

Section D: Extra Help

12.14 During the past 4 months, have you received extra help because of mental health or emotional problems (including depression) from any of the following sources? If yes, please tell us how many visits there were in the space provided.

	No	Yes		Number of visits
a) Home help / home care worker (not a family member)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
b) Day centre / drop-in / social club	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
c) Self-help group	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
d) Voluntary organisation (e.g. Relate, Mind)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
e) Other (please specify):	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....

12.15 Have you had to pay for extra help at home (e.g. cleaning, gardening, ironing) during the last 4 months because of mental health or emotional problems (including depression)?

No <input type="checkbox"/> ₀	
Yes <input type="checkbox"/> ₁ ⇒	In total, I have spent approximately £..... (Please estimate if you cannot remember exactly)

12.16 Have you had to pay for extra childcare during the last 4 months because of mental health or emotional problems (including depression)?

No <input type="checkbox"/> ₀	
Yes <input type="checkbox"/> ₁ ⇒	In total, I have spent approximately £..... (Please estimate if you cannot remember exactly)

12.17 During the past 4 months, did you receive extra help from friends or relatives (unpaid help) with any of the following tasks because of mental health or emotional problems (including depression)? If yes, please tell us how many hours they helped out.

	No	Yes		Number of hours
a) Childcare	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
b) Help in and around the house (e.g. cooking, cleaning)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
c) Help outside the house (e.g. shopping, transport)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....
d) Other (please specify):	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	.....

12.18 Did any friends or relatives take time off work to care for you in the past 4 months because of mental health or emotional problems (including depression)?

No <input type="checkbox"/> ₀	
Yes <input type="checkbox"/> ₁	⇒ In total, approximately how much time did they take off? working hours

Please turn over the page ➡

Section E: Financial Impact


In Section A (Use of NHS Services), we asked whether attending healthcare appointments for your mental health or emotional problems (including depression) has affected your work. We would also like to find out whether your health condition itself has affected your work.

12.19 Are you in paid work (including self-employed)?

No ₀  Please go to Question 12.20

Yes ₁  Please answer all the questions in the box below

a) Has your ability to work been affected by your mental health or emotional problems (including depression)?

No ₀  Go to Question 12.20

Yes, I have had to take sick leave ₁

Yes, I have reduced my hours ₂

Yes, my activities at work have been restricted or changed ₃

Please continue to answer all the questions in the box

b) Approximately how much time have you lost from work during the last 4 months due to your mental health or emotional problems (including depression)?
..... working days

c) What was the main way your employer dealt with your absence from work?

Work was done by colleagues in addition to their own work ₁

Someone was employed temporarily to cover ₂


I had to catch up by doing extra hours when I returned to work ₃


The work was not done or it was put off until a further date ₄

Other, please specify: ₅

.....
.....

d) Have you lost any income as a result of this time off work during the last 4 months?

No ₀  Please go to Question 12.20

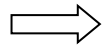
Yes ₁  Please answer all the questions in the box below

e) **In total**, approximately how much income have you lost during the last 4 months?
£..... (If unsure, please estimate)

12.20 Do you receive any disability benefits as a consequence of mental health or emotional problems (including depression) (e.g. Disability Living Allowance, Statutory Sick Pay, or Employment and Support Allowance)?

No _0

Yes _1



Please answer all the questions in the box below

a) Which benefits do you receive?
.....
.....
b) Approximately how much have you been paid in benefits <u>per week</u> during the last 4 months?
£..... per week

Thank you for taking the time to complete this questionnaire.

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