Access the questionnaire online with the QR code

TEDS-26 Study

Mental Health Questionnaire

Please answer all questions as best you can even if you are unsure or if the question seems repetitive.

Not all of the questions will be relevant to everyone, so please follow the instructions between questions. There are corresponding arrows to guide you.

Thank you for taking part in this study. Your contribution is very important to us.

Confidentiality
We understand that your thoughts and feelings are private. Please be assured that all responses will remain confidential, and will only be read by the researcher. All re-sponses will be kept in accordance with the Data Protection Act 1998.

TEDS King's College LONDON

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Consent form for participants in research project

Please complete this form after you have read the Information Sheet about the research. If you have any further questions, please contact us at teds-project@kcl.ac.uk. Please retain a copy of the information sheet as a record of what you are consenting to if you take part in the study. Thank you for considering taking part in this research.

TEDS-26 Mental Health Questionnaire	Version Number 3: 21/05/21
Ethical review reference number: HR/DP-20/21-22060	**Tick**
1. I have read and understood the information sheet (Version 3: 21/05/21) for this study. I have had the opportunity to ask questions which have been answered to my satisfaction.	
2. I understand that my participation is voluntary and that I am free to withdraw my data from this specific study for **1 month** after I complete the questionnaire. I can also opt out of the current study or permanently withdraw from TEDS at any time, without having to give a reason and without my legal rights being affected.	
3. I understand that if I decide to withdraw from this phase of TEDS data collection, it may not be possible for TEDS to delete data that I have provided in previous studies.	
4. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled under the terms of UK data protection law, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.	
5. I consent to my data being used for academic research. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs.	
6. I understand that my data may be shared with other researchers in a non-identifiable form for research purposes.	

Signed: ___________________________________ _________________ Date: ______________________

Contact Details

Checking your address

1. If your permanent address is different to the one to which we sent this letter, please provide your new address in the space below:

____

____

____

____

____

2. Is the new address you have given above the same as the address of your parent(s)?

☐ Yes, I live with my parent(s)
☐ No, I do not live with my parent(s)

Your Email

It is essential for TEDS to have a record of your email address, because email is now our main means of communicating with participants.

We will use this email address to send your reward voucher to you, when you have completed this questionnaire. Your email address will be kept confidential. It will only be used by TEDS to contact you in connection with our research, and it will not be shared with any third parties.

Email: ____

Your mobile phone number

It is very useful for TEDS to have a record of your mobile phone number, if you live in the UK.

This answer is optional. If you prefer not to provide your mobile phone number, or if you do not have a UK mobile number, please leave the box blank.

Your mobile phone number will be kept confidential. It will only be used by TEDS to phone or text you in connection with our research, and it will not be shared with any third parties.

Phone/mobile: ____

Your children

1. Are you a biological parent of any children?

Yes	No	Prefer not to answer
☐	☐	☐

If **No** or **Prefer not to say**, please skip to Question 4.

We have a new project called 'Children of TEDS' (CoTEDS). The aim of CoTEDS is to collect data on TEDS twins' children as they grow up. We would love for your children to be part of our research, just as you were when you were young!

You are invited to register any of your biological children with whom you have regular, direct contact to take part in CoTEDS. Feel free to contact us if you have questions.

2. Are you interested in joining CoTEDS with your child(ren)?

Yes	No	Not at the moment
☐	☐	☐

If you answered **Yes**, please continue to Question 3.

If **No** or **Not at the moment** please skip to Question 4.

3. Please use the box below to record the **full name**, **birth date** and **sex** for **each** biological child that you wish to register in CoTEDS.

For example: John Smith, 01/01/2021, male. Jane Smith, 12/12/2020, female.

4. Are you or your partner currently pregnant?

Yes	No	Prefer not to answer
☐	☐	☐

If you answered **Yes**, please continue to Question 5.

Otherwise, please skip to the next section ('Questions about you and your medical history')

We have a new project called 'Children of TEDS' (CoTEDS). The aim of CoTEDS is to collect data on TEDS twins' children as they grow up. We would love for your children to be part of our research, just as you were when you were young!

Please tell us the expected due date of your baby(s), so that we can contact you after your due date about joining CoTEDS. If you are unsure of the exact day, please enter an estimated date. Please note that this question is optional, and the box may be left blank if you prefer that we don't contact you about this pregnancy.

5. What is the expected due date of your baby(s)?

/ / *Day/Month/Year*

Questions about you

These questions are about you. There are no right or wrong answers. If you prefer not to answer a particular question, please leave it and move onto the next question.

1. What is your **current marital/relationship status**?

Single	☐
Relationship (not living together)	☐
Relationship (living together)	☐
Married/civil partnership	☐
Separated	☐
Divorced	☐
Widowed	☐
Other	☐
Prefer not to answer	☐

2. What is your **highest** level of qualification? (Tick one only)

No qualifications	☐
GCSEs with grades D - G	☐
1-4 GCSEs with grades A - C	☐
5 or more GCSEs with grades A - C	☐
1 A-level pass (grades A - E)	☐
2 or more A-level passes (grades A-E), NVQ level 3	☐
Higher National Certificate, Certificate of Higher Education	☐
Foundation degree, Diploma of Higher Education, NVQ level 4	☐
Bachelor's degree or equivalent taken in the UK	☐
Masters degree, PGCE, Postgraduate diploma or certificate	☐
Doctoral degree (PhD)	☐
Other qualifications obtained outside the UK	☐
Other not listed	☐
Prefer not to answer	☐

3. What is your **current employment status**? (Please tick only one)

In paid full-time employment	☐
In paid part-time employment	☐
Self employed	☐
Unemployed	☐
Looking after home and/or family	☐
Unable to work because of sickness or disability	☐
Doing unpaid or voluntary work	☐
Full or part-time student	☐
None of the above	☐
Prefer not to answer	☐

If you are **currently in paid work,** please answer Questions 4 and 5.

If you are a **full or part-time student,** please answer Question 6.

Otherwise, skip to Question 8.

4. Are you currently employed on a zero-hours contract?

Yes	No	Prefer not to answer
☐	☐	☐

5. In **an average month** approximately how much money have you earned through working, after taxes? If you are unsure, please estimate as accurately as possible.

£0 – £500	☐	£1500 – £2000	☐	£3000 – £3500	☐
£500 – £1000	☐	£2000 – £2500	☐	£3500 – £4000	☐
£1000 – £1500	☐	£2500 – £3000	☐	More than £4000	☐
				Prefer not to answer	☐

6. How much of your university/college expenses do… (please tick all that apply)

	None	Some	Roughly half	More than half	All or nearly all
a. you meet by yourself (job, savings, etc)?	☐	☐	☐	☐	☐
b. your parents help with?	☐	☐	☐	☐	☐
c. you meet with scholarships or grants?	☐	☐	☐	☐	☐
d. you meet with loans ?	☐	☐	☐	☐	☐
e. you meet with other sources?	☐	☐	☐	☐	☐

7. Do you receive any state benefits? E.g., Universal Credit

Yes	No	Prefer not to answer
☐	☐	☐

If **yes**, which of the following benefits do you receive? (Select all that apply)

☐	Universal Credit (UC)
☐	Employment Support Allowance (ESA)
☐	Housing benefits
☐	Disability Living Allowance (DLA)
☐	Carers' Allowance
☐	Child Benefit
☐	Maternity Allowance
☐	Personal Independence Payment
☐	Prefer not to answer

8. What is your ethnic group?

These are the government recommended categories for measuring ethnicity. However, we appreciate that they may not accurately represent everyone. Please feel free to use a text-box to self-define.

White

☐ English, Welsh, Scottish, Northern Irish or British

☐Irish

☐ Gypsy or Irish Traveller

☐ Any other White background____________________

Mixed or Multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed or Multiple ethnic background __________________

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background ____________________

Black, African, Caribbean or Black British

☐ African

☐ Caribbean

☐ Any other Black background _______________________

Other ethnic group

☐ Arab

☐ Any other ethnic group ___________________

☐ Prefer not to answer

9. Which **gender** do you **identify** with?

Male	☐
Female	☐
Non-binary/Genderqueer	☐
Prefer to self-define	☐
Don't know	☐
Prefer not to answer	☐

10. Do you identify as transgender?

Yes	No	Prefer not to answer
☐	☐	☐

11. What is your **sexual orientation**?

Heterosexual	☐
Homosexual	☐
Bisexual	☐
Pansexual	☐
Asexual	☐
Fluid	☐
Prefer to self-define	☐
Unsure/I don't know	☐
Prefer not to answer	☐

Questions about you and your medical history

These questions are about you and your medical health. There are no right or wrong answers. You can put "Prefer not to answer".

1. What is your **current** height? (*if you are unsure, please put your best estimate*)

   Feet and inches: ____________________

   or

   Centimetres: ____________________

2. What is your **current** weight? (*if you are unsure, please put your best estimate*)

   If you are pregnant, please provide your weight before you were pregnant.

   Stones and pounds: ____________________

   or

   Kilograms: ____________________

Some questions about COVID-19

1. Do you think you **ever** had COVID-19 (Coronavirus) **at any time**?

Definitely	☐
Probably	☐
Unsure	☐
No	☐
Prefer not to answer	☐

If '**Definitely'** or '**Probably**' please answer Question 2.

2. During recovery from serious illness, symptoms can fluctuate. Overall, do you feel you have recovered from COVID-19?

Completely	☐
Mostly	☐
Partially	☐
Not at all	☐
Getting worse	☐
Prefer not to answer	☐

These next questions are about how you have been feeling **in the past month**.

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

	Not bothered at all	Bothered a little	Bothered a lot
Stomach pain	☐	☐	☐
Back pain	☐	☐	☐
Pain in your arms, legs or joints (Knees, hips etc)	☐	☐	☐
Menstrual cramps or other problems with your periods	☐	☐	☐
Headaches	☐	☐	☐
Chest pain	☐	☐	☐
Dizziness	☐	☐	☐
This is a quality control item, please select 'Bothered a lot'	☐	☐	☐
Fainting spells	☐	☐	☐
Feeling your heart pound or race	☐	☐	☐
Shortness of breath	☐	☐	☐
Pain or problems during sexual intercourse	☐	☐	☐
Constipation, loose bowels, or diarrhoea	☐	☐	☐
Nausea, gas, indigestion	☐	☐	☐
Feeling tired or having low energy	☐	☐	☐
Trouble sleeping	☐	☐	☐

Your experience with mental health

This section has some questions about your mental health.

	Yes	No	Don't Know	Prefer not to answer
1. In your life, have you suffered from a **period of mental distress** that prevented you from doing your **usual activities**?	☐	☐	☐	☐
2. 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** or **illness**, **psychological problems** or **unusual experiences**?	☐	☐	☐	☐

3. Have you **EVER been diagnosed** with one or more of the following mental health problems by a **professional,** even if you **don't** have it currently?

By professional we mean: any doctor, nurse or person with specialist training (such as a psychologist or psychiatrist). Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis.

Tick ALL that apply:

☐ Depression	☐Panic attacks
☐ Premenstrual Dysphoric Disorder	☐ Post-traumatic stress disorder (PTSD)
☐ Mania, hypomania, bipolar or manic-depression	☐ Obsessive compulsive disorder (OCD)
☐ Generalised anxiety disorder	☐ Body dysmorphic disorder (BDD)
☐ Anxiety, nerves or stress	☐ Other obsessive-compulsive disorder (e.g. hair-pulling or skin-picking disorder)
☐ Social anxiety or social phobia	☐ None of the above
☐ Specific phobia (e.g. phobia of flying)	☐ Don't know
☐ Agoraphobia	☐ Prefer not to answer
☐ Panic Disorder	

4. Have you **EVER been diagnosed** with one or more of the following mental health problems by a **professional,** even if you **don't** have it currently?

By professional we mean: any doctor, nurse or person with specialist training (such as a psychologist or psychiatrist). Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis. Select ALL that apply:

☐ Anorexia nervosa	☐ Autism spectrum disorder (ASD)
☐ Atypical anorexia nervosa	☐ Attention deficit or attention deficit and hyper-activity disorder (ADD/ADHD)
☐ Bulimia nervosa	☐ Other:
☐ Psychological over-eating or binge-eating	☐ None of these
☐ Binge-eating disorder	☐ Don't know
☐ Schizophrenia	☐ Prefer not to answer
☐ Any other type of psychosis or psychotic illness	
☐ Personality disorder	

If you have been diagnosed with a personality disorder, please answer Question 5.

Otherwise, skip to the next section ('Your recent mood and feelings')

5. **Which** personality disorder have you been diagnosed with?

☐ Paranoid personality disorder	☐ Narcissistic personality disorder
☐ Schizoid personality disorder	☐ Avoidant/anxious personality disorder
☐ Schizotypal personality disorder	☐ Dependent personality disorder
☐ Antisocial personality disorder	☐ Obsessive-compulsive personality disorder
☐ Borderline personality disorder	☐ Don't know
☐ Histrionic personality disorder	☐ Prefer not to answer

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as **Samaritans** on 116 123 or visit the Samaritans website, or call **Mind** on 0300 123 3393 or visit the Mind website.

Your recent mood and feelings

These questions are about how you might have been **feeling** or **acting** recently. For each question, please check how you have been feeling or acting in the **past two weeks**

	Not true	Sometimes True	True
a. I felt miserable or unhappy	☐	☐	☐
b. I didn't enjoy anything at all	☐	☐	☐
c. I felt so tired I just sat around and did nothing	☐	☐	☐
d. I was very restless	☐	☐	☐
e. I felt I was no good anymore	☐	☐	☐
f. I cried a lot	☐	☐	☐
g. I found it hard to think properly or concentrate	☐	☐	☐
h. I hated myself	☐	☐	☐
i. I felt I was a bad person	☐	☐	☐
j. I felt lonely	☐	☐	☐
k. This is a quality control item, please select 'True'	☐	☐	☐
l. I thought nobody really loved me	☐	☐	☐
m. I thought I could never be as good as other people	☐	☐	☐
n. I did everything wrong	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

In the next section we would like to know more about your mood and feelings.

A

A1. Have you ever had a time in your life when you felt sad, blue, or depressed for **two weeks or more** in a row?

Yes	No	Prefer not to answer
☐	☐	☐

A2. Have you ever had a time in your life lasting **two weeks or more** when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes	No	Prefer not to answer
☐	☐	☐

If you answered YES to Question A1 and/or A2, please complete to Section B.

Otherwise, skip to page 24 (' Some questions about recent anxiety and nerves')

B

*Please think of the **two-week period** in your life when your feelings of depression or loss of interest were worst:*

B1. **How much** of the day did these feelings **usually** last?

- ☐ All day long
- ☐ Most of the day
- ☐ About half of the day
- ☐ Less than half of the day
- ☐ Don't know
- ☐ Prefer not to answer

B2. Did you feel this way:

- ☐ Every day
- ☐ Almost everyday
- ☐ Less often
- ☐ Don't know
- ☐ Prefer not to answer

B3. Did you feel more **tired** out or **low on energy** than is usual for you?

Yes	No	Don't know	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:*

B4. Did your weight **change**? **(***do **not** include weight change as a side-effect of medication you were taking***)**

☐ Gained weight
☐ Lost weight
☐ Both gained and lost weight during the episode
☐ Stayed about the same weight or was on a diet
☐ Don't know
☐ Prefer not to answer

If your **weight did change**, please answer Question B4a.

Otherwise, skip to Question B5.

B4a. Did your **weight** change by about **10lbs (4kg) or more**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B5. Did your **sleep** change? **(***do not include sleep change as a side-effect of medication you were taking***)**

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If your **sleep did change**, please answer Question B5a.

Otherwise, skip to Question B6.

B5a. Was that… (*Please select all that apply*)

	Yes	No
Trouble falling asleep (sleeping too little)	☐	☐
Waking **too early** (sleeping too little)	☐	☐
Sleeping **too much**	☐	☐
Both sleeping **too much** and **too little** during the **same** depression episode	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

*Please think of the **two-week period** in your life when your feelings of depression or loss of interest were worst:*

B6. Did you experience a **change** in your **appetite**?

☐ No changes in appetite
☐ Increased appetite
☐ Decreased appetite
☐ Experienced both increased and decreased appetite during the same depression episode
☐ Don't know
☐ Prefer not to answer

B7. Did your **mood brighten** in response to **positive events**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B8. Did you experience **heavy feelings** in your arms or legs? (Did your arms or legs feel "**heavy**"?)

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B9. Were you **overly sensitive** to interpersonal **rejection**?

☐ No
☐ Yes, and this **significantly** impaired your social or work relationships
☐ Yes, but this did **not** significantly impair your social or work relationships
☐ Don't know
☐ Prefer not to answer

B10. Was your mood **worse**:

☐ In the **morning**
☐ In the **afternoon**
☐ At **night**
☐ My mood did **not** vary
☐ Don't know
☐ 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:*

B11. Did you have difficulty **thinking**, **concentrating** or **making decisions**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B12. People sometimes **feel down** on themselves, no good, worthless. Did you feel this way?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B13. Did you **think** a lot about **death** – either your own, someone else's or death in general?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B14. During that period, were you so **fidgety** or **restless** that you were unable to sit still?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B15. Were you talking or moving much more slowly than is normal for you?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B16. Did you feel **fatigued** or have **less energy** than usual?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

B17. Roughly **how long** altogether did you feel this way?

☐ **Less** than a **month**
☐ Between **one** and **three months**
☐ **Over** three months, but l**ess** than six months
☐ **Over** six months, but **less** than 12 months
☐ One to two **years**
☐ **Over** two years
☐ Don't know
☐ Prefer not to answer

B18. Was **this** your l**ongest** episode of depression or low mood?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If NO, please answer Question B18a.

Otherwise, skip to Question B19.

B18a. What is the **longest** period of time that you have experienced **depression** or **low mood**?

☐ **Less** than 6 months

☐ Over 6 months but less than 12 months

☐ Over 1 year but less than 5 years

☐ More than 5 years

☐ All my life/as long as I can remember

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

B19. 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?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Prefer not to answer

B20. Please estimate the number of times you have had periods of depression or low mood in your life **lasting two or more weeks**:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13+ ☐ All of my life/as long as I can remember

B21. 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)

Please put your age in years. An approximate age is fine. ____________

B22. 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)

Please put your age in years. An approximate age is fine. _____________

B23. Did any of these episodes occur following a **significant** or **traumatic event** such as **death/ serious illness** of close relative or friend, or following a **distressing event** or **illness** that happened to you?

- ☐ Most/all
- ☐ More than once
- ☐ Once
- ☐ Not at all
- ☐ Prefer not to answer

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

B24. Did you **ever** tell a professional about these problems? *(Medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)*

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B25. Have you **ever** tried any of the following **for these problems**? (*Please select all that apply)*

☐ Medication **prescribed** to you for at least two weeks
☐ **Unprescribed** medication more than once
☐ Drugs or alcohol more than once
☐ Psychotherapy or other talking therapy more than once
☐ Structured wellbeing activity (e.g. mindfulness, meditation,
☐ Regular physical exercise (e.g. yoga, running, walking)
☐ None of the above
☐ Prefer not to answer

I**f you selected 'Psychotherapy or other talking therapy'** please answer Questions B26a-B26d.

I**f you selected 'Prescribed medication'** please answer Questions B27a-b.

Otherwise, **skip to page 24** ('Some questions about recent nerves and anxiety')

B26a. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these problems?

☐ Yes currently
☐ Yes currently and previously
☐ Yes previously
☐ No
☐ Don't know

B26b. You previously mentioned that you have tried/are currently trying psychotherapy or another talking therapy, or structured wellbeing activity **for these problems**. Please **select all** that you attended **more than once**.

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/ talking therapy:
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitiza-tion and Reprocessing)	☐ Prefer not to answer

B26c. Have you completed your **course** of psychotherapy or other talking therapy?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B26d. Did/Do you find psychotherapy or other talking therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B27a. Did/Do you take your medication for these problems **as advised**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B27b. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Some questions about recent anxiety and nerves

The following questions ask about thoughts, feeling and behaviours often tied to concerns about family, health, finances, and work.

During the **PAST 7 DAYS**...

	Never	Occasionally	Half of the time	Most of the time	All of the time
a. I have felt moments of sudden terror, fear, or fright	☐	☐	☐	☐	☐
b. I have felt anxious, worried, or nervous	☐	☐	☐	☐	☐
c. I have had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	☐	☐	☐	☐	☐
d. I have felt a racing heart, sweaty, trouble breathing, faint, or shaky	☐	☐	☐	☐	☐
e. I have felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	☐	☐	☐	☐	☐
f. This is a quality control item, please select 'Half of the time'	☐	☐	☐	☐	☐
g. I have avoided, or did not approach or enter situations about which I worry	☐	☐	☐	☐	☐
h. I have left situations early or participated only minimally due to worries	☐	☐	☐	☐	☐
i. I have spent a lot of time making decisions, putting off making decisions, or preparing for situations, due to worries	☐	☐	☐	☐	☐
j. I have sought reassurance from others due to worries	☐	☐	☐	☐	☐
k. I have needed help to cope with anxiety (e.g., alcohol or medications, superstitious objects)	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Anxiety and nerves

In the next section we would like to know more about your anxiety, stress and nerves.

A

A1. Have you ever had a period lasting **one month or longer** when most of the time you felt worried, tense, or anxious?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

A2. 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?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you answered YES or DON'T' KNOW to Question A1 and/or A2, please complete Section B.

Otherwise, skip to page 31.

B

B1. What is the **longest period of time** that this kind of worrying has ever continued?

☐ **Less** than 6 months

☐ Over 6 months but less than 12 months

☐ Over 1 year but less than 5 years

☐ More than 5 years

☐ All my life/as long as I can remember

If you selected LESS THAN 6 MONTHS, please skip to Section C.

If you selected ANY OTHER ANSWER, please complete Sections B.

B2. Please estimate the number of times you have had periods of this kind of worry in your life **lasting 6 months or more**:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13+	☐ All of my life/as long as I can remember

B3. About **how old were you** the **first time** you had a period of **6 months** like this? (Whether or not you received any help for it.)

Please put your age in years. An approximate age is fine ____________________

B4. About **how old were you** the **last time** you had a period of **6 months** like this? (Whether or not you received any help for it.)

Please put your age in years. An approximate age is fine ____________________

C

C1. What is the longest period of time (in **months**) that this kind of worrying has ever continued for?

Less than 1 month	1	2	3	4	5	6
☐	☐	☐	☐	☐	☐	☐

C2. Please estimate the number of times you have had periods of this kind of worry in your life **lasting 1 month or longer**:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13+	☐ All of my life/as long as I can remember

C3. About **how old were you** the **first time** you had a period of **1 month** like this? (Whether or not you received any help for it.)

Please put your age in years. An approximate age is fine ____________________

C4. About **how old were you** the **last time** you had a period of **1 month** like this? (Whether or not you received any help for it.)

Please put your age in years. An approximate age is fine ____________________

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

D

*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.*

The following questions refer to this period of time.

D1. During that period, was your worry **stronger** than in **other people?**

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D2. Did you worry **most days**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D3. 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**?

One thing	More than one thing	Don't know	Prefer not to answer
☐	☐	☐	☐

D4. Did you find it **difficult to stop** worrying?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D5. Did you ever have different worries on your mind **at the same time**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

D6. How often was your worry so **strong** that you **couldn't** put it out of your mind no matter how hard you tried?

Often	Sometimes	Rarely	Never	Don't know	Prefer not to answer
☐	☐	☐	☐	☐	☐

D7. How often did you find it **difficult to control** your worry?

Often	Sometimes	Rarely	Never	Don't know	Prefer not to answer
☐	☐	☐	☐	☐	☐

D8. When you were **worried** or **anxious**, were you also:

	Yes	No	Don't Know
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 mus-cles?	☐	☐	☐
Often have trouble falling or staying asleep?	☐	☐	☐

D9. Did you **ever** tell a **professional** about these problems? *(Medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)*

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

D10. Regarding times in your life when you have felt **worried**, **tense** or **anxious**:

Did you **ever** use the following for these worries or the problems they caused? Please include any treatments that you have already told us about previously if they were also for worry or the problems it caused? (Select ALL that apply)

- ☐ Medication prescribed to you (for at least two weeks)
- ☐ Specific anti-anxiety medication prescribed to you for at least one week
- ☐ Unprescribed medication more than once
- ☐ Drugs or alcohol more than once
- ☐ Psychotherapy or other talking therapy more than once (including internet-based CBT)
- ☐ Structured wellbeing activity (e.g. mindfulness, meditation, self-help book)
- ☐ Regular physical exercise (e.g. yoga, running, walking)
- ☐ None of the above
- ☐ Prefer not to answer

I**f you selected 'Prescribed medication'** please answer Questions D11-D12

I**f you selected 'Psychotherapy or other talking therapy'** please answer D13-16

D11. Did/Do you take your medication for these worries or the problems they caused **as advised?**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D12. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D13. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these worries or the problems they caused ?

- ☐ Yes currently
- ☐ Yes currently and previously
- ☐ Yes previously
- ☐ No
- ☐ Don't know

D14. You previously mentioned that you have tried/are currently trying psychotherapy or another talking therapy, or structured wellbeing activity for these problems. Please **select all** that you attended **more than once**.

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/ talking therapy:
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitiza-tion and Reprocessing)	☐ Prefer not to answer

D15. Have you **completed** your **course** of psychotherapy or other talking therapy?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D16. Did/Do you find psychotherapy or other talking therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

D17. 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?

A lot	Some	A little	Not at all	Prefer not to answer
☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

The next questions are about things that make some people so afraid that they avoid them or they endure them with intense fear or anxiety.

A

A1. Do you have (*or have you ever had*) a **strong fear** of any of the following things:

	No	Yes
Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake)	☐	☐
Situations (e.g. being in an airplane, lift, or a closed space like a cave or tunnel)	☐	☐
Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)	☐	☐
Blood, injections or injury (e.g. blood, needles, medical procedures)	☐	☐
Other (e.g. situations that may lead to choking or vomiting)	☐	☐

If you **answered YES** to any of these statements, please continue to Section B.

Otherwise, skip to page 35.

B

B1. Do you (or did you)…?

	No	Yes
a. **Avoid** these situations?	☐	☐
b. **Endure** them with intense anxiety?	☐	☐

Thinking about the situations that you fear (or feared):

B2. How **often** do/did these situations cause immediate fear or anxiety for you?

Always	Almost always	Some of the time	Only one or two times ever	Never
☐	☐	☐	☐	☐

If you answered **ALWAYS** or **ALMOST ALWAYS**, please complete Section C.

Otherwise, skip to the next section on page 35.

C

C1. How **old** were you when one of these fears **first** started?

Please put your age in years. An approximate age is fine. ___________________

C2. How **old** were you when you **most recently** experienced one of these fears?

Please put your age in years. An approximate age is fine. ___________________

C3. **How long** was the **longest** time any of these fears lasted?

☐ **Less** than 6 months

☐ Over 6 months but less than 12 months

☐ Over 1 year but less than 5 years

☐ **More** than 5 years

☐ All my life/as long as I can remember

C4. How **much** have any of these fears ever **interfered** with your life or activities?

A lot	Some	A little	Not at all
☐	☐	☐	☐

C5. Are/were any of these fears **out of proportion** to the actual danger involved?

Yes	No
☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

C6. Did you **ever** try the following **for these problems**? Please include any treatments that you have already told us about previously if they were also for a **specific fear**: (Please select all that apply)

☐ Medication prescribed to you for at least two weeks
☐ Specific anti-anxiety medication prescribed to you for at least one week
☐ Unprescribed medication more than once
☐ Drugs or alcohol more than once
☐ Psychotherapy or other talking therapy more than once (including internet-based CBT)
☐ Structured wellbeing activity (e.g. mindfulness, meditation, self-help book)
☐ Regular physical exercise (e.g. yoga, running, walking)
☐ None of the above
☐ Prefer not to answer

I**f you selected 'Psychotherapy or other talking therapy'** please answer Questions C7a-C7d.

I**f you selected 'Prescribed medication'** please answer Questions C8a-C8b.

C7a. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these fears?

☐ Yes currently
☐ Yes currently and previously
☐ Yes previously
☐ No
☐ Don't know

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

C7b. You previously mentioned that you have tried/are currently trying psychotherapy or another talking therapy, or structured wellbeing activity for these **fears**. Please select **all** that you attended **more than once.**

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/talking therapy:
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy or other talking therapies
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitization and Reprocessing)	☐ Prefer not to answer

C7c. Have you **completed** your course of psychotherapy or other talking therapy for these fears?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C7d. Did/Do you find psychotherapy or other talking therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C8a. Did/Do you take your medication for these fears **as advised**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C8b. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

The next questions are about things that make some people so afraid that they avoid them or they endure them with intense fear or anxiety.

A

A1. Do you have (*or have you ever had*) a **strong fear** of or were **extremely anxious** about any of the following situations, either now or in the past?

	No	Yes
a. Being in social situations (e.g. talking with and meeting unfamiliar people)	☐	☐
b. Being observed (e.g. eating or drinking while others are watching, talking in front of others)	☐	☐

If you **answered YES** to either of these statements, please complete Section B.

Otherwise, skip to the next section on page 39.

B

B1. Are/were you worried about what other people **will think or thought** in these **social situations?** Or have you **ever** feared that you will be judged **negatively** by others?

Yes	No
☐	☐

B2. **How often** do/did these social situations cause fear or anxiety for you?

Always	Almost always	Some of the time	Only one or two times ever	Never
☐	☐	☐	☐	☐

If you **answered ALWAYS or ALMOST ALWAYS**, please complete Section C.

Otherwise, skip to the next section on page 39.

C

C1. Please think about the social situations that you fear or feared

	No	Yes
a. **Avoid** social situations?	☐	☐
b. **Endure** them with intense anxiety?	☐	☐

C2. Is/was your fear or anxiety in social situations **out of proportion** to the actual threat posed by the situations?

Yes	No
☐	☐

C3. How **long** was the **longest** time these fears or anxieties about social situations lasted?

- ☐ **Less** than 6 months
- ☐ Between 6 months and 12 months
- ☐ Between 1 and 5 years
- ☐ More than 5 years
- ☐ All my life/as long as I can remember

If **LONGER THAN 6 MONTHS**, please answer Question C3a.

C3a. Please estimate the **number of times** you have had periods of this kind of worry in your life lasting **6 or more months**:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13+	☐ All of my life/as long as I can remember

C4. **How old** were you when these fears or anxieties about social situations **first** started?

Please put your age in years. An approximate age is fine. ____________________

C5. **How old** were you when you **most recently** experienced one of these fears?

Please put your age in years. An approximate age is fine. ____________________

C6. **How much** does/did your fear, anxiety or avoidance of social situations **interfere** with your ability to do your job, have a social life, or interfere with any other important area of your life?

A lot	Some	A little	Not at all
☐	☐	☐	☐

C7. Did you **ever** use/are you currently using any of the following for **these problems**? Please include any treatments that you have already told us about previously if they were also for these **fears or anxieties of social situations**: *(please select all that apply)*

☐ Medication prescribed to you for at least two weeks
☐ Specific anti-anxiety medication prescribed to you for at least one week
☐ Unprescribed medication more than once
☐ Drugs or alcohol more than once
☐ Psychotherapy or other talking therapy more than once (including internet-based CBT)
☐ Structured wellbeing activity (e.g. mindfulness, meditation, self-help book)
☐ Regular physical exercise (e.g. yoga, running, walking)
☐ None of the above
☐ Prefer not to answer

I**f you selected 'Psychotherapy or other talking therapy'** please answer Questions C8-C11.

I**f you selected 'Prescribed medication'** please answer Questions C12-C13.

C8. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these problems?

☐ Yes currently

☐ Yes currently and previously

☐ Yes previously

☐ No

☐ Don't know

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

C9. You previously mentioned that you have tried/are currently trying psychotherapy or another talking therapy, or structured wellbeing activity for **these fears or anxieties of social situations**. Please select **all** that you attended **more than once**.

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/talking therapy:
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy or other talking therapies
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitization and Reprocessing)	☐ Prefer not to answer

C10. Have you **completed** your **course** of psychotherapy or other talking therapy for these difficulties with social situations?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C11. Did/Do you find psychotherapy or other talking therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C12. Did/Do you take your medication for these problems **as advised**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C13. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

The next questions relate to any experiences you may have had with panic attacks or feelings of intense panic

A

A1. Have you **ever** had a **sudden**, **unexpected surge of intense fear** or **intense discomfort** (*panic attack)* during which you experienced some of the following symptoms?

(*Please select all symptoms that occurred* ***at the same time***)

☐	Your heart was pounding or racing
☐	You were sweating
☐	You were trembling or shaking
☐	You felt short of breath, or like you were being smothered
☐	You felt like you were choking
☐	You had pain or discomfort in your chest
☐	You were nauseous or felt sick in the stomach
☐	You felt dizzy, unsteady, light-headed or faint
☐	You felt hot or cold
☐	You felt numbness or tingling sensations
☐	It felt like things weren't real, or you felt detached from yourself
☐	You were afraid you were going to lose control or "go crazy"
☐	You were afraid you were going to die
☐	No, I have never had this happen to me

If you **selected 3 or more** of the above statements, please complete Section B.

Otherwise , please skip to page 44.

B

B1. **How many** such **attacks of fear or panic** would you say that you have had over the course of your **lifetime**?

An approximate number is fine. If 1000 times or more, ***put*** *'999'.* _______

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

B2. After **any** of your attacks of fear or panic, did you **ever** ...

	No	Yes
...feel **anxious**, **worried** or **nervous** about having **more** panic attacks?	☐	☐
...feel **worried** about **losing control**, **having a heart attack**, **going crazy**, or **other bad things** happening because of panic attacks?	☐	☐
...**avoid** situations in which panic attacks might occur?	☐	☐

If you answered YES to any of the above statements, please answer Question B2a/b.

B2a. **How long** did you continue to **worry** about **panic attacks** or their consequences, or **avoid** situations in which panic attacks might occur?

☐ Less than 1 month

☐ Over 1 month but less than 6 months

☐ Over 6 months but less than 12 months

☐ **More** than 12 months

☐ Over 1 year but less than 5 years

☐ More than 5 years

☐ All my life/as long as I can remember

B2b. Please estimate the **number of times** you have had periods of this kind of worry **in your life** lasting **1 or more months:**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13+ ☐ All of my life/as long as I can remember

B4. Were these attacks or sudden periods of physical discomfort **ever** the result of a **medical condition** *(e.g. a heart attack)* or from using **medication, drugs or alcohol?**

Yes, all of them	Yes, some of them	No, never
☐	☐	☐

B5. We already asked about specific situations that cause strong fears (heights, lifts, snakes etc.). When you have sudden anxiety attacks, do they **usually occur** in specific situations that cause you strong fear?

Yes	No
☐	☐

B6. Did you **ever** have an attack when you were **not** in a situation that usually causes you to have strong fears?

Yes	No
☐	☐

B7. How old were you the **first** time you had one of these sudden attacks of feeling frightened, anxious or panicky?

Please put your age in years. An approximate age is fine. ____________________

B8. How old were you the **last** time you had one of these sudden attacks of feeling frightened, anxious or panicky?

Please put your age in years. An approximate age is fine. ____________________

B9. Have you **ever** tried the following **for these problems**? Please include any treatments that you have already told us about previously if they were also for **panic attacks** or feelings of **intense panic**:

Please select all that apply

☐ Medication prescribed to you for at least two weeks
☐ Specific anti-anxiety medication prescribed to you for at least one week
☐ Unprescribed medication more than once
☐ Drugs or alcohol more than once
☐ Psychotherapy or other talking therapy more than once (including internet-based CBT)
☐ Structured wellbeing activity (e.g. mindfulness, meditation, self-help book)
☐ Regular physical exercise (e.g. yoga, running, walking)
☐ None of the above
☐ Prefer not to answer

I**f you selected 'Psychotherapy or other talking therapy'** please answer Questions B10-B13.

I**f you selected 'Prescribed medication'** please answer Questions B14-B15.

B10. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these panic attacks or feelings of intense panic?

☐ Yes currently

☐ Yes currently and previously

☐ Yes previously

☐ No

☐ Don't know

B11. You previously mentioned that you have tried/ are currently trying psychotherapy, another talking therapy, or structured wellbeing activity for **panic attacks**. Please **select all** that you attended **more than once**.

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/talking therapy
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy or other talking therapies
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitization and Reprocessing)	☐ Prefer not to answer

B12. Have you **completed** your **course** of psychotherapy or other talking therapy for these **panic attacks** or feelings of **intense panic**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B13. Did/Do you find psychotherapy or other (talking) therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B14. Did/Do you take your medication for these panic attacks or feelings of intense panic **as advised**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

B15. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

The next questions contain a list of situations which some people actively avoid, need a companion with them for, or endure with intense fear or anxiety.

A

A1. Do you have (or have you ever had) a **strong fear** of, or are (were) you **extremely anxious** about, any of the following situations?

	No	Yes
Using public transportation (e.g. cars, buses, trains, ships, planes)	☐	☐
Being in open spaces (e.g. car parks, marketplaces, bridges)	☐	☐
Being in enclosed spaces (e.g. shops, theatres, cinemas)	☐	☐
Standing in a queue or being in a crowd	☐	☐
Being outside of the home alone	☐	☐

If you selected YES for 2 or more of the previous statements, please complete to Section B.

Otherwise, skip to page 48.

B

B1. How **often** do/did these situations cause **fear or anxiety** for you?

Always	Almost always	Some of the time	Only one or two times ever	Never
☐	☐	☐	☐	☐

If you selected ALWAYS or ALMOST ALWAYS, please complete Section C.

Otherwise, skip to page 48.

C

C1. Do/Did you...?

	No	Yes
a. **Avoid** these situations?	☐	☐
b. **Endure** them with **intense anxiety**?	☐	☐
c. **Require** the presence of a **companion**?	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Please think about these situations that you fear (or feared):

C2. In one or more of these situations, are/were you ever afraid that you might **faint, lose control,** or **embarrass** yourself in other ways?

Yes	No
☐	☐

C3. Are/were you afraid that **escape** might be **difficult** if that happened?

Yes	No
☐	☐

C4. Are/were you afraid that **help** might **not** be available if you **needed** it?

Yes	No
☐	☐

C5. How **old** were you when these fears **first** started?

Please put your age in years. An approximate age is fine. ___________________

C6. How **old** were you when you **most recently** experienced one of these fears?

Please put your age in years. An approximate age is fine. ___________________

C7. **How long** was the **longest** time any of these fears lasted?

☐ **Less** than 6 months

☐ Between 6 months and 12 months

☐ Between 1 and 5 years

☐ More than 5 years

☐ All my life/as long as I can remember

If **LONGER THAN 6 MOTNHS**, please answer Question C7a.

C7a. Please estimate the **number of times** you have had periods of this kind of fear or anxiety in your life lasting **6 or more months**:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13+	☐ All of my life/as long as I can remember

C8. **How much** have any of these fears ever **interfered** with your life or activities?

A lot	Some	A little	Not at all
☐	☐	☐	☐

C9. Are/were any of these fears **out of proportion** to the actual danger involved?

Yes	No
☐	☐

C10. Did you **ever** try the following for **these problems**? Please include any treatments that you have already told us about previously if they were also for these **fears**:

- ☐ Medication prescribed to you for at least two weeks
- ☐ Specific anti-anxiety medication prescribed to you for at least one week
- ☐ Unprescribed medication more than once
- ☐ Drugs or alcohol more than once
- ☐ Psychotherapy or other talking therapy more than once (including internet-based CBT)
- ☐ Structured wellbeing activity (e.g. mindfulness, meditation, self-help book)
- ☐ Regular physical exercise (e.g. yoga, running, walking)
- ☐ None of the above
- ☐ Prefer not to answer

I**f you selected 'Psychotherapy or other talking therapy'** please answer Question C11-C14.

I**f you selected 'Prescribed medication'** please answer Questions C15/16.

C11. Have you ever been enrolled in an **NHS** funded **talking therapy** or **psychotherapy** (IAPT) for these fears?

- ☐ Yes currently
- ☐ Yes currently and previously
- ☐ Yes previously
- ☐ No
- ☐ Don't know

C12. You previously mentioned that you have tried/are currently trying psychotherapy or another talking therapy, or structured wellbeing activity for these fears. Please select **all** that you attended more than once.

☐ Counselling	☐ Family therapy	☐ Online therapy
☐ Psychotherapy	☐ Cognitive Behavioural Therapy (CBT)	☐ Hypnotherapy/hypnosis
☐ Mindfulness	☐ Dialectical behavioural therapy (DBT)	☐ Other psychotherapy/talking therapy:
☐ Relationship therapy	☐ Workshops	☐ Never tried psychotherapy or other talking therapies
☐ Group therapy	☐ Cognitive analytic therapy (CAT)	☐ Don't know
☐ Guided self-help	☐ EMDR (Eye Movement Desensitization and Reprocessing)	☐ Prefer not to answer

C13. Have you **completed** your **course** of psychotherapy or other talking therapy for **these fears**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C14 Did/Do you find psychotherapy or other talking therapy **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C15. Did/Do you take your medication for these fears **as advised**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

C16. Did/Do you find the medication **helpful**?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Some questions about anxiety or nerves

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

Select ONE for each of the following statements:

LAST 2 WEEKS	Not at all	Several days	More than half the days	Nearly every day
Feeling **nervous, anxious** or **on edge**	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐

Your recent mood and feelings

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

	Not at all	Several days	More than half the days	Nearly every day
Little interest or **pleasure** in doing things	☐	☐	☐	☐
Feeling **down**, **depressed**, or **hopeless**	☐	☐	☐	☐

If you answered '**Not at all**' to **ALL** of the previous **4 questions**, please skip to page 50.

Symptoms of anxiety and depression can sometimes affect people's ability to do certain day-to-day tasks in their lives, making them more of a problem. Please look at each section below and determine on the scale provided how much your symptoms/problem impair your ability to carry out the activity.

1. Because of my problem my ability to **work** is impaired. If you are a student or choose not to have a job for reasons unrelated to your problem, please tick NA (*not applicable*).

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely, I cannot work	N/A
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If you **are a STUDENT**, please answer Question 1a.

1a. Because of my problem my ability to **study** is impaired

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely, I cannot work
☐	☐	☐	☐	☐	☐	☐	☐	☐

2. Because of my problem my **home management** (*Cleaning, tidying, shopping, cooking, looking after home/children, paying bills*) is impaired.

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely
☐	☐	☐	☐	☐	☐	☐	☐	☐

3. Because of my problem my **social leisure activities** (*with other people eg. parties, bars, clubs, outings, visits, dating, home entertainment*) are impaired.

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely
☐	☐	☐	☐	☐	☐	☐	☐	☐

4. Because of my problem my **private leisure activities** (*done alone, such as reading, gardening, collecting, sewing, walking alone*) are impaired.

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely
☐	☐	☐	☐	☐	☐	☐	☐	☐

5. Because of my problem my **ability to form and maintain close relationships with others**, including those I live with, is impaired.

0 Not at all	1	2 Slightly	3	4 Definitely	5	6 Markedly	7	8 Very severely
☐	☐	☐	☐	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

This section asks about your childhood and some possible stresses and strains of life

The following questions ask about negative experiences in your childhood. We know that this is a sensitive subject, but it is important to ask as some of these experiences are not uncommon. If you find answering these questions too distressing, please select 'Prefer not to answer' for each question and move on to the next page.

When I was growing up…	Never true	Rarely true	Sometimes true	Often	Very often true	Prefer not to answer
I felt loved	☐	☐	☐	☐	☐	☐
People in my family hit me so hard that it left me with bruises or marks	☐	☐	☐	☐	☐	☐
I felt that someone in my family hated me	☐	☐	☐	☐	☐	☐
Someone molested me (sexually)	☐	☐	☐	☐	☐	☐
There was someone to take me to the doctor if I needed it	☐	☐	☐	☐	☐	☐

If you feel distressed from remembering past crime/abuse, please visit http://www.victimsupport.org.uk/help-victims.

If you have been upset by remembering domestic or sexual violence, there is information available at Women's Aid (for urgent assistance, give them a call on 0808 2000 247), ManKind or Galop.

This section asks about some possible stresses and strains in your adult life

The following questions ask about negative experiences in your life. We know that this is a sensitive subject, but it is important to ask as some of these experiences are not uncommon. If you find answering these questions too distressing, please select 'Prefer not to answer' for each question and move on to the next page.

In your life, have you…?	Never	Yes, but not in the last 12 months	Yes, within the last 12 months	Prefer not to answer
Been a victim of a sexual assault, whether by a stranger or someone you knew	☐	☐	☐	☐
Been attacked, mugged, robbed, or been the victim of a physically violent crime	☐	☐	☐	☐
Been in a serious accident that you believed to be life-threatening at the time	☐	☐	☐	☐
Witnessed a sudden violent death (e.g. murder, suicide, aftermath of an accident)	☐	☐	☐	☐
Been diagnosed with a life-threatening illness	☐	☐	☐	☐

If you feel distressed from remembering past crime/abuse, please visit http://www.victimsupport.org.uk/help-victims.

If you have been upset by remembering domestic or sexual violence, there is information available at Women's Aid (for urgent assistance, give them a call on 0808 2000 247), ManKind or Galop.

Since I was sixteen…	Never	Yes, but not in the last 12 months	Yes, within the last 12 months	Prefer not to answer
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 worth-less	☐	☐	☐	☐
d. A partner or ex-partner sexually inter-fered with me, or forced me to have sex against my wishes	☐	☐	☐	☐
e. I have had the money to pay my rent/ mortgage payment	☐	☐	☐	☐

Please indicate **how often** the following **statements** have been true?

Since I was sixteen…	Never True	Rarely true	Sometimes true	Often	Very often true	Prefer not to answer
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 worth-less	☐	☐	☐	☐	☐	☐
d. A partner or ex-partner sexually inter-fered with me, or forced me to have sex against my wishes	☐	☐	☐	☐	☐	☐
e. I have had the money to pay my rent/ mortgage payment	☐	☐	☐	☐	☐	☐

Stressful Experiences

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:**

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Prefer not to answer
Repeated, disturbing memories, thoughts, or images of a stressful experience?	☐	☐	☐	☐	☐	☐
Feeling very upset when something reminded you of a stressful situation?	☐	☐	☐	☐	☐	☐
Avoiding activities or situations because they reminded you of a stressful experience?	☐	☐	☐	☐	☐	☐
Feeling distant or cut off from other people?	☐	☐	☐	☐	☐	☐
Feeling irritable or having angry outbursts?	☐	☐	☐	☐	☐	☐
Difficulty concentrating?	☐	☐	☐	☐	☐	☐

If you feel distressed from remembering past crime/abuse, please visit http://www.victimsupport.org.uk/help-victims.

If you have been upset by remembering domestic or sexual violence, there is information available at Women's Aid (for urgent assistance, give them a call on 0808 2000 247), ManKind or Galop.

Events in your life

Listed below are a number of events that may have brought substantial changes to you, both positive and negative. Have any of these occurred **in the last year**, and if so, how did they affect you?

As some events in this list could be either positive or negative, and we need to have the same answer options for all these questions, we give both options in the response sets.

In the last year...	**No, did not happen**	**Yes, negatively affected me a lot**	**Yes, negatively affected me somewhat**	**Yes, but did not affect me**	**Yes, positively affected me somewhat**	**Yes, positively affected me a lot**
You became homeless	☐	☐	☐	☐	☐	☐
You left home	☐	☐	☐	☐	☐	☐
You graduated from University	☐	☐	☐	☐	☐	☐
You or your partner became pregnant or had a baby	☐	☐	☐	☐	☐	☐
You entered into a new relationship	☐	☐	☐	☐	☐	☐
Outstanding personal achievement	☐	☐	☐	☐	☐	☐
A family member was admitted to hospital or became seriously ill	☐	☐	☐	☐	☐	☐
You were admitted to hospital or became seriously ill	☐	☐	☐	☐	☐	☐
You got engaged to be married/to enter a civil partnership	☐	☐	☐	☐	☐	☐
This is a Quality control item, please select 'Yes, but did not affect me'	☐	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

In the last year...	No, did not happen	Yes, negatively affected me a lot	Yes, negatively affected me somewhat	Yes, but did not affect me	Yes, positively affected me somewhat	Yes, positively affected me a lot
You got married or entered a civil partnership	☐	☐	☐	☐	☐	☐
You lost your job or got into serious financial problems	☐	☐	☐	☐	☐	☐
You were divorced or separated from a partner	☐	☐	☐	☐	☐	☐
You were in trouble with the law	☐	☐	☐	☐	☐	☐
Someone close to you died	☐	☐	☐	☐	☐	☐
You attempted suicide	☐	☐	☐	☐	☐	☐
You or your partner had an abortion	☐	☐	☐	☐	☐	☐
You were responsible for a road accident	☐	☐	☐	☐	☐	☐
You started a new job	☐	☐	☐	☐	☐	☐
Your parents separated or divorced	☐	☐	☐	☐	☐	☐
You came out (e.g. to friends or family) as a member of the LGBTQIA community	☐	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

The following section is about (thoughts of) suicide and hurting yourself on purpose, also sometimes referred to as self-harm. We know this is a sensitive subject, but it is important to ask about it now, as it is not uncommon. By finding out about self-harm we can try to find ways of helping people. If you find that you prefer not to answer a particular question, please leave it and move on to the next question.

The following questions ask specifically about **the past year.** If you find answering these questions too distressing, please select 'Prefer not to answer' for each question and move on to the next page.

	No	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, 11-20 times	Yes, more than 20 times	Prefer not to answer
1. In the **past year**, have you ever thought about killing yourself, even if you would not really do it?	☐	☐	☐	☐	☐	☐	☐
2. In the **past year**, have you ever hurt or harmed yourself on purpose in any way (e.g. by taking an overdose of pills, or by cutting yourself)?	☐	☐	☐	☐	☐	☐	☐

If you answered yes to Question 2, please answer questions 3-14.

Otherwise skip to page 58 ('About you').

	No, not in the past year	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, 11-20 times	Yes, more than 20 times	Prefer not to answer
3. In the past year, have you ever hurt or harmed yourself on purpose **without intending to kill yourself** (e.g. by taking an overdose of pills, or by cutting your-	☐	☐	☐	☐	☐	☐	☐
4. In the past year, on any of the occasions you have hurt or harmed yourself on purpose, **have you ever wanted to kill yourself**?	☐	☐	☐	☐	☐	☐	☐
5. In the past year, did you hurt yourself because you wanted to show how desperate you were feeling?	☐	☐	☐	☐	☐	☐	☐
6. In the past year, did you hurt yourself because you wanted to die?	☐	☐	☐	☐	☐	☐	☐
7. In the past year, did you hurt yourself because you wanted to punish yourself?	☐	☐	☐	☐	☐	☐	☐

	No, not in the past year	Yes, once or twice	Yes, 3-5 times	Yes, 6-10 times	Yes, 11-20 times	Yes, more than 20 times	Prefer not to answer
8. In the past year, did you hurt yourself because you wanted to frighten some-one?	☐	☐	☐	☐	☐	☐	☐
9. In the past year, did you hurt yourself because you wanted to get relief from a terrible state of mind?	☐	☐	☐	☐	☐	☐	☐
10. In the past year, have you swal-lowed pills or something poisonous?	☐	☐	☐	☐	☐	☐	☐
11. In the past year, have you harmed your skin (e.g., by cutting, scratching, pinching yourself)?	☐	☐	☐	☐	☐	☐	☐
12. In the past year, have you burnt or scalded yourself (e.g., with a cigarette or hot water)?	☐	☐	☐	☐	☐	☐	☐
13. In the past year, have you scratched or bruised yourself, pulled your hair, headbutted, hit or punched something to the point of feeling pain?	☐	☐	☐	☐	☐	☐	☐

14. After hurting yourself **on purpose** in the past year, did you ever seek medical help/first aid from…

Your GP (family doctor)?

Yes	No
☐	☐

Hospital casualty/ emergency department?

Yes	No
☐	☐

Another healthcare professional?

Yes	No
☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

About you

Please rate how true the following statements have been about you **in the last six months**.

In the last six months…	Not true	Quite true	Very True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I've been restless, I've found it hard to sit down for long	☐	☐	☐
I've had a lot of headaches, stomach-aches or sickness	☐	☐	☐
I have usually shared with others, for example food or drink	☐	☐	☐
I've been very angry and often lost my temper	☐	☐	☐
I would rather be alone than with other people	☐	☐	☐
This is a quality control questions, please select 'Very true'	☐	☐	☐
I am generally willing to do what other people want	☐	☐	☐
I've worried a lot	☐	☐	☐
I've been helpful if someone was hurt, upset or feeling ill	☐	☐	☐
I have constantly been fidgeting or squirming	☐	☐	☐
I've had at least one good friend	☐	☐	☐
I've fought a lot. I could make other people do what I wanted	☐	☐	☐
I have often been unhappy, down-hearted or tearful	☐	☐	☐
Other people my age have generally liked me	☐	☐	☐
I've been easily distracted, I've found it difficult to concentrate	☐	☐	☐
I've been nervous in new situations. I've easily lost confidence	☐	☐	☐
I've been kind to children	☐	☐	☐
I've often been accused of lying or cheating	☐	☐	☐
Other people have picked on me or bullied me	☐	☐	☐
I've often volunteered to help others (family members, friends colleagues)	☐	☐	☐
I've thought before I've done things	☐	☐	☐
I've taken things that are not mine from home, work or elsewhere	☐	☐	☐
I have got on better with older people than with people my own age	☐	☐	☐
I've had many fears, I've been easily scared	☐	☐	☐
I've finished the work I have been doing. My attention has been good	☐	☐	☐

Your feelings

This section relates to how you **feel** about things **in general.**

1. **In general**, how **happy** are you?

☐ Extremely happy
☐ Very happy
☐ Moderately happy
☐ Moderately unhappy
☐ Very unhappy
☐ Extremely unhappy
☐ Don't know
☐ Prefer not to answer

2. **In general**, how happy are you with your **health**?

☐ Extremely happy
☐ Very happy
☐ Moderately happy
☐ Moderately unhappy
☐ Very unhappy
☐ Extremely unhappy
☐ Don't know
☐ Prefer not to answer

3. To what extent do you feel your life to be **meaningful**?

☐ Not at all
☐ A little
☐ A moderate amount
☐ Very much
☐ An extreme amount
☐ Don't know
☐ Prefer not to answer

Thinking about your appearance

Please read the questions carefully and answer them by ticking the box which you think is most appropriate for your specific situation. **Please do not include concerns about your weight or not being slim enough.**

Have you ever…	Not at all	Same as most people	More than most people	Much more than most people
Been very concerned about some aspect of your physical appearance	☐	☐	☐	☐
Considered yourself to be misformed or misshapen in some way (e.g., nose/hair skin/sexual organs/overall body build).	☐	☐	☐	☐
Considered your body to be malfunctional in some way (e.g., excessive body odour, flatulence, sweating).	☐	☐	☐	☐
Consulted or felt that you needed to consult a plastic surgeon /dermatologist/physician about these concerns.	☐	☐	☐	☐
This is a quality control item, please select 'Much more than most people'	☐	☐	☐	☐
Been told by others/doctors that you are normal in spite of you strongly believing that something is wrong with your appearance or bodily functioning.	☐	☐	☐	☐
Spent a lot of time worrying about a defect in your appearance / bodily functioning	☐	☐	☐	☐
Spent a lot of time covering up defects in your appearance / bodily functioning.	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Your relationship with food

The following section is about eating disorders. We know this is a sensitive subject, but it is important to ask about it now, as it is not uncommon. By finding out about eating disorders we can try to find ways of helping people.

If you find answering these questions distressing, please skip to the next section.

For more information and support on this topic, you may wish to contact ***Beat,*** *an eating disorder charity group, on* ***0808 801 0677*** *or visit their website:* **www.b-eat.co.uk**

1. Have you ever had a period of time when you weighed much less than other people thought you should weigh? (*Exclude medical illnesses other than an eating disorder*)

Yes	No	Prefer not to answer
☐	☐	☐

If you answered Yes to Question 1a, please answer Questions 1a-1e.

Otherwise, skip to Question 2.

1a. During the time when you were at this low weight, did you either feel fat or were you afraid that you might gain weight or become fat?

Yes	No	Prefer not to answer
☐	☐	☐

1b. Roughly how much did you weigh at your lowest weight? _________________

1c. Roughly how old were you when you were FIRST AT this weight? ______________ Years

1d. Roughly how old were you when you were LAST at this weight (or weighed much less than other people thought you ought to weigh)? _____________ Years

1e. During your period/s of low weight, have you? (*Select all responses that apply*)

☐ Fasted for 8 waking hours or longer

☐ Made yourself vomit

☐ Used diet pills, laxatives, diuretics, drugs

☐ Exercised excessively or compulsively

☐ None of the above

2. Have you ever had recurrent episodes of excessive overeating or binge eating (i.e, eating significantly more than what most people eat in a similar period of time, for example, 2 hours)?

- ☐ Yes, at least once a week for at least 3 months
- ☐ Yes, occasionally
- ☐ No
- ☐ Prefer not to answer

If you answered Yes to Question 2, please answer Questions 3-8.

Otherwise, skip to Question 9.

3. When did the overeating occur?

- ☐ During your period/s of low weight
- ☐ Outside of low weight

4. During your episodes of excessive overeating/binge eating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating or feeling compelled to eat)?

- ☐ Always or occasionally
- ☐ Never
- ☐ Prefer not to answer

5. During these episodes of excessive overeating/binge eating, did you? (*Select all responses that apply*)

- ☐ Eat much more rapidly than normal
- ☐ Eat until feeling uncomfortably full
- ☐ Eat large amounts of food when not feeling physically hungry
- ☐ Eat alone because of feeling embarrassed by how much you are eating
- ☐ Feel disgusted, depressed, or very guilty afterward
- ☐ None of the above

If you are affected by any of the issues raised in this section, you may wish to contact Beat, an eating disorders charity group on 0808 801 0677 or visit their website: www.b-eat.co.uk

6. Do you feel distressed about your episodes of excessive overeating/binge eating?

Yes	No	Prefer not to answer
☐	☐	☐

7. About how old were you the FIRST time you had a period of **three months** where you were binge eating? _________ years

8. To compensate for overeating, have you used any of the following at least once a week for at least 3 months? (*Select all responses that apply*)

☐ Fasted for 8 waking hours or longer

☐ Made yourself vomit

☐ Used diet pills, laxatives, diuretics, drugs

☐ Exercised excessively or compulsively

☐ None of the above

9. In general, how dependent has your self-esteem been on your body shape or weight?

☐ A great deal

☐ A moderate amount

☐ None at all or very little

10. Independent from low weight or excessive overeating, have you used any of the following at least once a week for **at least 3 months**, to control your weight or shape? (*Select all responses that apply*)

☐ Fasted for 8 waking hours or longer

☐ Made yourself vomit

☐ Used diet pills, laxatives, diuretics, drugs

☐ Exercised excessively or compulsively

☐ None of the above

If **yes to Question 10,** please answer Question 11.

11. About how old were you the FIRST time you had a period of three months where you were engaging in any of these behaviours? ______ years

If you are affected by any of the issues raised in this section, you may wish to contact Beat, an eating disorders charity group on 0808 801 0677 or visit their website: www.b-eat.co.uk

Your Sleep

The following questions are about your usual sleep habits in the **past month.**

*Think about the **work/week nights** when you have work or other commitments the next day*

1. How many days do you work in a **typical week**?

0	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐

2. What time do you usually go to bed on your **work/week days**? *(Note that we are using a 24 hour clock for these questions, so 10pm is 22 hours)* ___________________________________

3. How long does it take for you to fall asleep (from the time when you go to bed)? (**in minutes**)

0-5	6-15	16-30	31-45	46-60	61-90	91-120	More than
☐	☐	☐	☐	☐	☐	☐	☐

4. What time do you usually wake up on **work/week days**? *(Note that we are using a 24 hour clock for these questions, so 10pm is 22 hours)*

____

5. With an alarm clock, or without?

With	Without
☐	☐

6. How many **minutes** does it take you to get up out of bed after you wake up?

0-5	6-15	16-30	31-45	46-60	More than 60
☐	☐	☐	☐	☐	☐

7. How many hours of **actual sleep** do you get on **work/week nights**? This may be different than the number of hours you spend in bed

0	1	2	3	4	5	6	7	8	9	10	11	12+
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

*Now, think about the nights when you are **free the next day**, like weekends or whenever you don't have work or any other commitments*

8. What time do you usually go to bed on **free nights**? *(Note that we are using a 24 hour clock for these questions, so 10pm is 22 hours)* ________________________________

9. How long does it take for you to fall asleep (from the time when you go to bed)? **(in minutes**)

0-5	6-15	16-30	31-45	46-60	61-90	91-120	More than 120
☐	☐	☐	☐	☐	☐	☐	☐

10. What time do you usually wake up on **free days**? *(Note that we are using a 24 hour clock for these questions, so 10pm is 22 hours)*

____

11. With an alarm clock, or without?

With	Without
☐	☐

12. How many **minutes** does it take before you get up out of bed after you wake up?

0-5	6-15	16-30	31-45	46-60	More than 60
☐	☐	☐	☐	☐	☐

13. How many **actual hours of sleep** do you get on free nights? This may be different than the number of hours you spend in bed

0	1	2	3	4	5	6	7	8	9	10	11	12+
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

14. During the **past month**, how would you rate your sleep quality overall?

Very good	Fairly good	Fairly bad	Very bad
☐	☐	☐	☐

If **you selected 'Fairly bad' or 'Very bad'**, please answer Question 15

Otherwise, skip to the next section ('Unusual Experiences')

15. Have your sleep difficulties interfered with your daily life?

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

Unusual Experiences

For each of the following statements, please indicate how often **in the past year** you have had the thought or feeling described.

	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
Someone has bad intentions towards me	☐	☐	☐	☐	☐	☐
Bad things are being said about me behind my back	☐	☐	☐	☐	☐	☐
People are being hostile towards me	☐	☐	☐	☐	☐	☐
People are trying to upset me	☐	☐	☐	☐	☐	☐
Someone has it in for me	☐	☐	☐	☐	☐	☐
People are looking at me in an unfriendly way	☐	☐	☐	☐	☐	☐
There might be negative comments being spread about me	☐	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
People might be conspiring against me	☐	☐	☐	☐	☐	☐
I am under threat from others	☐	☐	☐	☐	☐	☐
People are laughing at me	☐	☐	☐	☐	☐	☐
People would harm me if given an opportunity	☐	☐	☐	☐	☐	☐
People are deliberately trying to irritate me	☐	☐	☐	☐	☐	☐
I need to be on my guard against others	☐	☐	☐	☐	☐	☐
I might be being observed or followed	☐	☐	☐	☐	☐	☐
I can detect coded messages about me in the press/TV/internet	☐	☐	☐	☐	☐	☐
I hear sounds or music that people near me don't hear	☐	☐	☐	☐	☐	☐
I see things that other people cannot	☐	☐	☐	☐	☐	☐
This is a quality control question, please select 'Daily'	☐	☐	☐	☐	☐	☐
I feel that someone is touching me, but when I look nobody is there	☐	☐	☐	☐	☐	☐
I hear noises or sounds when there is nothing about to explain them	☐	☐	☐	☐	☐	☐
I detect smells which don't seem to come from my surroundings	☐	☐	☐	☐	☐	☐
I see shapes, lights, or colours even though there is nothing really there	☐	☐	☐	☐	☐	☐
I notice smells or odours that people next to me seem unaware of	☐	☐	☐	☐	☐	☐
I experience unusual burning sensations or other strange feelings in or on my body that can't be explained	☐	☐	☐	☐	☐	☐
I hear voices commenting on what I'm thinking or doing	☐	☐	☐	☐	☐	☐

Elevated Mood

1. Has there **ever** been a **period of time** when you were not your usual self and…

   Tick ALL that apply.

	Yes	No
...you felt so **good** or so **hyper** that other people thought you were not your normal self or you were so hyper that you got into **trouble**?	☐	☐
…you were so **irritable** that you shouted at people or start fights or arguments?	☐	☐
...you felt much more **self-confident** than usual?	☐	☐
...you got much **less sleep** than usual and found you **didn't** really miss it?	☐	☐
...you were much **more** talkative or spoke much **faster** than usual?	☐	☐
…thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily **distracted** by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had much **more energy** than usual?	☐	☐
...you were much **more active** or did many more things than usual?	☐	☐
...you were much **more social** or **outgoing** than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much **more interested in sex** than usual?	☐	☐
...you did things that were **unusual** for you or that other people might have thought were **excessive, foolish, or risky**?	☐	☐
...**spending money** got you or your family into trouble?	☐	☐

If you answered **YES to 2 or more of the above**, please continue to Question 2.

Otherwise, please skip to the next section on page 71 (“Your Behaviour”)

2. If you ticked ‘yes’ to more than one of the previous symptoms - have **several** of these ever happened during the **same period of time**?

Yes	No	Don’t know	Prefer not to answer
☐	☐	☐	☐

If YES, please answer Questions 3.

Otherwise, skip to Question 4.

3. Please select **all** that occurred during the **same period of time**:

	Yes	No
...you felt so **good** or so **hyper** that other people thought you were not your normal self or you were so hyper that you got into **trouble**?	☐	☐
…you were so **irritable** that you shouted at people or start fights or arguments?	☐	☐
...you felt much more **self-confident** than usual?	☐	☐
...you got much **less sleep** than usual and found you **didn't** really miss it?	☐	☐
...you were much more talkative or spoke much **faster** than usual?	☐	☐
…thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily **distracted** by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had much **more energy** than usual?	☐	☐
...you were much **more active** or did many more things than usual?	☐	☐
...you were much **more social** or **outgoing** than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much **more interested in sex** than usual?	☐	☐
...you did things that were **unusual** for you or that other people might have thought were **excessive, foolish, or risky**?	☐	☐
...**spending money** got you or your family into trouble?	☐	☐

4. What is the **longest time** that these "high" or "irritable" periods have lasted?

☐ **Less** than 24 hours ☐ **At least** a day, but less than a week ☐ A **week** or more

☐ Don't know ☐ Prefer not to answer

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

5. How much of a **problem** did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

☐ No problem	☐ Minor problem	☐ Moderate problem
☐ Serious problem	☐ Don't know	☐ Prefer not to answer

6. Has a health **professional** ever told you that you have **manic-depressive illness** or **bipolar disorder**?

Yes	No	Don't know
☐	☐	☐

If you answered Yes, please answer Questions 8-9.

7. Have any of your **blood relatives** (i.e. children, siblings, parents, grandparents, aunts, uncles) had **manic-depressive illness** or **bipolar disorder**?

Yes	No	Don't know
☐	☐	☐

8. During **any** of your episodes of **depression** or **mania,** were you **also diagnosed** with **psychosis?**

(Hearing voices or seeing things that other people said did not exist or believing that you had special powers, that you were in danger, that others were trying to communicate with you in unusual ways or that a catastrophe was imminent)

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

9. Have you **ever** had an **episode** where **psychosis** was the **primary** symptom or diagnosis?

Yes	No	Don't know	Prefer not to answer
☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Your Behaviour

To what extent do the following statements accurately describe you?

	Not true at all	Somewhat true	Mainly true	Definitely true
1. It is hard for me to pay attention to details	☐	☐	☐	☐
2. I make mistakes	☐	☐	☐	☐
3. I have trouble keeping my mind on what I am doing	☐	☐	☐	☐
4. I have trouble keeping my mind on what other people are saying to me	☐	☐	☐	☐
5. This is a quality control item, please select 'Mainly true'	☐	☐	☐	☐
6. I have trouble following instructions	☐	☐	☐	☐
7. I have trouble finishing things	☐	☐	☐	☐
8. I have trouble keeping myself organised	☐	☐	☐	☐
9. I do not like doing things that make me think hard	☐	☐	☐	☐
10. I lose stuff that I need	☐	☐	☐	☐
11. I get distracted by things that are going on around me	☐	☐	☐	☐
12. I forget stuff	☐	☐	☐	☐

Some life experiences and personality characteristics that may apply to you

For each item please choose one of the following alternatives:

- This is true or describes me now and when I was young
- This is true or describes me only now
- This was true only when I was young (16 years or younger)
- This was never true and never described me.

Please answer the questions according to what is/was true for you. Check only one column per statement.

	True now and when I was young	True only now	True only when I was younger than 17	Never True
1. I often don't know how to act in social situations	☐	☐	☐	☐
2. When I feel overwhelmed by my senses, I have to isolate my-self to shut them down	☐	☐	☐	☐
3. It can be very hard to read someone's face, hand, and body movements when we are talking	☐	☐	☐	☐
4. I focus on details rather than the overall idea	☐	☐	☐	☐
5. I take things too literally, so I often miss what people are trying to say	☐	☐	☐	☐
6. I get extremely upset when the way I like to do things is suddenly changed	☐	☐	☐	☐

How you interact with others

Please read each statement and decide how well it describes you based on your thoughts and behaviours over the **last six months**.

	Not at all true	Somewhat true	Quite true	Definitely true
1. I feel bad or guilty when I do something wrong	☐	☐	☐	☐
2. I do not show my emotions to others	☐	☐	☐	☐
3. I am concerned about the feel-ings of others	☐	☐	☐	☐
4. This is a quality control item, please select ‘Not at all true’	☐	☐	☐	☐
5. I do not care if I get into trouble	☐	☐	☐	☐
6. I do not care about doing things well	☐	☐	☐	☐
7. I apologise to someone if I hurt them	☐	☐	☐	☐
8. I do things to make others feel good	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

If **you are female**, please complete the following section

Otherwise, please skip to page 78 ('Alcohol').

Hormonal contraceptive use

In the following section we ask you questions about your contraceptive use, both now and in the past.

1. Which of the following forms of contraception do you use **at the moment** (*tick all that apply*)?

☐ The 'combined' pill (often referred to as simply 'the pill')

☐ A progesterone-only pill (sometimes referred to as POP or mini-pill)

☐ The contraceptive injection

☐ The coil (also known as an Intrauterine Device or Intrauterine System)

☐ Fertility awareness method (sometimes referred to as rhythm method)

☐ Fertility tracking app (e.g. Flo, Glow, etc.)

☐ Fertility tracking kit (e.g. Mira, Clearblue, etc.)

☐ Condoms

☐ Other

☐ I do not use contraception

If you **use the coil**, please answer Question 2.

If you **DO NOT USE** contraception, please answer Question 3.

2. Is this a hormonal coil such as Mirena or a non-hormonal coil (For example, the copper coil is non-hormonal)?

Yes, hormonal	No, not hormonal	Prefer not to answer
☐	☐	☐

3. Have you **ever used** a hormonal method of contraception (e.g. the mini-pill, combined pill, contraceptive injection, hormonal coil, or any other form of hormonal contraception) in the past?

Yes	No	Prefer not to answer
☐	☐	☐

If YES, please answer Question 4-5.

Otherwise, skip to Question 6.

4. What age were you when you **first started using** any sort of hormonal contraception (e.g. the mini-pill, combined pill, contraceptive injection, hormonal coil, or any other form of hormonal contraception)?

____

5. Since then, for how many years **in total** have you used any form of hormonal contraception (to the nearest year)?

____

6. Please indicate how important the following reasons are for you in your choice of **current** contraception:

	This is a major reason	This is one of the reasons	This is not a reason
To avoid becoming pregnant	☐	☐	☐
To try to reduce or regulate physical symptoms associated with your menstrual cycle	☐	☐	☐
To try to reduce or regulate emotional symptoms associated with your menstrual cycle	☐	☐	☐
To avoid the side effects associated with using other types of contraceptive meth-od	☐	☐	☐

If **you are female**, please complete the following section

Otherwise, please skip to page 78 ('Alcohol')

Premenstrual symptoms

The next questions are about how your premenstrual symptoms impact things you do everyday. Pre-menstrual symptoms refer to symptoms that occur 5-7 days before the onset of your menstrual period and go away when your menstrual period begins or shortly thereafter.

Where we ask about your premenstrual symptoms, please indicate your experiences during your **last premenstrual period**.

You are the expert on how premenstrual symptoms affect what you are able to do and how you feel. Please select the answer that best describes the impact of your premenstrual symptoms on your daily activities. If you are not sure about a question, please give the best answer you can.

1. During your **last premenstrual period**, how much of the time did you **feel frustrated** because of your premenstrual symptoms?

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

2. During your **last premenstrual period**, how much of the time did you **have mood swings** (e.g. suddenly felt sad or angry) because of your premenstrual symptoms?

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

3. During your **last premenstrual period**, how much of the time did your premenstrual symptoms **limit your ability to concentrate** on work or daily activities

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

4. During your **last premenstrual period**, how often did you **get tense** (e.g. anxiety, muscular tightness) because of your premenstrual symptoms?

Never	Rarely	Sometimes	Often	Very often
☐	☐	☐	☐	☐

5. During your **last premenstrual period**, how much of the time did your premenstrual symptoms **leave you too tired** to do work or daily activities?

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

6. During your **last premenstrual period**, how often did your premenstrual symptoms **keep you from socialising**?

Never	Rarely	Sometimes	Often	Very often
☐	☐	☐	☐	☐

The TEDS team are interested in conducting more research into the links between the use of hormonal contraceptives, the menstrual cycle, and mental health.

In preparing to do so we would like to speak to female TEDS twins about the issues that matter to you. We feel that this will better equip us to ask the questions that matter most.

Would you be happy to be contacted again to assist the TEDS team by sharing your thoughts on what we most need to know about links between hormonal contraceptives, the menstrual cycle, and mental health? For example, we may arrange a chat on the phone, focus groups, and/or online discussion forums (all confidential and all led by female researchers).

☐ Yes, please feel free to contact me about getting involved. (NB we cannot guarantee that we will contact all volunteers)

☐ No thank you, please do not contact me about this.

If you have anything you would like to add on this topic please feel free to add some text in the space below:

Alcohol

The questions in the next section are about drinking alcohol (this includes beer, wine, alcopops, cider, and spirit drinks like vodka).

1. Have you ever had a whole drink? (For example: a small bottle or half a pint of beer, a small glass of wine, or a shot of whisky, gin or vodka).

Yes	No	Prefer not to answer
☐	☐	☐

If you answered yes, please complete this section.

Otherwise, skip to the next section on page 80 ('Cannabis use')

2. How old were you the first time you had a whole drink?

Less than 10	10-12	13-15	16-18	Over 18	Prefer not to answer
☐	☐	☐	☐	☐	☐

3. Think about the occasion on which you drank the **most alcohol** you've ever had in a **24-hour period**. On that occasion, how many of **each** of the following did you drink? (Choose from the options below, for example: 3-5 pints of beer and 1-2 shots).

	0	1-2	3-5	6-10	11-15	16-20	21-25
Standard glass of wine (175ml)	☐	☐	☐	☐	☐	☐	☐
Pint of lager/beer/ cider	☐	☐	☐	☐	☐	☐	☐
Alcopop	☐	☐	☐	☐	☐	☐	☐
Single shot of spirit	☐	☐	☐	☐	☐	☐	☐

4. How often do you have a drink containing alcohol?

Never / almost never	Monthly or less	2-4 times a month	2-3 times per week	4 or more times per week
☐	☐	☐	☐	☐

For confidential advice and information about drinking, **Drinkline** runs a free helpline. Their number is: 0300 123 1110 (weekdays 9am-8pm, weekends 11am-4pm).

5. Thinking about **a typical day** when you are drinking how many of the following do you drink?

	0	1-2	3-5	6-10	11-15	16-20	21-25
Standard glass of wine (175ml)	☐	☐	☐	☐	☐	☐	☐
Pint of lager/beer/cider	☐	☐	☐	☐	☐	☐	☐
Alcopop	☐	☐	☐	☐	☐	☐	☐
Single shot of spirit	☐	☐	☐	☐	☐	☐	☐

6. Please answer the following questions about your drinking in the past year

	Never/ almost never	Less than monthly	Monthly	Weekly	Daily/ almost daily
During the past year, how often have you had **six or more units** of alcohol on one occasion? This would be drinking either a bottle of wine, 3 pints of beer/lager/cider, 6 shots of spirit or 6 alcopops.	☐	☐	☐	☐	☐
During the past year, how often have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
This is a quality control question, please select 'Less than monthly'	☐	☐	☐	☐	☐
During the past year, how often have you failed to do what was normally expected of you because of drinking (e.g., go to college/ university/work, play sport or go out with family and friends)?	☐	☐	☐	☐	☐
During the past year, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐
During the past year, how often have you had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐
During the past year, how often have you been unable to remember what happened the night before because you had been drinking?	☐	☐	☐	☐	☐

For confidential advice and information about drinking, **Drinkline** runs a free helpline. Their number is: 0300 123 1110 (weekdays 9am-8pm, weekends 11am-4pm).

7. Please answer the following questions about your drinking **in the past year**

	No	Yes, but not in the past year	Yes, once	Yes, a couple of times	Yes, frequently
During the past year have you, or has someone else, been injured as a result of your drinking?	☐	☐	☐	☐	☐
During the past year has anyone (e.g., a relative, friend or doctor) been concerned about your drinking	☐	☐	☐	☐	☐

Cannabis Use

The next questions are about cannabis (also called marijuana, hash, dope, pot, blow, skunk, puff, grass, draw, ganja, spliff, joint, smoke, weed). Please remember that your answers to all these questions are confidential. If you prefer not to answer these questions, please skip them.

1. **In the last 12 months** how often have you used cannabis?

I have never used cannabis	Not in the last 12 months	Once or twice	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐	☐	☐

If you **have smoked cannabis in the past 12 months**, please answer Questions 2-3

Otherwise, please skip to the next section on page 82 ('Nicotine Use')

2. When you smoke cannabis, **on a typical day**, how many joints/spliffs/pipes or bongs would you have?

1	2-3	4-5	6-10	More than 10
☐	☐	☐	☐	☐

For confidential advice and information on drug use, you can call the drug advice helpline **FRANK** on 0300 123 6600 (24 hours a day 365 days a year).

3. The questions below are about your use of cannabis in the **past 12 months**.

	Never/Almost never	Rarely	From time to time	Fairly often	Often
a) During the past 12 months, how often have you used cannabis before midday?	☐	☐	☐	☐	☐
b) During the past 12 months, how often have you used cannabis when you were alone?	☐	☐	☐	☐	☐
c) During the past 12 months, how often have you had memory problems when you've used cannabis?	☐	☐	☐	☐	☐
d) This is a quality control item, please select 'Fairly often'	☐	☐	☐	☐	☐
e) During the past 12 months, how often have friends or members of your family told you that you ought to reduce your cannabis use?	☐	☐	☐	☐	☐
f) During the past 12 months, how often have you tried to reduce or stop your cannabis use without succeeding?	☐	☐	☐	☐	☐
g) During the past 12 months, how often have you had problems because of your use of cannabis (an argument, fight, accident, bad result at college/university, or other problems)?	☐	☐	☐	☐	☐

For confidential advice and information on drug use, you can call the drug advice helpline **FRANK** on 0300 123 6600 (24 hours a day 365 days a year).

Nicotine Use

1. Have you ever smoked a cigarette (including roll-ups) or tried an e-cigarette/vape (even one or two puffs)?

Yes	No
☐	☐

If YES, please continue to Question 2.

If NO, please skip to page 85 ('Your Diet')

2. Do you currently smoke cigarettes (factory made or roll-ups)?

Yes	No
☐	☐

If YES, please continue to Question 3.

If NO, please skip to Question 8.

3. How many cigarettes have you smoked altogether in your lifetime?

1-10	11-50	51-100	101-250	251-500	501-1000	Over 1000
☐	☐	☐	☐	☐	☐	☐

4. How old were you when you first smoked a whole cigarette? ________________

5. How often do you smoke cigarettes?

☐ I've only tried once/a few times

☐ Less than once a month

☐ At least once a month

☐ At least once a week

☐ At least once a day

☐ Every few hours

6. On days when you smoke, how many cigarettes do you smoke?

None	10 or less	11-20	21-30	31 or more
☐	☐	☐	☐	☐

7. In the past 30 days, how often did you have a strong urge to smoke a cigarette?

- ☐ Several times a day
- ☐ Every day or most days
- ☐ At least once a week
- ☐ Less than once a week
- ☐ Never
- ☐ Don't know
- ☐ Prefer not to answer

8. Do you currently use e-cigarettes/vapes?

Yes	No
☐	☐

If YES, please continue to Question 9.

If NO, please skip to page 85 ('Your Diet')

9. How old were you when you first used an electronic cigarette or vape? ___________________

10. How long have you used electronic cigarettes for?

- ☐ Less than ones month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6 months—1 year
- ☐ 1-2 years
- ☐ More than 2 years

For confidential advice and information on smoking, including giving up smoking, Smokefree National Helpline can be reached on 0300 123 1044 (weekdays 9am-8pm, weekends 11am-4pm).

11. How often do you use electronic cigarettes?

- ☐ I've only tried once/a few times
- ☐ Less than once a month
- ☐ At least once a month
- ☐ At least once a week
- ☐ At least once a day
- ☐ Every few hours

12. Which of the following TYPES of e-cigarettes/ vaping devices have you ever tried?

- ☐ Disposable (not refillable or rechargeable) ecigarette/vaping device
- ☐ E-cigarette/vaping device with replaceable prefilled cartridges or pods
- ☐ E-cigarette/vaping device with a tank that you fill with liquid
- ☐ Don't know

13. Do you vape nicotine?

Yes	No
☐	☐

If YES, please answer to Question 14.

14. How much nicotine do the e-cigarettes, cartridges, pods, or e-liquids you currently use contain?

- ☐ 1% or lower (10mg/mL or lower)
- ☐ 1.1% to 2% (11-20 mg/mL)
- ☐ 2.1% to 5% (21-50mg/mL)
- ☐ 5.1% or higher (51 mg/mL or higher)

For confidential advice and information on smoking, including giving up smoking, Smokefree National Helpline can be reached on 0300 123 1044 (weekdays 9am-8pm, weekends 11am-4pm).

15. Is using e-cigarettes/vaping less harmful, about the same, or more harmful than smoking cigarettes?

☐ A lot more harmful than "regular" tobacco cigarettes

☐ A little more harmful than "regular" tobacco cigarettes

☐ As harmful as "regular" tobacco cigarettes

☐ A little less harmful than "regular" tobacco cigarettes

☐ A lot less harmful than "regular" tobacco cigarettes

For confidential advice and information on smoking, including giving up smoking, Smokefree National Helpline can be reached on 0300 123 1044 (weekdays 9am-8pm, weekends 11am-4pm).

Your Diet

1. Do you identify as any of the following? (Tick one only)

Vegan (no animal products)	☐
Vegetarian (no meat, no fish)	☐
Pescatarian (no meat, but eat fish and/or shellfish)	☐
None of the above	☐

2. Do you have any food allergies?

Yes	No	Prefer not to answer
☐	☐	☐

If YES, please answer Question 3.

3. Which of the following foods are you allergic to? (tick all that apply)

Peanuts ☐	Tree nuts ☐	Sesame seeds ☐	Dairy ☐	Soya ☐
Fish ☐	Eggs ☐	Wheat/gluten ☐	Shellfish ☐	Other ☐
Mustard ☐	Fruit ☐	Lactose ☐	Celery ☐	

Exercise Habits

During **a typical week**, how many minutes on average do you do the following:

	0-15 mins	16-60 mins	61-120 mins (1-2 hours)	121-180 mins (2-3 hours)	181+ mins (3+ hours)
Strenuous exercise (heart beats rapidly - including running/ jogging, football, swimming fast)?	☐	☐	☐	☐	☐
Moderate exercise (including walking fast, hiking, dancing, vigorous yoga)?	☐	☐	☐	☐	☐
This is a quality control item, please select '16-60 mins'	☐	☐	☐	☐	☐
Mild exercise (minimal effort - light yoga, bowling)?	☐	☐	☐	☐	☐

Your medical history

1. Have you **ever** been diagnosed with the following illnesses? (*Please select* <u>*ALL*</u> *that apply*)

☐ Epilepsy or convulsions
☐ Migraines
☐ Multiple sclerosis
☐ Asthma
☐ Hay fever
☐ Osteoarthritis
☐ Rheumatoid arthritis
☐ Other arthritis _______________________
☐ Drug allergy (If yes, which drug?) _________________________
☐ Any other allergy (If yes, which allergy?) ___________________
☐ Psoriasis
☐ Vitiligo
☐ Eczema
☐ Thyroid disease (if yes, please specify) ________________
☐ Inflammatory Bowel Disorder (Crohn's, Ulcerative Colitis)
☐ Coeliac disease
☐ Diabetes type 1
☐ Pain due to diabetes (diabetic neuropathy)
☐ Pain due to virus (post herpetic neuralgia)
☐ None of the above
☐ Don’t know
☐ Prefer not to answer

How you get along with people

The next questions contain a series of items related to **nine aspects of a person's life**. For each area please could you indicate which of the four statements **best** describes how things are for you **in general**.

We are keen to find out how things **generally** are for you, rather than how things might have been over recent days or weeks.

1) Being with others

☐ I **enjoy** being with other people	☐ I sometimes find it **difficult** to be with other people
☐ In general, I do **not** like being with others	☐ I do **not** like being with other people at all and do everything to **avoid** them

2) Trusting other people

☐ I have **no difficulty** trusting others	☐ At times I find it **difficult** to trust others
☐ There are **very few** people I can trust	☐ I trust **no one** and this stops me from doing things I need to do

3) Friendships

☐ I have **no difficulty** making and keeping friends	☐ I find it **difficult** to make and keep friends
☐ I have **very few** friends	☐ I have **no** friends

4) Temper

☐ I do **not** lose my temper easily	☐ I lose my temper **more easily** than others
☐ I lose my temper **easily** and this gets me into **difficult** situations	☐ I lose my temper **easily** and this has led me to **harm** myself or other people

5) Acting on impulse

☐ I **never or rarely** act on impulse	☐ I **sometimes** act on impulse
☐ Acting on impulse gets me into **trouble** with others	☐ Acting on impulse has led me to **harm** myself or other people

6) Worrying

☐ In general I am **not** a worrier	☐ I **sometimes** get worried about things that others don't
☐ I am **generally** a worrier	☐ **Constant** worrying **stops** me from doing things I need to do

7) Being organised

☐ It's **fine** with me if things are **not** well organised	☐ I dislike it when things are **not** well organised
☐ Trying to make things organised **interferes** with most thing I need to do	☐ Trying to make things organised **stops** me from doing everything

8) Caring about other people

☐ I **care** about how other people **feel**	☐ I **don't** pay much attention to whether what I do **affects** other people
☐ I **don't care** whether what I do **hurts** other people's feelings	☐ People say that I am **'cold blooded'** or **callous**

9) Self-reliance

☐ I **generally** complete the things I need to do **on my own**	☐ When tackling things, I **like** to get **help from other people**
☐ When tackling things, I generally **need help from other people**	☐ I **can't** do **anything** by myself

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Positive mood/feelings

Please rate the following statements according to how much they apply to you. Please base your ratings on your thoughts and feelings **over the last month**

	Very false	Moderately false for me	Slightly false for me	Slightly true for me	Moderately true for me	Very true
When something exciting is coming up in my life, I really look forward to it	☐	☐	☐	☐	☐	☐
When I think about eating my favourite food, I can almost taste how good it is	☐	☐	☐	☐	☐	☐
I don’t look forward to things like eating out at restaurants	☐	☐	☐	☐	☐	☐
This is a quality control item, please select 'Moderately false for me'	☐	☐	☐	☐	☐	☐
When I’m going on a day out, I can hardly wait to leave	☐	☐	☐	☐	☐	☐
I get so excited the night before a major holiday I can hardly sleep	☐	☐	☐	☐	☐	☐
When I think of something tasty, I have to have it	☐	☐	☐	☐	☐	☐
Looking forward to a pleasurable experience is in itself pleasurable	☐	☐	☐	☐	☐	☐
I look forward to a lot of things in my life	☐	☐	☐	☐	☐	☐
When ordering something off a menu, I imagine how good it will taste	☐	☐	☐	☐	☐	☐
When I hear about a new movie starring my favourite actor, I can’t wait to see it	☐	☐	☐	☐	☐	☐

If you feel distress and need urgent help or advice, please contact someone as soon as possible, such as Samaritans on 116 123 or visit the Samaritans website, or call Mind on 0300 123 3393 or visit the Mind website.

Feedback

To help the TEDS team plan future studies, we would be grateful for your help with the following feedback questions.

If you have any additional feedback/comments, please get in touch on teds-project@kcl.ac.uk

1. What motivated you to complete this questionnaire (please select all that apply)?

☐ The focus on mental health

☐ A desire to contribute to a scientific research project

☐ The £10 reward

☐ The prize draws

☐ Loyalty to TEDS—I always try to complete the questionnaires

☐ My twin had done it and encouraged me to take part

☐ Other (Please specify) ________________________

2. Were you concerned about the length of this questionnaire as specified in the invitation?

☐ Not concerned

☐ Somewhat concerned

☐ Very concerned

☐ I didn't notice the information about how long it would take

3. How you prefer to receive reminders? (select one response)

☐ Not applicable—I usually take part as soon as I receive the invitation

☐ Email

☐ Text

☐ Phone call

☐ No preference

Your Reward

Thank you so much for taking the time to complete this Mental Health Questionnaire!

Please indicate below whether you would like to receive the £10 Love2Shop reward code or whether you would like to donate some or all of it back to TEDS for further research.

☐	I would like to receive the £10 reward
☐	I would like to receive a £5 reward and donate £5 to TEDS for further research
☐	I do not require a reward, please donate the £10 back to TEDS for further research

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Thank you very much for taking the time to complete this questionnaire. We really appreciate your help.

If you have opted to receive a voucher code, we will send the code by email within the next week to 10 days.

If you have any questions, please get in touch on teds-project@kcl.ac.uk.

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. For more information and support, visit MIND (https://www.mind.org.uk/).

If you have been upset by remembering sexual violence or any other kind of abuse/crime, please contact support groups for aid or information, such as Solace Women's Aid (For urgent enquires please call 0808 802 5565), ManKind, Galop or online Victim Support.

If you are in distress and need urgent help or advice, please contact someone as soon as possible, such as the **Samaritans on 116 123**