

Appendix II

Self-report questionnaire for use of health and social service

Booklet no.

 1-4

Follow up no.

 5-6

Randomisation no.

 7-11

We would like to know whether you have had any contacts with the social services listed below and, if so, the *number of times you have had contacts with them in the last month*

Please check the diary sheet we gave you, and put '00' if you had no contact. Please put the number of times in the appropriate boxes

General practice and community nursing services

- | | | |
|---|---|-------------------------|
| Number of times you saw a GP at the surgery | <input type="text"/> <input type="text"/> | 12-13 |
| Number of times you saw a GP at your home | <input type="text"/> <input type="text"/> | 14-15 |
| Number of times you spoke to a GP on the telephone | <input type="text"/> <input type="text"/> | 16-17 |
| Number of times you saw a practice nurse at the surgery | <input type="text"/> <input type="text"/> | 18-19 |
| Number of times you saw a district nurse at your home | <input type="text"/> <input type="text"/> | 20-21 |
| Number of times you saw a counsellor at the surgery | <input type="text"/> <input type="text"/> | 22-23 |
| Number of contacts with anyone else from the practice | <input type="text"/> <input type="text"/> | 24-25 |
| Who did you see? | | <input type="text"/> 26 |
| Number of contacts with a health visitor | <input type="text"/> <input type="text"/> | 27-28 |

Social Services

- | | | |
|--|---|-------------------------|
| Number of times you saw a social worker | <input type="text"/> <input type="text"/> | 29-30 |
| Where did you see the social worker? | | <input type="text"/> 31 |
| Number of times you saw a home help | <input type="text"/> <input type="text"/> | 32-33 |
| Number of times you saw a care assistant | <input type="text"/> <input type="text"/> | 34-35 |
| Number of times you visited a Day Centre | <input type="text"/> <input type="text"/> | 36-37 |
| Number of contacts with anyone else from Social Services | <input type="text"/> <input type="text"/> | 38-39 |
| Who did you see? | | <input type="text"/> 40 |

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Psychiatric Hospital and Community Services

Number of times you saw a psychiatrist at the hospital clinic	<input type="checkbox"/> <input type="checkbox"/>	41-42
Number of times you saw a psychiatrist at your home	<input type="checkbox"/> <input type="checkbox"/>	43-44
Number of times you saw a psychologist	<input type="checkbox"/> <input type="checkbox"/>	45-46
Number of times you saw a community psychiatric nurse	<input type="checkbox"/> <input type="checkbox"/>	47-48
Number of contacts with anyone else from the psychiatric services	<input type="checkbox"/> <input type="checkbox"/>	49-50
Who did you see?	<input type="checkbox"/>	51

Other Services

Number of times you attended a Day Hospital	<input type="checkbox"/> <input type="checkbox"/>	52-53
Number of times you went to the Accident and Emergency Department	<input type="checkbox"/> <input type="checkbox"/>	54-55
Number of times you went to a hospital clinic	<input type="checkbox"/> <input type="checkbox"/>	56-57
Number of nights you spent on a hospital ward	<input type="checkbox"/> <input type="checkbox"/>	58-59
Occupational or employment health services	<input type="checkbox"/> <input type="checkbox"/>	60-61
Number of contacts with anyone else from the hospital	<input type="checkbox"/> <input type="checkbox"/>	62-63
Please say who you saw	<input type="checkbox"/>	64

We are also interested in how many times each of the following may have happened to you, regardless of whether they led you to make contact with one of the types of services listed above. If any of the following has happened, please write the number of times in the appropriate box.

How many times during the past **FOUR weeks** did you have each of the following: accidents, injuries or other mishaps?

In the street or on the roads (for example, as a driver, cyclist or pedestrian)	<input type="checkbox"/> <input type="checkbox"/>	65-66
While at work	<input type="checkbox"/> <input type="checkbox"/>	67-68
In your home (e.g., a fall, a burn etc.)	<input type="checkbox"/> <input type="checkbox"/>	69-70
While taking your medication (i.e., took too many pills by mistake)	<input type="checkbox"/> <input type="checkbox"/>	71-72

Please give a brief description of things that happened which you have included above

73-74

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Booklet no.

 75-78

Follow up no.

 79-80

Randomisation no.

 81-85

We know from experience that some people suffering from depression are tempted to take an overdose or otherwise try to harm themselves. We hope that this does not apply to you, but if it does we are keen to know about it. Of course this information will, as always, be treated in the strictest confidence.

Please do not count accidents covered under the previous question

Have you taken an overdose in the past **FOUR weeks**? Yes No times
 If yes, please write the number of times in the boxes
 1 2

86/1/2
87-88

Have you done anything else to try to harm yourself in the past **FOUR weeks**? If yes, please write the number of times in the boxes Yes No times
 1 2

89/1/2
90-91

On how many days during the past **FOUR weeks** were you unable to carry out your normal daily activities (e.g., housework, hobbies, go to work) because of ill health? days

92-93

Please could you write today's date in the boxes:

Day Month Year
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94-101

Interview/post

Interview Post
 1 2

102/1/2

Interviewer

JM JC AT Other
 1 2 3 4

103/1/2/3/4

One month/3 month questionnaire

1 month 3 month
 1 2

104/1/2

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