

1. Please tell us about the services you have used in the last 3 months

a. Have you seen your GP for depression in the last 3 months? Yes No
If yes How many times.....

b. Have you seen your GP for other reasons in the last 3 months? Yes No
If yes How many times.....

c. Have you seen the Practice Nurse for depression in the last 3 months? Yes No
If yes How many times.....

d. Have you seen the Practice Nurse for other reasons in the last 3 months? Yes No
If yes How many times.....

e. Has your GP given you a prescription for medicine for depression in the last 3 months?
Yes No
If Yes, what is this medicine called?.....

f. Are you taking any other medication? Yes No
If yes what is this for? (Please tick **all** boxes that are applicable)
Pain Digestion Allergies Chest or breathing
Heart Diabetes Arthritis/Joints Infection/Antibiotic
Blood pressure/cholesterol Contraceptive pill Other

g. Have you stayed in hospital because of your depression in the last 3 months? Yes No
If yes How many days in total.....

h. Have you stayed in hospital for other reasons in the last 3 months? Yes No
If yes How many days in total.....

2. Have you used any of the following services in the last 3 months?

- a. Hospital outpatient clinic for depression Yes No **If yes** how often?.....
- b. Hospital outpatient clinic for other reasons Yes No **If yes** how often?.....
- c. A&E or Minor Injuries Unit Yes No **If yes** how often?.....

- d. Psychiatrist (excluding hospital clinic) Yes No **If yes** how often?.....
- e. Psychologist Yes No **If yes** how often?.....
- f. Counsellor Yes No **If yes** how often?.....
- g. Community psychiatric nurse Yes No **If yes** how often?.....
- h. Other community nurse Yes No **If yes** how often?.....
- i. Psychotherapist Yes No **If yes** how often?.....
- j. Alternative therapist (shiatsu, reiki, etc) Yes No **If yes** how often?.....
- k. Social worker Yes No **If yes** how often?.....
- l. Solicitor /lawyer Yes No **If yes** how often?.....
- m. Self-help group Yes No **If yes** how often?.....
- n. Citizens Advice Bureau Yes No **If yes** how often?.....
- o. Telephone Help-Line Yes No **If yes** how often?.....

Have you used any services that are not listed above? Please tell us what services these were and how often you used them.....

.....

3. Now, please tell us something about yourself
--

a. Ethnic Group (please tick **one** box)

I do not wish to answer

Asian – Middle East Asian – Oriental Asian – other

Black – African Black – Caribbean Black – other

White – UK White – Irish White – other

Other (please state)

b. What is your marital status? (please tick **one** box)

Married Divorced Separated Single Cohabiting Widowed

c. Who do you live with at the moment? (please tick **one** box)

Living alone Living with partner/children Living with parents

Living in a hostel, residential home or similar Other (please specify)

d. If you live in a house or a flat, is it ...? (please tick **one** box)

Owner-occupied Rented Temporary Accommodation

How many adults and children live here?AdultsChildren under 16 years

e. Are you a carer for anyone else? Yes No

4. Apart from the people you live with, have any family members or friends visited you in the last 3 months to help out or to keep you company? (This might include DIY jobs or gardening, taking you shopping or to the doctors, helping with your medicine or to look after yourself, or helping with housework or cooking.)

If yes:

How often have they visited you to help with these tasks?.....

How long do they spend with you on these visits?.....

4. Now, please tell us something about your daily life

a. Which of the following best describes your work situation? (please tick one box)

- Paid employment Volunteer work Primary homemaker
Long-term sick Unemployed Student Retired

b. If you are in paid employment or volunteer work please answer these questions.

What is your job/occupation?

How many hours a week do you usually work in this job? (please tick one box)

- More than 30 hours a week Less than 30 hours a week

In the last 3 months

Have you had any days 'off sick' because of your depression? Yes No

If yes How many days?.....

Have there been any days when your depression meant that you felt you couldn't work as well as you usually do? Yes No

If yes How many days?.....

c. If you are retired, not employed, a homemaker or a student, please answer these questions.

In the last 3 months

Have there been any days when your depression meant that you felt you couldn't take part in your usual activities? Yes No

If yes How many days?.....

Have there been any days when your depression meant you felt you couldn't do things as well as you usually do? Yes No

If yes How many days?.....

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE BOOKLET