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
The ProCEED Trial                  Participant Study Number
CSRI: Baseline

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
Cohabitating
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? ......Adults ......Children 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