Baseline and 12 months questionnaires

Baseline questionnaire

Weight loss in Men study (Game of Stones)

Private and confidential

Thank you for taking the time to fill out this questionnaire. We are interested in the weight loss experience of men included in this study. Please answer every question as honestly as you can. For most questions there are no right or wrong answers so please answer the questions as best as you can.

Participant ID	
Participant initials	
Researcher name	
Today's date	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

Section 1: Weight History

This section asks about your weight and any weight changes you may have experienced.

What is *the most* you have ever weighed since reaching your current height?
_____ stones _____ pounds OR _____ kilograms

What is *the least* you have ever weighed since reaching your current height?
_____ stones _____ pounds OR _____ kilograms

What is your *ideal* weight?
_____ stones _____ pounds OR _____ kilograms

How much weight do you want to lose in the next 12 months by participating in this study?
_____ stones _____ pounds OR _____ kilograms

How confident are you in your ability to lose weight? *(Please circle one)*	**Not confident**						**Very confident**
	1	2	3	4	5	6	7

How confident are you in your ability to keep lost weight off in the long term? *(Please circle one)*	**Not confident**						**Very confident**
	1	2	3	4	5	6	7
How important is losing weight for you at the moment? *(Please circle one)*	**Not important**						**Very important**
	1	2	3	4	5	6	7

I plan to lose weight because: *(Please circle one for each)*	**Not True**						**True**
… I feel like it is the best way to help myself	1	2	3	4	5	6	7
… People will like me better when I weigh less	1	2	3	4	5	6	7
… It feels important to me personally to weigh less	1	2	3	4	5	6	7
… Being overweight makes it hard to do many things	1	2	3	4	5	6	7
… It will bring me financial benefits	1	2	3	4	5	6	7
… I don't like the way I look	1	2	3	4	5	6	7

How many times in your life have you changed your eating and/or activity for longer than a week to try to lose weight?
_____ times

The following items describe ways that some people use to manage their weight. Please indicate how often you <u>CURRENTLY</u> (over the past month) do these?	**Often**	**Sometimes**	**Never/rarely**
Plan your meals ahead of time?	☐	☐	☐
Try to slow down your pace of eating?	☐	☐	☐
Keep a record of what you eat and drink?	☐	☐	☐
Control your portion size?	☐	☐	☐
Follow a consistent exercise routine or increased your physical activity?	☐	☐	☐
Eat regularly?	☐	☐	☐

During the past 7 days, on how many days did you weigh yourself?							
Days:							
none	1	2	3	4	5	6	7

Have you done any of the following over the last 3 months? *(Please tick one for each row)*	**Not at all**	**1-2 times a month**	**About weekly**	**Every day or most days**
tried to limit what you eat or drink to try to lose weight?	☐	☐	☐	☐
done an exercise workout (including video/ DVD workouts) at home?	☐	☐	☐	☐
attended a commercial weight loss programme (e.g. Weight Watchers)?	☐	☐	☐	☐
attended a gym, leisure centre or local sport facility to swim or take part in other physical activity sessions?	☐	☐	☐	☐

attended a weight-reduction clinic at your GP surgery or another NHS setting?	☐	☐	☐	☐

Is there anything else you have done over the last 3 months to try to lose weight?... *(Please tick one*)

Yes ☐ If yes please specify:

No ☐

Section 2: Health and Behaviours

We would like to know how good or bad your health is TODAY.

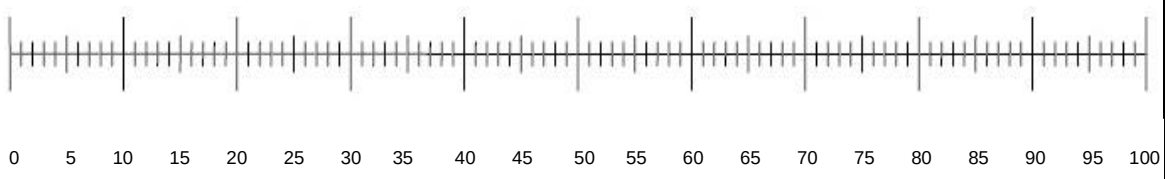
This scale is numbered from 0 to 100.
100 means the best health you can imagine.
0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

The worst health you

The best health you



Your Score _____

Under each heading please tick the ONE box that best describes your health TODAY.

Mobility	
I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

Self-care	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

Usual Activities *(e.g. work, study, housework, family or leisure activities)*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

Pain/ Discomfort	
I have no pain or discomfort	☐
I have slight pain or discomfort	☐
I have moderate pain or discomfort	☐
I have severe pain or discomfort	☐
I have extreme pain or discomfort	☐

Anxiety/ Depression	
I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

During <u>the last 7 days</u>, on how many days did you do *vigorous* physical activities like heavy lifting, digging, aerobics, or fast cycling?
(Please circle one)

Vigorous physical activities are activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

Days per week:

0	1	2	3	4	5	6	7

During the <u>last 7 days</u>, on how many days do you do *moderate* physical activities like carrying light loads, bicycling at a regular pace, or walking? *(Please circle one)*

Moderate activities are activities that taken moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

Days per week:

0	1	2	3	4	5	6	7

This question is about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting..

..On a week day?	..On a weekend day?
_____ hours	_____ hours
_____ minutes	_____ minutes

Do you own a step-counter? *(Please tick one)*

Yes ☐ No ☐

If yes, how often do you use your step-counter? *(Please tick one)*

Less than once a month	☐
Once a month	☐
Once a week	☐
A few times a week	☐
Everyday	☐

During the last month, how many days did you usually have any kind of drink containing alcohol? *(Please tick one)*

Everyday	☐
5 to 6 times a week	☐
3 to 4 times a week	☐
Twice a week	☐
Once a week	☐
2 to 3 times a month	☐
Once a month	☐
Never	☐

Do you currently smoke or have you ever smoked? *(Please tick one)*

Yes, I currently smoke every day	☐
Yes, I currently smoke, but not every day	☐
Yes, I used to smoke but have quit	☐
No, I have never smoked	☐

How many portions of fruit and vegetables (including pulses, salad, vegetables, fruit juices and fresh, dried and canned fruit) did you eat yesterday? *(Please circle one)*

Portions of fruit and vegetables	none	1	2	3	4	5	6	7+

Eating fruits and vegetables is something… *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7

Being physically active is something… *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7

Do you find any of these foods tempting (that is, do you want to eat more of them than you think you should)? *(Please tick those which apply)*

☐	Chocolate	☐	Fizzy drinks	☐	Pizza
☐	Crisps	☐	Biscuits	☐	Fried foods
☐	Cakes	☐	Sweets	☐	Chips
☐	Ice cream	☐	Popcorn	☐	Other foods
☐	Bread/toast	☐	Pastries	☐	I don't find any food tempting
☐	If you have ticked other foods, please specify:				

Do you intend NOT to eat too much of these foods you find tempting in the previous question? *(Please tick one)*

Yes ☐ No ☐

Do you intend to have a healthy diet? *(Please tick one)*

Yes ☐ No ☐

or the next few questions, please, understand that:

- ‘Tempting foods’ are any food you want to eat more of than you think you should.

- ‘Eating intentions’ refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

Please read the following statements and tick the boxes most appropriate to you	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Please look at the list of NHS Services below

Please tick NO or YES. If you tick 'yes' for any of the services, please give the number of times you have used the service in the LAST 3 MONTHS.

The example shows: two visits to the Dentist in last 3 months

Over the LAST 3 MONTHS, have you used any of the following NHS Services?

	No	Yes	Number of visits
Example: Dentist	☐	☑ →	**2**
Your GP or another GP	☐	☐ →	
Nurse	☐	☐ →	
Doctor or nurse in an emergency department (causality/ A&E)	☐	☐ →	
Outpatient appointments	☐	☐ →	
	No	**Yes**	**Number of days spent in hospital**
Inpatient stay	☐	☐ →	

Below are some statements about feelings and thoughts

Please tick the box that best describes your experience of each over the **last 2 weeks**	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐

I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐

Section 3: Demographics

What is your Date of Birth? __ __ /__ __ /__ __ __ __ (dd/ mm/yyyy)

What is your current marital status? *(Please tick one)*	
Single	☐
Cohabiting	☐
Married (including civil partnership)	☐
Separated	☐
Divorced	☐
Widowed	☐
Prefer not to say	☐

Has a doctor ever told you that you have/had? *(Please tick all that apply)*	
A stroke (including mini-stroke)	☐
High blood pressure	☐

A heart attack	☐
Diabetes	☐
Cancer	☐
Arthritis	☐

What is your ethnic group? *(Please tick one*)	
White	☐
Mixed/ multiple ethnic groups	☐
Asian/ Asian British	☐
Black/ African/ Caribbean/ Black British	☐
Other ethnic group	☐
Prefer not to say	☐

Do you have any children? Please include any children who are grown up now, and any children who do not live with you. *(Please tick one)*

Yes ☐	No ☐

Which, if any, is the highest educational or professional qualification you have obtained? *(Please tick one*)	
Standard Grade/GCSE/ Intermediate 1 or 2	☐
Vocational qualifications (=SVQ1+2)	☐
Higher Grade/ Advanced Higher/ A-Level or equivalent (=SVQ3)	☐
HNC/ HND or equivalent (=SVQ4)	☐
Bachelor Degree or equivalent (=SVQ5)	☐
Masters/ PhD or equivalent	☐

Other	☐
No formal qualifications	☐
Still studying	☐
Prefer not to say	☐

Which of the following best describes your current working status? *(Please tick one*)	
Have paid job - Full time (30+ hours per week)	☐
Have paid job - Part time (8-29 hours per week)	☐
Have paid job - Part time (Under 8 hours per week)	☐
Not working – house husband	☐
Self-employed	☐
Full time student	☐
Unemployed and seeking work	☐
Retired	☐
Not in paid work for other reason	☐
Not in paid work because of long term illness or disability	☐
Prefer not to say	☐

What is the total number of people in your household including yourself and any children? *(Please circle or tick one)*								
1	2	3	4	5	6	7	8	9+
Prefer not to say						☐		

Weight loss in Men study

(Game of Stones)

12 month Intervention Group

Private and confidential

Thank you for taking the time to fill out this questionnaire. We are interested in the weight loss experience of men included in this study. Please answer every question as honestly as you can. For most questions there are no right or wrong answers so please answer the questions as best as you can.

Participant ID	
Participant initials	
Researcher name	
Today's date	_ _ / _ _ / _ _ _ _ **e.g. 05 / 01 / 2017**

Section 1: Programme experience

On a scale from 0 (not satisfied at all) to 100 (completely satisfied). How satisfied are you with the Game of Stones programme?

Not satisfied at

Completely satisfied

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

My overall satisfaction score is _____

Overall the Game of Stones programme was…

	I totally disagree	I somewhat disagree	Neither agree or disagree	I somewhat agree	I totally agree
Understandable	☐	☐	☐	☐	☐
Useful	☐	☐	☐	☐	☐
Helpful	☐	☐	☐	☐	☐
Interesting	☐	☐	☐	☐	☐
Relevant	☐	☐	☐	☐	☐

How helpful do you find the following in helping you lose weight?

	Totally unhelpful	Somewhat unhelpful	Neither helpful or unhelpful	Somewhat helpful	Totally helpful
Text messages	☐	☐	☐	☐	☐
Website	☐	☐	☐	☐	☐
Pedometer	☐	☐	☐	☐	☐

Have you met any other men that are in this study? *(Please tick one)*	
Yes ☐	No ☐

Have you shown anyone the text messages? *(Please tick one)*	
Yes ☐	No ☐

Have you been using the step-counter you were given? *(Please tick one)*	
Never	☐
Less than once a month	☐
Once a month	☐
Once a week	☐
A few times a week	☐
Everyday	☐

Who have you told that you are taking part in a programme to lose weight? *(Please tick all that apply)*	
No-one	☐
Partner	☐
Child/ children	☐
Parent/ guardian	☐
Other family members	☐
Friends	☐
Flatmate	☐
Work colleague	☐
Other: *(please specify)*:	☐

_____

Since joining this programme I have: *(Please circle one for each)*	**Strongly Disagree**						**Strongly Agree**
… told people that I am taking part in a weight loss programme	1	2	3	4	5	6	7
… talked to people about trying to lose weight o in a weight loss programme	1	2	3	4	5	6	7
… been asked about my taking part in a weight loss programme, without me mentioning it first	1	2	3	4	5	6	7
… become aware that people know that I am taking part in a weight loss programme	1	2	3	4	5	6	7
… become aware that people talk about my taking part in a weight loss programme, even when I am not around	1	2	3	4	5	6	7

Section 2: Weight

This section asks about your weight and any weight changes you may have experienced.

Given the effort you put into losing weight, how happy are you with your progress at the moment? *(Please circle one)*	**Very unhappy**						**Very happy**
	1	2	3	4	5	6	7

How confident are you in your ability to lose weight? *(Please circle one)*	**Not confident**	**Very confident**

	1	2	3	4	5	6	7

How confident are you in your ability to keep lost weight off in the long term? *(Please circle one)*	**Not confident**						**Very confident**
	1	2	3	4	5	6	7

How important is losing weight for you at the moment? *(Please circle one)*	**Not important**						**Very important**
	1	2	3	4	5	6	7

If my weight stays the same for the next 3 months I would be happy, even if I don't lose any. *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
	1	2	3	4	5	6	7

If my weight stays the same for the next 3 months I would consider it a success, even if I don't lose any. *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
	1	2	3	4	5	6	7

I am trying to maintain my weight loss at the moment rather than trying to lose more weight. *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
	1	2	3	4	5	6	7

I plan to lose weight because: *(Please circle one for each)*	**Not True**						**True**
… I feel like it is the best way to help myself	1	2	3	4	5	6	7
… People will like me better when I weigh less	1	2	3	4	5	6	7
… It feels important to me personally to weigh less	1	2	3	4	5	6	7
… Being overweight makes it hard to do many things	1	2	3	4	5	6	7
… It will bring me financial benefits	1	2	3	4	5	6	7
… I don't like the way I look	1	2	3	4	5	6	7

The following items describe ways that some people use to manage their weight. Please indicate how often you <u>CURRENTLY</u> (over the past month) do these? *(Please tick one for each row)*	**Often**	**Sometimes**	**Never/rarely**
Plan your meals ahead of time?	☐	☐	☐
Try to slow down your pace of eating?	☐	☐	☐
Keep a record of what you eat and drink?	☐	☐	☐
Control your portion size?	☐	☐	☐
Follow a consistent exercise routine or increased your physical activity?	☐	☐	☐
Eat regularly?	☐	☐	☐

During the past 7 days, on how many days did you weigh yourself?
(Please circle one)

Days per week:

0 1 2 3 4 5 6 7

The below questions ask you about your weight loss in the last 3 months.

(Please tick one for each)

In the last 3 months I was…	**Strongly disagree**	**disagree**	**agree**	**Strongly agree**
motivated to lose weight	☐	☐	☐	☐
tired most of the time	☐	☐	☐	☐
stressed most of the time	☐	☐	☐	☐
hungry most of the time	☐	☐	☐	☐
having to think a lot about my weight loss plan	☐	☐	☐	☐
following my weight loss plan without having to think much about it	☐	☐	☐	☐
satisfied with the results of my weight loss	☐	☐	☐	☐
enjoyed following my weight loss plan	☐	☐	☐	☐
doing things which conflicted with my weight loss plan	☐	☐	☐	☐
doing things which helped me with my weight loss plan	☐	☐	☐	☐
supported by my friends and family to stick to my weight loss plan	☐	☐	☐	☐
in places and situations that made it difficult to follow my weight loss plan	☐	☐	☐	☐

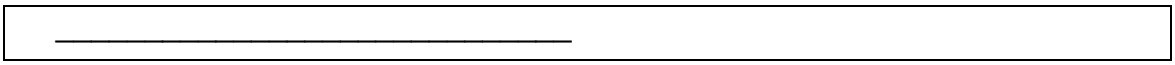
Have you done any of the following over the last 3 months? *(Please tick one for each row)*	**Not at all**	**1-2 times a month**	**About weekly**	**Every day or most days**
tried to limit what you eat or drink to try to lose weight	☐	☐	☐	☐
done an exercise workout (including video/ DVD workouts) at home?	☐	☐	☐	☐
attended a commercial weight loss programme (e.g. Weight Watchers)	☐	☐	☐	☐
attended a gym, leisure centre or local sport facility to swim or take part in other physical activity sessions?	☐	☐	☐	☐
attended a weight-reduction clinic at your GP surgery or another NHS setting?	☐	☐	☐	☐

Is there anything else you have done over the last 3 months to try to lose weight?... *(Please tick one*)

Yes ☐ If yes please specify:

No ☐

Who lives in your household? *(Please tick all that apply)*	
I live alone	☐
Partner	☐
Children	☐
Parents	☐
Friends	☐
Other *(please specify who)*	☐



Over the past 3 months, I have been trying to lose weight …*(Please tick all that apply)*	
…by myself	☐
…with my partner	☐
…with another family member	☐
…with a friend/ friends	☐
…with my flatmate	☐
…with a work colleague/s	☐
…with someone else: (*please specify)* _____	☐

Section 3: Health and Behaviours

We would like to know how good or bad your health is TODAY.

100 means the best health you can imagine.

0 means the worst health you can imagine.

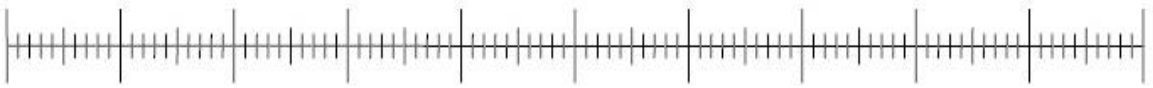
This scale is numbered from 0 to 100.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

The worst health you

The best health you



0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Your Score _____

Under each heading please tick the ONE box that best describes your health TODAY.

Mobility

I have no problems in walking about	☐
I have slight problems in walking about	☐
I have moderate problems in walking about	☐
I have severe problems in walking about	☐
I am unable to walk about	☐

Self-care	
I have no problems washing or dressing myself	☐
I have slight problems washing or dressing myself	☐
I have moderate problems washing or dressing myself	☐
I have severe problems washing or dressing myself	☐
I am unable to wash or dress myself	☐

Usual Activities *(e.g. work, study, housework, family or leisure activities)*	
I have no problems doing my usual activities	☐
I have slight problems doing my usual activities	☐
I have moderate problems doing my usual activities	☐
I have severe problems doing my usual activities	☐
I am unable to do my usual activities	☐

Pain/ Discomfort	
I have no problems pain or discomfort	☐
I have slight problems pain or discomfort	☐
I have moderate problems pain or discomfort	☐
I have severe problems pain or discomfort	☐
I have extreme pain or discomfort	☐

Anxiety/ Depression

I am not anxious or depressed	☐
I am slightly anxious or depressed	☐
I am moderately anxious or depressed	☐
I am severely anxious or depressed	☐
I am extremely anxious or depressed	☐

During the <u>last 7 days</u>, on how many days do you do *vigorous* physical activities like heavy lifting, digging, aerobics, or fast cycling? *(Please circle one)*

Vigorous physical activities are activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

Days per week:

0 1 2 3 4 5 6 7

During the <u>last 7 days</u>, on how many days do you do *moderate* physical activities like carrying light loads, bicycling at a regular pace, or walking?

(Please circle one)

Moderate activities are activities that taken moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

Days per week:

0 1 2 3 4 5 6 7

This question is about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting..

..On a week day?	..On a weekend day?
_____ hours	_____ hours
_____ minutes	_____ minutes

During the <u>last month</u>, how many days did you usually have any kind of drink containing alcohol? *(Please tick one)*

Everyday	☐
5 to 6 times a week	☐
3 to 4 times a week	☐
Twice a week	☐
Once a week	☐
2 to 3 times a month	☐
Once a month	☐
Never	☐

Do you currently smoke or have you ever smoked? *(Please tick one*)

Yes, I currently smoke every day	☐
Yes, I currently smoke, but not every day	☐
Yes, I used to smoke but have quit	☐

No, I have never smoked	☐

How many portions of fruit and vegetables (including pulses, salad, vegetables, fruit juices and fresh, dried and canned fruit) did you eat yesterday? *(Please circle one)*

Portions of fruit and vegetables	none	1	2	3	4	5	6	7+

Eating fruits and vegetables is something… *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7

Being physically active is something… *(Please circle one)*	**Strongly Disagree**						**Strongly Agree**
I do automatically	1	2	3	4	5	6	7

Do you find any of these foods tempting (that is, do you want to eat more of them than you think you should)? *(Tick those which apply)*

☐	Chocolate	☐	Fizzy drinks	☐	Pizza
☐	Crisps	☐	Biscuits	☐	Fried foods
☐	Cakes	☐	Sweets	☐	Chips
☐	Ice cream	☐	Popcorn	☐	Other foods
☐	Bread/toast	☐	Pastries	☐	I don't find any food tempting
☐	If you have ticked other foods, please specify:				

Do you intend NOT to eat too much of these foods you find tempting in the previous question? *(Please tick one)*	
Yes ☐	No ☐

Do you intend to have a healthy diet? *(Please tick one)*

Yes ☐ No ☐

For the next few questions, please, understand that:

- 'Tempting foods' are any food you want to eat more of than you think you should.

- 'Eating intentions' refer to the way you are aiming to eat, for example you may intend to avoid tempting foods or eat healthy foods.

Please read the following statements and tick the boxes most appropriate to you	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
I give up too easily on my eating intentions	☐	☐	☐	☐	☐
I'm good at resisting tempting food	☐	☐	☐	☐	☐
I easily get distracted from the way I intend to eat	☐	☐	☐	☐	☐
If I am not eating in the way I intend to I make changes	☐	☐	☐	☐	☐
I find it hard to remember what I have eaten throughout the day	☐	☐	☐	☐	☐

Please look at the list of NHS Services below

Please tick NO or YES. If you tick 'yes' for any of the services, please give the number of times you have used the service in the LAST 3 MONTHS.

The example shows: two visits to the Dentist in last 3 months

Over the LAST 3 MONTHS, have you used any of the following NHS Services?

	No	**Yes**	**Number of visits**
Example: Dentist	☐	☑ →	**2**

Your GP or another GP	☐	☐ →	
Nurse	☐	☐ →	
Doctor or nurse in an emergency department (causality/ A&E)	☐	☐ →	
Outpatient appointments	☐	☐ →	
	No	**Yes**	**Number of days spent in hospital**
Inpatient stay	☐	☐ →	

Below are some statements about feelings and thoughts

Please tick the box that best describes your experience of each over the **last 2 weeks**	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident	☐	☐	☐	☐	☐

I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful	☐	☐	☐	☐	☐