

UK Biobank

Mental well-being web questionnaire

Version 1.1

<http://www.ukbiobank.ac.uk/>

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This document details the rationale and procedure for administration of the mental well-being questionnaire for UK Biobank.

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1. Introduction – scientific rationale

In January 2015, approximately 50 delegates contributed to a workshop that was held to identify how UK Biobank could be used to research mental health conditions. A smaller Expert Working Group was then convened to devise a mental health questionnaire which focused predominantly on the most common mental disorders – depression, anxiety and harmful alcohol use. It also included a number of initial screening questions in order to identify participants with and without past or present disorders and questions on major environmental exposures for mental disorders, such as past trauma, childhood exposure to adverse events and substance use. Given that much genetic research into mental health conditions focuses on the comparison of people who have had at least one episode over their lifetime with those who have not, the questionnaire captured both current and lifetime mental disorders and symptoms. First invitations to complete this questionnaire were sent to UK Biobank participants in July 2016 and the questionnaire was completed by over 170,000 participants. To date, 157 items of data have been made available [here](#).

Building on the success of this first mental health questionnaire (referred to as MHQ1 in Section 3 of this document), the subsequent mental well-being questionnaire (the second UK Biobank mental health questionnaire) described in this document was designed to be answered by all participants regardless of whether they completed the first questionnaire. It included some questions repeated from the first mental health questionnaire and some new questions on areas of interest.

The aims of the mental well-being questionnaire were:

- To obtain more information about disorders known to be common in the UK Biobank cohort’s age groups, especially depression, where questions were added to allow

researchers to sub-type this heterogeneous disorder by symptoms and treatment response.

- To probe some mental disorders where little was known about this age group, including panic disorder and eating disorders. Panic disorder diagnosis was self-reported by a significant number in the first UK Biobank mental health questionnaire, and the aim was therefore to verify this against formal diagnostic criteria. Eating disorder diagnosis was not widely reported in the first questionnaire, but such disorders were known to be under-diagnosed in this population.
- To provide further environmental context, given that more than a decade had passed since UK Biobank enquired about participants' living conditions and social engagement at the baseline assessment yet issues such as bereavement and abusive relationships remain very relevant to the development of mental disorder symptoms.

As with the previous mental health questionnaire, this mental well-being questionnaire was based on a version of the Composite International Diagnostic Interview (CIDI), which assesses people against DSM-IV criteria for lifetime mental health disorders and has been altered for self-completion (CIDI-Short Form-Lifetime Version for depression and anxiety disorders)^{1,2}. For current disorders, this questionnaire used the tools for depression and anxiety recommended by the International Alliance of Mental Health Research Funders' Common Measures Board for Mental Health Science (<https://iamhrf.org/projects/driving-adoption-common-measures>). The CIDI-Short Form-Lifetime Version and eating disorder questionnaire were both developed alongside the International Psychiatric Genomics Consortium and have already been integrated into other studies to promote comparability between studies.

2. List of contributors

a. Questionnaire authors

All members of the Mental Health Outcomes Consortium were involved in the initial discussions (see Section 2c below).

Particular contributors were:

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- Thalia Eley, PhD, (i) King's College London, Institute of Psychiatry, Psychology and Neuroscience; (ii) South London and Maudsley NHS Foundation Trust (anxiety disorders)
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- Ann John, MD, Swansea University Medical School (self-harm)
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- Daniel J. Smith, MD, (i) University of Edinburgh, Division of Psychiatry; (ii) NHS Lothian (mood disorders)
- Stan Zammit, PhD, (i) University of Bristol Medical School; (ii) Cardiff University School of Medicine (unusual experiences & cannabis)

b. Acknowledgements

This research was reviewed by a team of people with experience of mental health difficulties and their carers who have been specially trained to advise on research proposals and documentation through the Feasibility and Acceptability Support Team for Researchers (FAST-R): a free, confidential service in England provided by the National Institute for Health

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c. Mental Health Outcomes Consortium

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3. Content

The following table provides details of the tools/scales used in the mental well-being questionnaire. [R] denotes a phenotype repeated from the first UK Biobank mental health questionnaire.

Domain	Source/tool	Notes about source/tool	Phenotypes defined
Screening questions	Devised by the study team	Repeated from MHQ1. Changes made to distinguish panic attacks from panic disorder, provide more precise categories for eating disorders and add post-traumatic stress disorder.	Any self-report (SR) diagnosis Any SR anxiety disorder Any SR eating disorder
Family history questions	Devised by the study team,	Based on questions in GLAD and SHARE	Known family history of mental health conditions
Current depression	Patient Health Questionnaire 9-question version (PHQ-9) ^{3,4}	Maps on to criteria for DSM-IV major depressive disorder. These questions have been asked multiple times in different UKB questionnaires, but this is correct given that depression is a very common and fluctuating disorder.	PHQ-9 derived depression (symptoms) [R] PHQ-9 full score (score) [R] Current depression case [R] Current depression control [R] Current depression or subthreshold depression (case variant) Current more severe depression (case variant) [R]
Lifetime depression	CIDI-SF (Composite International Diagnostic Interview – Short Form) ^{1,2} , depression module, lifetime version Supplemented by depression	The CIDI-SF component is a repeat from MHQ1. Maps on to DSM-IV major depressive disorder. Lifetime version by Doug Levinson. Questions to evaluate subtype of depression are based on questions used in GLAD and SHARE.	Depression ever case [R] Depression ever control [R] Depression and subthreshold depressive symptoms ever (case variant) Repeated case variants [R]: Single episode unipolar depression;

	subtype questions		Recurrent unipolar depression; Single episode unipolar depression triggered by event; Post-natal depression Other case variants: Worst episode melancholic features; Worst episode atypical features
Antidepressant and therapy response	Devised by the study team	Based on questions in GLAD and SHARE. The antidepressants probed are those most commonly reported in the UKB baseline assessment, although not necessarily for depression.	Medication helped Non-medication therapy helped
Lifetime manic symptoms	Devised by the study team based on CIDI questions	Maps on to DSM-IV mania and bipolar disorder. These questions were also included in MHQ1, and in the baseline assessment for the last one-third of UK Biobank participants.	Hypomania/Mania Ever (symptoms) Mania Ever (symptoms) Bipolar affective disorder type I Case [R] Bipolar affective disorder Control [R] Wider bipolar spectrum (case variant)
Current anxiety disorder	Generalised Anxiety Disorder Questionnaire – 7 questions (GAD-7) ^{4,5}	A tool commonly used in research and clinical practice with PHQ-9. Maps on to DSM-IV generalised anxiety disorder, but is also raised in other anxiety disorders. Repeat from MHQ1.	GAD-7 full score [R] GAD-7 derived anxiety disorder case
Lifetime anxiety disorder (panic)	CIDI-SF ^{1,2} , panic disorder, lifetime version	Maps on to DSM panic disorder, which is the second most common anxiety disorder after generalised anxiety disorder (which was captured in MHQ1).	Panic attack ever (symptom) Panic disorder ever case
Adverse events in childhood	Childhood Trauma Screener – 5 item (CTS-5) ⁶	Short version of the Childhood Trauma Questionnaire, designed for adults to rate adverse events that may have happened in childhood. Repeat from MHQ1.	Childhood adverse events [R]

Adverse events in adulthood	Devised by the study team, based on existing questions from the Adult Psychiatric Morbidity Survey and the National Crime Survey	Combines questions to identify victims of crime and adult domestic violence, along with some other stressful situations and bereavement ⁷ .	Adult abuse events Adverse events 12 months
Alcohol use	Alcohol Use Disorders Identification Test (AUDIT) ⁸	Developed by the WHO and extensively used and studied for alcohol use disorders, including hazardous, harmful and dependent drinking.	AUDIT full score [R] Harmful drinking (12 month) case [R] Hazardous / harmful alcohol use (12 month) case
Cannabis use	Devised by the study team	Times used and frequency used when using.	Cannabis use ever [R] Daily cannabis use ever [R]
Self-harm and suicidal thoughts	Devised by the study team	There were no instruments that were considered adequate, especially in terms of distinguishing between self-harm without suicidal intent and suicide attempts. The working group devised a set of questions, working with a service user group on acceptability.	Life not worth living ever [R] Harm to self ever case [R] Harm to self (12 month) case Suicide attempt ever [R]
Eating Disorders	Devised by the PGC eating disorder group, shortened by study team	Maps on to DSM eating disorders.	Extended anorexia phenotype Anorexia nervosa Anorexia nervosa binge-eating/purging subtype Anorexia nervosa restricting subtype Extended binge-eating phenotype Bulimia nervosa Binge-eating disorder (ICD-11/DSM-5)

			Extended purging phenotype Purging disorder
General health and functioning	EQ-5D-5L ⁹	Used elsewhere with the UK Biobank cohort in questionnaire on pain.	EQ-5D and VAS (visual-analogue score)
COVID-19 screening	Devised by the study team	Participant suspicion, month of illness, recovery.	Symptomatic COVID Subjective long COVID
Social situation	Taken from UKB baseline questionnaire	Asks about cohabitation, social contact, employment status.	Social isolation [R, baseline] Virtually connected
Loneliness questions	Abbreviated UCLA loneliness scale	As used in the 1946 cohort (ELSA ¹⁰).	Short scale UCLA Loneliness Score
Brief resilience scale	Brief Resilience Scale ¹¹	Assesses participants' report on different aspects of resilience.	Brief Resilience Score
Subjective wellbeing	Devised by the study team, based on existing questions	Measures of wellbeing, one euthymic ('positive emotion') and one eudemonic ('meaning') question derived from the WHO-Quality Of Life (WHOQOL) ¹² .	QoL (score)

The full list of questions can be found in Appendix 1.

4. Piloting

Prior to inviting all participants with a contact email address (approximately 330,000) to complete this questionnaire, UK Biobank piloted it with 10,000 participants to ensure that the online platform and procedures were adequately robust and that the questionnaire was acceptable in terms of content and length.

5. Administration

5.1: The questionnaire administration process for those UK Biobank participants with an email address was as follows:

- an initial invitation email (which included a hyperlink to their personalised questionnaire);
- a reminder email to non-responders sent two weeks after the initial invitation;
- a reminder email sent to partial responders (i.e. those who had only completed part of the questionnaire) two weeks after they started the questionnaire;

- a final invitation sent to non-responders four months after the initial invitation.

5.2: Participants for whom UK Biobank did not have an email address were encouraged via the information on the UK Biobank website to complete the online questionnaire by logging on directly to the participant website.

5.3: Ninety two per cent of participants completed the questionnaire in less than 45 minutes.

5.4: Data were removed from participants who failed the identity check at the beginning of the online questionnaire: that is, the dates of birth they provided did not match UK Biobank records. These amounted to 0.3% of all respondents.

5.5: Researchers are advised to review the distributions of fields that contain data from self-reported measures before using them for analyses. Extreme values may exist in the data, and no attempt to verify the accuracy of responses has been made.

5.6: Email invitations are sent to those participants who have recently updated their email address (and who have not yet completed the questionnaire). We therefore anticipate that data will continue to accrue for a small number of participants.

6. Generation of derived mental health phenotypes

6.1: The Mental Health Outcomes Consortium (led by Prof Matthew Hotopf, KCL) have generated summary derived data-fields related to mental health outcomes, which will be incorporated into the Resource and made available to researchers in the resources section of this category in due course.

7. References

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Appendix: Questions and format of the questionnaire

Mental well-being questionnaire (v1.15, 15th November 2022)

Introduction

Mental health issues are very common and interact with your physical health. We would like to find out more about your mental health and factors that may have influenced this.

We would also like to know a bit about your current situation, both to provide context to the information you provide about mental health and to help researchers examine the impacts of the COVID-19 pandemic.

We will use the information you provide alongside other information held in the UK Biobank resource to enable research into why some people experience periods of better or worse mental health in their life. We hope that this will lead to improvements in the prevention and treatment of mental distress.

You may recognise some of the questions from previous UK Biobank research. We are asking these questions again to see how things have changed for you over time, so please do answer them.

We realise that some of the questions are sensitive and may be difficult to answer but we hope you will feel able to take part. Your answers will be kept confidential. None of the information you provide will be shared with your GP or any other agencies. Do not worry if you cannot answer a question – you can always select the “Prefer not to answer” option and move on. If you need to take a break, you can save your answers and resume at a later time.

We will not act on any concerns you raise in this questionnaire and are not able to offer you any help based on the answers you give. However, information about where to find help for many of the issues raised in this questionnaire can be found at the end of each module.

Q.ID	Field I.D	Stem	Question exactly as in previous questionnaire	Question similar to previous questionnaire	Responses
Identity check					
ID_INTR O1		This questionnaire is participant specific. It should only be completed by the person named on the email invitation OR the person who logged in to the participant website. We just want to check your date of birth. This is so that we can double-check that this questionnaire has been completed by the correct person (and not, for example, by someone who shares an email address with you).			
ID_INTR O2		Please enter your details below:			

ID_DAY		Day of birth:			[DropDownList1: 31 choices 1 – 31.]
ID_MONTH		Month of birth:			[DropDownList2: 12 choices for months: "January" to "December".]
ID_YEAR		Year of birth:			[Text box allowing integer values and it allows selection of an integer between 1934 and 1971.]
Presence and absence of mental health conditions					
MHCINTRO1		We would like to know whether you have had a diagnosis of some mental health issues at any point in your life.			
MHC1	29000	<p>Have you been diagnosed with one or more of the following mental health conditions by a professional, even if you don't have it currently?</p> <p>By professional we mean any doctor, nurse or person with specialist training (such as a psychologist or therapist). Please include conditions even if you did not need treatment for them or if you did not agree with the diagnosis.</p> <p>(Select all that apply)</p>		Field ID 20544	<p>[Select one or more from 01-08. 00 AND DA are exclusive. If MHC1=None of the above (00), no other selection can be made. If MHC1= Prefer not to answer (DA), no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 Depression - 02 Mania, hypomania, bipolar or manic-depression - 03 Schizophrenia - 04 Any other type of psychosis or psychotic illness - 05 A personality disorder - 06 Autism, Asperger's or autistic spectrum disorder (ASD) - 07 Attention deficit or attention deficit and hyperactivity disorder(ADD/ADHD) - 08 Obsessive compulsive disorder (OCD) - 00 None of the above - DA Prefer not to answer
MHC2	29000	<p>Have you been diagnosed with one or more of the following mental health conditions by a professional, even if you don't have it currently?</p> <p>By professional we mean any doctor, nurse or person with specialist training (such as a psychologist or therapist). Please include conditions even if you did not need treatment for them or if you did not agree with the diagnosis.</p> <p>(Select all that apply)</p>		Field ID 20544	<p>[Select one or more from 01-08. 00 AND DA are exclusive. If MHC2=None of the above (00) no other selection can be made. If MHC2=Prefer not to answer (DA) no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 Anxiety or nerves - 02 Generalized anxiety disorder - 03 Social anxiety or social phobia - 04 Agoraphobia - 05 Any other phobia (e.g. disabling fear of heights or spiders) - 06 Panic attacks - 07 Panic disorder - 08 Post traumatic stress disorder (PTSD) - 00 None of the above - DA Prefer not to answer
MHC3	29000	<p>Have you been diagnosed with one or more of the following conditions by a professional, even if you don't have it currently?</p>		Field ID 20544	<p>[Select one or more from 01-04. 00 AND DA are exclusive. If MHC3=None of the above (00), no other selection can be made. If MHC3=Prefer not to answer (DA), no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 Anorexia nervosa - 02 Bulimia nervosa - 03 Binge-eating disorder

		By professional we mean any doctor, nurse or person with specialist training (such as a psychologist or therapist). Please include conditions even if you did not need treatment for them or if you did not agree with the diagnosis. (Select all that apply)			- 04 Any other eating disorder - 00 None of the above - DA Prefer not to answer
MHCINT RO2		Because mental health conditions can sometimes run in families, we would like to ask you about your first degree blood relatives (those people closely related to you by blood, such as a parent, full brother or sister, son or daughter).			
MHC4	29001	To your knowledge, have any of your first degree blood relatives had any of the following conditions? (Select all that apply)			<i>[Select one or more from 01-09. 00 AND DA are exclusive. If MHC4=None of the above (00), no other selection can be made. If MHC4=Prefer not to answer (DA), no other selection can be made]</i> - 01 Depression - 02 Mania, hypomania, bipolar or manic-depression - 03 Schizophrenia - 04 Any other type of psychosis or psychotic illness - 05 A personality disorder - 06 Autism, Asperger's or autistic spectrum disorder (ASD) - 07 Attention deficit or attention deficit and hyperactivity disorder (ADD/ADHD) - 08 An anxiety disorder - 09 An eating disorder - 00 None of the above - DA Prefer not to answer
Present and past depression					
DINTRO 1		We would like to ask a few questions about your mood and feelings.			
BLOCK_D1		Over the last two weeks, how often have you been bothered by any of the following problems?			
D1a	29002	Little interest or pleasure in doing things	Field ID 20514 Field ID 28737 Field ID 120104	Field ID 2060	<i>[Select one from]</i> - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day

					- DA Prefer not to answer
D1b	29003	Feeling down, depressed or hopeless	Field ID 20510 Field ID 28738 Field ID 120105	Field ID 2050	[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1c	29004	Trouble falling or staying asleep, or sleeping too much	Field ID 20517		[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1d	29005	Feeling tired or having little energy	Field ID 20519	Field ID 2080	[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1e	29006	Poor appetite or overeating	Field ID 20511		[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1f	29007	Feeling bad about yourself or that you are a failure or have let yourself or your family down	Field ID 20507		[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1g	29008	Trouble concentrating on things, such as reading the newspaper or watching television	Field ID 20508		[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D1h	29009	Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	Field ID 20518	Field ID 2070	[Select one from] - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer

D1i	29010	Thoughts that you would be better off dead or hurting yourself in some way	Field ID 20513		<i>[Select one from]</i> - 00 Not at all - 01 Several days - 02 More than half the days - 03 Nearly every day - DA Prefer not to answer
D2	29011	Have you ever had a time in your life when you felt sad, blue or depressed for two weeks or more in a row?	Field ID 20446	Field ID 4598	<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
D3	29012	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?	Field ID 20441	Field ID 4631	<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
DSTEM1		Please think of the two-week period in your life when your feelings of depression or loss of interest in your usual activities were worst:			
D4	29013	Did this worst period start within two months of the death of someone close to you or after a stressful or traumatic event in your life?	Field ID 20447		<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
D5	29014	How much of the day did these feelings usually last?	Field ID 20436		<i>[Select one from]</i> - 04 All day long - 03 Most of the day - 02 About half of the day - 01 Less than half of the day - DK Do not know - DA Prefer not to answer
D6	29015	Did you feel this way:	Field ID 20439		<i>[Select one from]</i> - 03 every day? - 02 almost every day? - 01 less often? - DK Do not know - DA Prefer not to answer
D7	29016	Did your mood brighten in response to positive events?			<i>[Select one from]</i> - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D8	29017	Was your mood worse:			<i>[Select one from]</i> - 01 in the morning?

					<ul style="list-style-type: none"> - 02 in the evening or at night? - 03 My mood did not vary - DK Do not know - DA Prefer not to answer
D9	29018	Did you feel more tired out or low on energy than is usual for you?	Field ID 20449		<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D10	29019	Did you experience heavy feelings in your arms or legs?			<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D11	29020	Did you experience a change in your appetite?			<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 No change in appetite - 02 Increased appetite - 03 Decreased appetite - DK Do not know - DA Prefer not to answer
D12	29021	Did you gain or lose weight without trying, or did you stay about the same weight?		Field ID 20536	<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Gained weight - 02 Lost weight - 03 Both gained and lost some weight during this time - 00 Stayed about the same or was on a diet - DK Do not know - DA Prefer not to answer
D13	29022	Did your sleep change?	Field ID 20532		<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
BLOCK_ D14		Was that:			
D14a	29023	trouble falling asleep?	Field ID 20533		<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes - 00 No
D14b	29024	waking too early?	Field ID 20535		<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes - 00 No
D14c	29025	sleeping too much?	Field ID 20534		<i>[Select one from]</i> <ul style="list-style-type: none"> - 01 Yes

					- 00 No
D15	29026	Did you have a lot more trouble concentrating than usual?	Field ID 20435		[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D16	29027	People sometimes feel down on themselves, no good, or worthless. Did you feel this way?	Field ID 20450		[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D17	29028	Did you feel guilty, out of proportion to anything that you did wrong?			[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D18	29029	Did you think a lot about death – either your own, someone else's or death in general?	Field ID 20437		[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D19	29030	About how long altogether did you feel this way? Count the time before, during and after the worst two weeks.	Field ID 20438		[Select one from] - 01 Less than a month - 02 Between one and three months - 03 Over three months, but less than six months - 04 Over six months, but less than 12 months - 05 One to two years - 06 Over two years - DA Prefer not to answer
D20	29031	Think about the things you were doing at the time, for example work, study, childcare, housework, leisure pursuits. How much did these problems interfere with your life or activities?		Field ID 20440	[Select one from] - 03 A lot - 02 Somewhat - 01 A little - 00 Not at all - DA Prefer not to answer
D21	29032	Some people find that they have difficulties coping with rejection or negative responses from other people, even when not experiencing feelings of depression or loss of interest. Does this sound like you?			[Select one from] - 03 Yes, and this has caused problems in work or social relationships - 02 Yes, but this has not caused problems in work or social relationships - 01 No, this does not sound like me - DA Prefer not to answer

DSTEM2		Thinking about times in your life when you have had feelings of depression or loss of interest in your usual activities:			
D22	29033	How many periods have you had in your life lasting two or more weeks where you have felt like this?		Field ID 20442	[Select one from] - 01 One - 02 Several - DK Do not know - DA Prefer not to answer
D22a	29033	Enter number		Field ID 20442	[BBOX1: Integer box 2 – 999. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: “This number is too low.” 01 is exclusive. If D22a=Too many to count/One episode ran into the next (01), no other selection can be made.] BBOX1 & “number of times” OR - 01 Too many to count/One episode ran into the next.
D23	29034	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)?	Field ID 20433		[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: “This number is too low.” DK and DA are exclusive. If D23=Do not know (DK), no other selection can be made. If D23=Prefer not to answer (DA), no other selection can be made.] BBOX2 & “years of age when first felt this way” OR - DK Do not know OR - DA Prefer not to answer
D24	29035	Did this first episode occur within months of giving birth? Or has it been suggested that you had post-natal depression? (Males, please select Not Applicable)		Field ID 20445	[Select one from] - 01 Yes - 00 No - NA Not applicable - DK Do not know - DA Prefer not to answer
D25	29036	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)?	Field ID 20434		[BBOX2: Integer box 2 to 99. The input has to be compared with the result of D23 and input of D25 cannot be lower than D23. D25 has to be \geq D23. If a participant provides lower input (equal result is accepted) for D25 than for D23 and tries to proceed, an error highlighted in yellow appears, asking the

					<p>participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first."</p> <p>DK and DA are exclusive. If D25=Do not know (DK), no other selection can be made. If D25=Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & "years of age when last felt this way" OR - DK Do not know OR - DA Prefer not to answer</p>
DINTRO 2		We would like to know if you have received help for your feelings of depression or loss of interest in your usual activities.			
D26	29037	Have you ever told a professional about these problems (medical doctor, psychologist, social worker, counsellor, nurse, clergy or other helping professional)?		Field ID 20448	<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
D27	29038	Have you ever tried the following for these problems? (Select all that apply)		Field ID 20546	<p>[Select one or more from 01-03. 00 AND DA are exclusive. If D27=None of the above (00), no other selection can be made. If D27=Prefer not to answer (DA), no other selection can be made]</p> <ul style="list-style-type: none"> - 01 Medication prescribed to you (for at least two weeks) - 02 Unprescribed medication (more than once) - 03 Drugs or alcohol (more than once) - 00 None of the above - DA Prefer not to answer
D28	29039	Have you ever tried any of the following medications for at least two weeks?			<p>[Select one or more from 01-07. DK AND DA are exclusive. If D28=Do not know (DK), no other selection can be made. If D28=Prefer not to answer (DA), no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 Citalopram (sometimes called Cipramil) - 02 Fluoxetine (Prozac or Oxactin) - 03 Sertraline (Lustral) - 04 Paroxetine (Seroxat) - 05 Amitriptyline (Elavil) - 06 Dosulepin (Prothiaden) - 07 Other antidepressant(s) - DK Do not know - DA Prefer not to answer
D28a	29040	Has Citalopram (sometimes called Cipramil) helped you to feel better?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes, at least a little - 00 No

					- DK Do not know - DA Prefer not to answer
DBA28b	29041	Has Fluoxetine (Prozac or Oxactin) helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D28c	29042	Has Sertraline (Lustral) helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D28d	29043	Has Paroxetine (Seroxat) helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D28e	29044	Has Amitriptyline (Elavil) helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D28f	29045	Has Dosulepin (Prothiaden) helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D28g	29046	Has any other antidepressant helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No - DK Do not know - DA Prefer not to answer
D29	29047	Which of the following therapies or therapeutic activities have you tried to help you feel better? Include only those you have attended more than once.		Field ID 20547	<i>[Select one or two from 01-02. 00 AND DA are exclusive. If D29=None of the above (00), no other selection can be made. If D29=Prefer not to answer (DA), no other selection can be made]</i> - 01 Talking therapies, such as psychotherapy, counselling, group therapy or CBT - 02 Other therapeutic activities such as mindfulness, yoga or art classes - 00 None of the above - DA Prefer not to answer
D29a	29048	Have these talking therapies or therapeutic activities helped you to feel better?			<i>[Select one from]</i> - 01 Yes, at least a little - 00 No

					- DK Do not know - DA Prefer not to answer
Bipolar affective disorder					
MCINTR O		We would like to know about your experience of mood changes.			
MC1	29049	Have you ever had a period of time when you were feeling so good, "high", "excited" or "hyper" that other people thought you were not your usual self, or you were so "hyper" that you got into trouble?	Field ID 20501	Field ID 4642	[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
MC2	29050	Have you ever had a period of time when you were so irritable that you found yourself shouting at people or starting fights or arguments?	Field ID 20502	Field ID 4653	[Select one from] - 01 Yes - 00 No - DK Do not know - DA Prefer not to answer
MC3	29051	Please try to remember a period when you were in such a "high" or "irritable" state then select all of the following that apply to that period:		Field ID 20548 Field ID 6156	[Select one or more from 01-08. 00 AND DA are exclusive. If MC3=None of the above (00), no other selection can be made. If MC3=Prefer not to answer (DA), no other selection can be made] - 01 I was more active than usual - 02 I was more talkative than usual - 03 I needed less sleep than usual - 04 I was more creative or had more ideas than usual - 05 I was more restless than usual - 06 I was more confident than usual - 07 My thoughts were racing - 08 I was easily distracted - 00 None of the above - DA Prefer not to answer
MC4	29052	What is the longest period of time that this sort of "high" or "irritable" state has lasted for you?		Field ID 20492 Field ID 5663	[Select one from] - 01 Less than 24 hours - 02 At least a day, but less than four days in a row - 03 At least four days in a row, but less than a week - 04 A week or more - DK Do not know - DA Prefer not to answer
MC4a	29053	How old were you the FIRST time that you had a period of at least four days like this?			[BBOX2: Integer box 2 to 99. DK and DA are exclusive. If MC4a=Do not know (DK), no other selection can be made. If MC4a=Prefer not to answer (DA), no other selection can be made. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low."]

					BBOX2 & “years of age when I first felt this way” OR - DK Do not know OR - DA Prefer not to answer
MC4b	29054	How old were you the LAST time that you had a period of at least four days like this?			<p>[BBOX2: Integer box 2 to 99. This input has to be compared with the result of MC4a and input of MC4b cannot be lower than MC4a.</p> <p>MC4b has to be \geq MC4a.</p> <p>If a participant provides lower input (equal result is accepted) for MC4b than for MC4a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: “Age last cannot be less than age first.”</p> <p>If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: “This number is too low.”</p> <p>DK and DA are exclusive. If MC4b=Do not know (DK), no other selection can be made. If MC4b=Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & “years of age when I last felt this way” OR - DK Do not know OR - DA Prefer not to answer</p>
MC4c	29055	How many periods lasting two or more weeks have you had in your life where you felt like this?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 None - 01 One - 02 Several - DK Do not know - DA Prefer not to answer
MC4ci	29055	Enter the number of periods lasting two or more weeks where you have felt like this.			<p>[BBOX1: Integer box 2 – 999. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: “This number is too low.”</p> <p>01 is exclusive. If MC4ci=Too many to count / One episode ran into the next (01), no input can be made.]</p> <p>BBOX1 & “periods of 2 or more weeks”</p>

					OR - 01 Too many to count / One episode ran into the next.
BLOCK MC5		How much of a problem have these "high" or "irritable" periods caused you? <i>[Display throughout following questions MC5a to MC5b]</i>			
MC5a	29056	Needed treatment		Field ID 5674	<i>[Select one from]</i> - 00=No - 01=Yes - DA=Prefer not to answer
MC5b	29057	Caused problems with work, relationships, finances, the law or other aspects of life		Field ID 5674	<i>[Select one from]</i> - 00=No - 01=Yes - DA=Prefer not to answer
Generalised anxiety and panic disorders					
GAD-7_INTRO		We would like to learn about any experiences you might have had with feelings and symptoms of anxiety.			
BLOCK GAD-7_1		Over the last two weeks, how often have you been bothered by any of the following problems?			
GAD-7_1a	29058	Feeling nervous, anxious or on edge	Field ID 20506 Field ID 28735		<i>[Select one from]</i> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
GAD-7_1b	29059	Not being able to stop or control worrying	Field ID 20509 Field ID 28736		<i>[Select one from]</i> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
GAD-7_1c	29060	Worrying too much about different things	Field ID 20520		<i>[Select one from]</i> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer

GAD-7_1d	29061	Trouble relaxing	Field ID 20515		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
GAD-7_1e	29062	Being so restless that it is hard to sit still	Field ID 20516		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
GAD-7_1f	29063	Becoming easily annoyed or irritable	Field ID 20505		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
GAD-7_1g	29064	Feeling afraid as if something awful might happen	Field ID 20512		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - DA Prefer not to answer
CIDI-SFPINTR O		The following questions relate to any experiences you may have had with panic attacks or feelings of intense panic.			
CIDI-SFP1	29065	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]			<p>[Select one or more from 01-13. 00 AND DA are exclusive. If CIDI-SFP1=No (00), no other selection can be made. If CIDI-SFP1=Prefer not to answer (DA), no other selection can be made]</p> <ul style="list-style-type: none"> - 01 My heart was pounding or racing - 02 I was sweating - 03 I was trembling or shaking - 04 I felt short of breath, or like I was being smothered - 05 I felt like I was choking - 06 I had pain or discomfort in my chest - 07 I was nauseous or felt sick in the stomach - 08 I felt dizzy, unsteady, light-headed or faint - 09 I felt hot or cold - 10 I felt numbness or tingling sensations - 11 It felt like things weren't real, or I felt detached from myself - 12 I was afraid I was going to lose control or 'go crazy'







					<ul style="list-style-type: none"> - 13 I was afraid I was going to die - 00 No, I have not had this happen to me - DA Prefer not to answer
CIDI-SFP2	29066	How many such attacks of fear or panic would you say that you have had over the course of your lifetime?			<p><i>[BBOX2: Integer box 1-999, DK and DA are exclusive. If CIDI-SFP2=Do not know (DK), no other selection can be made. If CIDI-SFP2=Prefer not to answer (DA), no other selection can be made. If a participant provides input <1 (0) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low."]</i></p> <p>BBOX2: OR - DK Do not know OR - DA Prefer not to answer</p>
CIDI-SFPSTE M3		After any of your attacks of fear or panic, did you ever:			
CIDI-SFP3a	29067	feel anxious, worried or nervous about having more panic attacks?			<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 00 No - 01 Yes - DA Prefer not to answer
CIDI-SFP3b	29068	feel worried about losing control, having a heart attack, going crazy, or other bad things happening because of panic attacks?			<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 00 No - 01 Yes - DA Prefer not to answer
CIDI-SFP3c	29069	avoid situations in which panic attacks might occur?			<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 00 No - 01 Yes - DA Prefer not to answer
CIDI-SFP4	29070	How long did you continue to worry about panic attacks or their consequences, or avoid situations in which panic attacks might occur?			<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 00 Less than 1 month - 01 Between 1 and 6 months - 02 Between 6 and 12 months - 03 Between 1 and 5 years - 04 More than 5 years - 05 All of my life / as long as I can remember - DK Do not know - DA Prefer not to answer

CIDI-SFP4a	29071	How many periods of this kind of worry have you had in your life lasting one month or more?			[Select one from] - 01 One - 02 Several - DA Prefer not to answer
CIDI-SFP4b	29071	How many periods of this kind of worry lasting one month or more was this?			[BBOX2: Integer box 2-999. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." 01 is exclusive. If CIDI-SFP4b=Too many to remember (01), no input allowed.] BBOX2 & "periods" OR - 01 "Too many to remember"
CIDI-SFP5	29072	How old were you the FIRST time you had one of these sudden attacks of feeling frightened, anxious or panicky?			[BBOX2: Integer box 2 to 99. DK and DA are exclusive. If CIDI-SFP5=Do not know (DK), no other selection can be made. If CIDI-SFP5=Prefer not to answer (DA), no other selection can be made. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low."] BBOX2 & "years of age when first felt this way" OR - DK Do not know OR - DA Prefer not to answer
CIDI-SFP6	29073	How old were you the LAST time you had one of these sudden attacks of feeling frightened, anxious or panicky?			[BBOX2: Integer box 2 to 99. The input has to be compared with the result of CIDI-SFP5 and input of CIDI-SFP6 cannot be lower than CIDI-SFP5. CIDI-SFP6 has to be \geq CIDI-SFP5. If a participant provides lower input (equal result is accepted) for CIDI-SFP6 than for CIDI-SFP5 and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first." DK and DA are exclusive. If CIDI-SFP6=Do not know (DK), no other selection can be made. If CIDI-SFP6=Prefer not to answer (DA), no other selection can be made.] BBOX2 & "years of age when I last felt this way" OR - DK Do not know OR - DA Prefer not to answer
CIDI-SFP7	29074	Were these attacks or sudden periods of physical discomfort ever the result			[Select one from] - 00 No, never

		of a medical condition (e.g. a heart attack) or from using medication, drugs or alcohol?			<ul style="list-style-type: none"> - 01 Yes, some of them - 02 Yes, all of them - DK Do not know - DA Prefer not to answer
CIDI-SFP8	29075	Some people have specific situations that cause them strong fears (heights, elevators, snakes, etc.). When you have sudden anxiety attacks, do they occur in specific situations that cause you strong fear?			<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No - 01 Yes, some of them - 02 Yes, all of them - DK Do not know - DA Prefer not to answer
Adverse events in childhood and adulthood					
ALEINTRO		This section asks about your childhood and some possible causes of stress in your adult life. Please be reassured that the answers you give will remain confidential.			
BLOCK_ALE1		When I was growing up:			
ALE_1a	29076	I felt loved	Field ID 20489		<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often true - 04 Very often true - DA Prefer not to answer
ALE_1b	29077	People in my family hit me so hard that it left me with bruises or marks	Field ID 20488		<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often true - 04 Very often true - DA Prefer not to answer
ALE_1c	29078	I felt that someone in my family hated me	Field ID 20487		<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often true - 04 Very often true - DA Prefer not to answer
ALE_1d	29079	Someone molested me (sexually)	Field ID 20490		<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true

					<ul style="list-style-type: none"> - 03 Often true - 04 Very often true - DA Prefer not to answer
ALE_1e	29080	There was someone to take me to the doctor if I needed it	Field ID 20491		<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 Never true - 01 Rarely true - 02 Sometimes true - 03 Often true - 04 Very often true - DA Prefer not to answer
BLOCK_ALE2		Since you were sixteen, has a partner or ex-partner (by partner we mean any boyfriend or girlfriend as well as a husband, wife or civil partner):			
ALE_2a	29081	stopped you from seeing friends and relatives?			<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_2b	29082	repeatedly belittled you to the extent that you felt worthless?		Field ID 20521	<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_2c	29083	pushed you, held or pinned you down, slapped you, kicked, bitten or hit you (with a fist or something else), or thrown something at you that hurt you?		Field ID 20523	<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_2d	29084	touched you, or got you to touch them, in a sexual way without your consent?		Field ID 20524	<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_2e	29085	engaged in sexual intercourse with you without your consent?		Field ID 20524	<i>[Select one from]</i> <ul style="list-style-type: none"> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
BLOCK_ALE3		Since you were sixteen, have you experienced:			

		<i>[Five questions on one screen with the same options.]</i>			
ALE_3a	29086	a violent or sexual assault?		Field ID 20529 Field ID 20531	<i>[Select one from]</i> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_3b	29087	a life-threatening injury or illness?		Field ID 20528	<i>[Select one from]</i> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_3c	29088	marital separation/divorce?			<i>[Select one from]</i> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_3d	29089	the death of a spouse or partner?			<i>[Select one from]</i> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
ALE_3e	29090	the death of a close friend or family member due to suicide?			<i>[Select one from]</i> - 00 No, never - 01 Yes, but not in the last 12 months - 02 Yes, within the last 12 months - DA Prefer not to answer
Alcohol use					
AUDITIN TRO		Alcohol can influence mental health so we would like to know a bit about your alcohol consumption. Your answers will remain confidential so please feel that you can be honest.			
AUDIT11 NTRO		These questions are about how frequently you drink alcohol.			
AUDIT1	29091	How often do you have a drink containing alcohol?	Field ID 20414		<i>[Select one from]</i> - 00 Never - 01 Monthly or less - 02 2 to 4 times a month - 03 2 to 3 times a week - 04 4 or more times a week - DA Prefer not to answer

AUDITS TEM1		<p>In the next two questions, a "drink" is defined as one unit of alcohol. Typical units in common alcoholic beverages:</p> <p> Pint or can of beer/lager/cider 2 units</p> <p> Single shot of spirits (25ml) 1 unit</p> <p> Small glass of fortified wine 1 unit</p> <p> Standard glass of wine (175ml) 2 units</p> <p> Large glass of wine (250ml) 3 units</p> <p> Bottle of wine (75cl) 9 units</p>			
AUDIT1a	29092	<p>How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>By "drink" we mean one unit of alcohol.</p>	Field ID 20403		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 1 or 2 - 02 3 or 4 - 03 5 or 6 - 04 7, 8 or 9 - 05 10 or more - DA Prefer not to answer
AUDIT1b	29093	<p>How often do you have six or more drinks on one occasion?</p> <p>By "drink" we mean one unit of alcohol.</p>	Field ID 20416		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
AUDIT2	29094	<p>How often during the last year have you found that you were not able to stop drinking once you had started?</p>	Field ID 20413		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
AUDIT3	29095	<p>How often during the last year have you failed to do what was normally expected from you because of drinking?</p>	Field 20407		<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily

					- DA Prefer not to answer
AUDIT4	29096	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Field 20412		[Select one from] - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
AUDIT5	29097	How often during the last year have you had a feeling of guilt or remorse after drinking?	Field ID 20409		[Select one from] - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
AUDIT6	29098	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Field ID 20408		[Select one from] - 01 Never - 02 Less than monthly - 03 Monthly - 04 Weekly - 05 Daily or almost daily - DA Prefer not to answer
AUDIT7	29099	Have you or someone else been injured as a result of your drinking?	Field ID 20411		[Select one from] - 00 No - 01 Yes, but not in the last year - 02 Yes, during the last year - DA Prefer not to answer
AUDIT8	29100	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	Field ID 20405		[Select one from] - 00 No - 01 Yes, but not in the last year - 02 Yes, during the last year - DA Prefer not to answer
AUDIT8a	29101	How many times has somebody commented about your drinking in this way?			[Select one from] - 01 One - 02 Several - DA Prefer not to answer
AUDIT8b	29102	About how old were you when somebody FIRST commented this way about your drinking habits?			[DBOX1: Integer box 2 to 99. DK and DA are exclusive. If AUDIT8b=Do not know (DK), no other selection can be made. If AUDIT8b=Prefer not to answer (DA), no other selection can be made. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low."] DBOX1 & "years old"

					OR - DK Do not know OR - DA Prefer not to answer
AUDIT8c	29103	About how old were you when somebody LAST commented this way about your drinking habits?	Field ID 20410		<i>[DBOX1: Integer box 2 to 99.</i> <i>The input has to be compared with the result of AUDIT8b and input of AUDIT8c cannot be lower than AUDIT8b. AUDIT8c has to be \geq AUDIT8b</i> <i>If a participant provides lower input (equal result is accepted) for AUDIT8c than for AUDIT8b and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first." DK and DA are exclusive. If AUDIT8c=Do not know (DK), no other selection can be made. If AUDIT8c=Prefer not to answer (DA), no other selection can be made.]</i> DBOX1 & "years old" OR - DK Do not know OR - DA Prefer not to answer
Cannabis use					
CUINTR O		We would like to ask you about any experiences of cannabis use (not including the use of CBD oil). Your answers will remain confidential so please be honest.			
CU1	29104	Have you used cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff, dope), even if it was a long time ago?		Field ID 20453	<i>[Select one from]</i> - 00 No - 01 Yes, 1-2 times - 02 Yes, 3-10 times - 03 Yes, 11-100 times -04 Yes, more than 100 times - DA Prefer not to answer
CU1a	29105	About how old were you when you FIRST had cannabis?			<i>[BBOX1: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." DK and DA are exclusive. If CU1a=Do not know (DK), no other selection can be made. If CU1a=Prefer not to answer (DA), no other selection can be made.]</i> BBOX1 & "years old" OR - DK Do not know

					OR - DA Prefer not to answer
CU1b	29106	About how old were you when you LAST had cannabis?	Field ID 20455		<p>[BBOX1: Integer box 2 to 99.]</p> <p>The input has to be compared with the result of CU1a and input of CU1b cannot be lower than CU1a. CU1b has to be \geq CU1a</p> <p>If a participant provides lower input (equal result is accepted) for CU1b than for CU1a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first.</p> <p>DK and DA are exclusive. If CU1b=Do not know (DK), no other selection can be made. If CU1b=Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX1 & "years old"</p> <p>OR</p> <p>- DK Do not know</p> <p>OR</p> <p>- DA Prefer not to answer</p>
CU1c	29107	Considering when you were using cannabis most regularly (which may be now), how often did you use it?		Field ID 20454	<p>[Select one from]</p> <p>- 01 Less than once a month</p> <p>- 02 Once a month or more, but not every week</p> <p>- 03 Once a week or more, but not every day</p> <p>- 04 Every day</p> <p>- DK Do not know</p> <p>- DA Prefer not to answer</p>
Self-harm and suicidal thoughts					
HBINTR O		This section is about negative thoughts that some people have and the actions they take when they are distressed. Please note that your responses are confidential.			
HB1	29108	Many people have thoughts that life is not worth living. Have you felt that way?	Field ID 20479		<p>[Select one from]</p> <p>- 00 No</p> <p>- 01 Yes, once</p> <p>- 02 Yes, more than once</p> <p>- DA Prefer not to answer</p>
HB2	29109	Have you contemplated harming yourself (for example by cutting, biting,	Field ID 20485		<p>[Select one from]</p> <p>- 00 No</p> <p>- 01 Yes, once</p>

		hitting yourself or taking an overdose)?			- 02 Yes, more than once - DA Prefer not to answer
HB2a	29110	Have you felt this way in the last 12 months?	Field ID 20486		[Select one from] - 00 No - 01 Yes - DA Prefer not to answer
HB3	29111	Have you deliberately harmed yourself, whether or not you meant to end your life?		Field ID 20480	[Select one from] - 00 No - 01 Yes, once - 02 Yes, more than once - DA Prefer not to answer
HB3a	29112	About how old were you the FIRST time you deliberately harmed yourself (whether or not you meant to end your life)?			[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." DK and DA are exclusive. If HB3a=Do not know (DK), no other selection can be made. If HB3a=Prefer not to answer (DA), no other selection can be made.] BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer
HB3b	29113	About how old were you the LAST time you deliberately harmed yourself (whether or not you meant to end your life)?			[BBOX2: Integer box 2 to 99. The input has to be compared with the result of HB3a and input of HB3b cannot be lower than HB3a. HB3b has to be \geq HB3a. If a participant provides lower input (equal result is accepted) for HB3b than for HB3a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first." DK and DA are exclusive. If HB3b=Do not know (DK), no other selection can be made. If HB3b=Prefer not to answer (DA), no other selection can be made.] BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer

HB4	29114	Have you harmed yourself in the last 12 months (whether or not you meant to end your life)?	Field ID 20481		[Select one from] - 00 No - 01 Yes - DA Prefer not to answer
HB5	29115	Have you done any of the following to harm or endanger yourself? (Select all that apply)	Field ID 20553		[Select one or more from 00-05. DA is exclusive. If HB5=Prefer not to answer (DA), no other selection can be made.] - 01 Self-injury such as self-cutting, scratching or hitting, etc. - 02 Ingesting a medication in excess of the normal dose - 03 Ingesting alcohol or a recreational or illicit drug - 04 Swallowing dangerous objects or products - 05 Stopping prescribed medication - 00 Something else not listed - DA Prefer not to answer
HB6	29116	Have you harmed yourself with the intention of ending your life?		Field ID 20483	[Select one from] - 00 No - 01 Yes, once - 02 Yes, more than once - DA Prefer not to answer
HB6a	29117	Have you done so in the last 12 months?		Field ID 20484	[Select one from] - 00 No - 01 Yes - DA Prefer not to answer
HB6b	29118	About how old were you the FIRST time you harmed yourself with the intention of ending your life?			[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." DK and DA are exclusive. If HB6b=Do not know (DK), no other selection can be made. If HB6b=Prefer not to answer (DA), no other selection can be made.] BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer
HB6c	29119	About how old were you the LAST time you harmed yourself with the intention of ending your life?			[BBOX2: Integer box 2 to 99. This input has to be compared with the result of HB6b and input of HB6c cannot be lower than HB6b. HB6c has to be \geq HB6b. If a participant provides lower input (equal result is accepted) for HB6c than for HB6b and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first."DK and DA are exclusive. If HB6c=DK, no other selection can be made. If HB6c=Prefer not to answer (DA), no other selection can be made.] BBOX2 & "years old"

					OR - DK Do not know OR - DA Prefer not to answer
Eating disorders					
EPINTR O		We would like to ask you about your thoughts and behaviours relating to your body shape or weight.			
EP1	29120	Have you had a period in your life when you weighed much less than other people thought you ought to weigh?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
EP1a	29121	When you have weighed much less than other people thought you ought to weigh or were at this low weight, was this due to a medical illness other than an eating disorder?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
STEM_E P2		During the time when you were at this low weight:			
EP2a	29122	Did you feel fat?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
EP2b	29123	Were you afraid that you might gain weight or become fat?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
EP2c	29124	Did you think or feel that your body or parts of your body were larger than they actually were?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
EP3	29125	Roughly how low did your weight get during this time? First, please choose how you would like to give your weight (in kilograms, or stones and pounds).			<i>[Select one of two buttons]</i> - 01 Metric - 02 Imperial <i>[Once the units have been selected, provide the correct boxes. If Metric (01) selected, display EP3a as BBOX2a with "kilograms" text label. If Imperial (02) selected, display EP3b as BBOX2b with "stone" text label and BBOX2c with "pounds" text label. Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP3a=Do not know (DK OR Prefer not to answer (DA), no other</i>

					<p>selection can be made. If EP3b=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2a: "kilograms" [BBOX2: Integer box 30-220] OR - DK Do not know OR - DA Prefer not to answer</p> <p>BBOX2b: "stone" [BBOX2b: Integer box 4-34] BBOX2c: "pounds" [BBOX2c: Integer box 0-13] OR - DK Do not know OR - DA Prefer not to answer</p>
EP4a	29126	Roughly how old were you the FIRST time you were at this low weight?			<p>[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP4a=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer</p>
EP4b	29127	Roughly how old were you the LAST time you were at this low weight?			<p>[BBOX2: Integer box 2 to 99. The input has to be compared with the result of EP4a. EP4b has to be \geq EP4a.</p> <p>If a participant provides lower input (equal result is accepted) for EP4b than for EP4a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first."</p> <p>Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP4b=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p>

					BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer
EP4c	29128	Did/do you ever think your low weight had/had negative consequences for your health?			<i>[Select one from]</i> - 01 Yes - 00 No - DA Prefer not to answer
EP4d	29129	When you are/were at this low weight, how much is/was your self-esteem dependent on your body shape or weight?			<i>[Select one from]</i> - 02 A great deal - 01 A moderate amount - 00 None at all or very little - DA Prefer not to answer
EP5	29130	During your period(s) of low weight, have you done any of the following as a way to control your body shape or weight? (Select all that apply)			<i>[Select one or more from 01 to 07. None of the above (00) and Prefer not to answer (DA) are exclusive. If EP5=None of the above (00) OR Prefer not to answer (DA), no other selection can be made.]</i> - 01 Made yourself vomit - 02 Used laxatives (pills or liquids meant to stimulate bowel movement) - 03 Used diuretics (water pills) - 04 Used weight loss pills (over the counter or prescription) - 05 Exercised excessively, felt compelled to exercise, felt uneasy or distressed if unable to exercise or prioritised exercise over your health or important activities - 06 Fasted or not eaten for eight waking hours or more - 07 Used other methods to lose weight/stay at low weight - 00 None of the above - DA Prefer not to answer
EP5a	29131	Did you use one of these methods, or a combination of these methods, at least once a week while you were at a low weight ?			<i>[Select one from]</i> - 01 Yes, at least once a week - 00 No - DA Prefer not to answer
EP6a	29132	Have you 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 two hours)?			<i>[Select one from]</i> - 02 Yes, at least once a week - 01 Yes, occasionally - 00 No - DA Prefer not to answer
EP6b	29133	What was the longest amount of time where you were overeating/binge eating at least once a week?			<i>[Select one from]</i> - 03 At least three months - 02 More than one month but less than three months - 01 Less than one month - DA Prefer not to answer

EP6c	29134	If you reported a time or times of low weight above, do/did you experience episodes of excessive overeating/ binge eating during your time(s) of low weight?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 02 Yes, ONLY at time(s) of low weight - 01 Yes, BOTH at time(s) of low weight AND at time(s) when I was not at low weight - 00 No, only at time(s) when I was NOT at low weight - NA Not applicable, as did not have low weight - DA Prefer not to answer
EP7	29135	During your episodes of excessive overeating/binge eating, how often have you felt like you did not have control over your eating (e.g. not being able to stop eating or feeling compelled to eat)?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 03 At least once a week for at least three months - 02 At least once a week for at least one month but less than three months - 01 Occasionally - 00 Never - DA Prefer not to answer
EP8	29136	During these episodes of excessive overeating/binge eating, have you: (Select all that apply)			<p>[Select one or more from 01-05. Done none of the above (00) AND Prefer not to answer (DA) are exclusive. If EP8=done none of the above (00) OR Prefer not to answer (DA), no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 eaten much more rapidly than normal? - 02 eaten until feeling uncomfortably full? - 03 eaten large amounts of food when not feeling physically hungry? - 04 eaten alone because of feeling embarrassed by how much you are eating? - 05 felt disgusted, depressed or very guilty afterwards? - 00 done none of the above? - DA Prefer not to answer
EP9	29137	Do/did you feel distressed about your episodes of excessive overeating/binge eating?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer
EP9a	29138	Roughly how old were you when you began having regular episodes of overeating/binge eating?			<p>[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." Do not know (DK) and Prefer not answer (DA) are exclusive. If EP9a=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer</p>
EP9b	29139	Roughly how old were you the LAST time you had regular episodes of overeating/binge eating?			<p>[BBOX2: Integer box 2 to 99.]</p>

					<p>The input has to be compared with the result of EP9a and input of EP9b cannot be lower than EP9a. EP9b has to be \geq EP9a.</p> <p>If a participant provides lower input (equal result is accepted) for EP9b than for EP9a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first." Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP9b=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer</p>
EP10	29140	<p>During the time(s) when you were regularly overeating/binge eating, have you done any of the following as a way to control your body shape or weight? (Select all that apply)</p>			<p>[Select one or more from 01-07. None of the above (00) AND Prefer not to answer (DA) are exclusive. If EP10=None of the above (00) OR Prefer not to answer (DA), no other selection can be made.]</p> <ul style="list-style-type: none"> - 01 Made yourself vomit - 02 Used laxatives (pills or liquids meant to stimulate bowel movements) - 03 Used diuretics (water pills) - 04 Used weight loss pills (over the counter or prescription) - 05 Exercised excessively, felt compelled to exercise, felt uneasy or distressed if unable to exercise or prioritised exercise over your health or important activities - 06 Fasted or not eaten for eight waking hours or more - 07 Used other methods to lose weight/stay at low weight - 00 None of the above - DA Prefer not to answer
EP10a	29141	<p>During the time when you were regularly overeating/binge eating, did you ever use any of these behaviours (made yourself vomit, used pills, exercised excessively or fasted), on their own or in combination, at least once a week?</p>			<p>[Select one from]</p> <ul style="list-style-type: none"> - 01=Yes, at least once a week - 00=No - DA=Prefer not to answer
EP10b	29142	<p>What was the longest amount of time when you were overeating/binge eating and you engaged in any of these behaviours (made yourself vomit, used pills, exercised excessively or fasted), on their own or in combination, at least once a week?</p>			<p>[Select one from]</p> <ul style="list-style-type: none"> - 03 At least three months - 02 More than one month but less than three months - 01 Less than one month - DA Prefer not to answer

EP10c	29143	During the time when you were overeating/binge eating, how dependent was your self-worth on your body shape or weight?			<i>Select one from</i> - 02 A great deal - 01 A moderate amount - 00 None at all or very little - DA Prefer not to answer
EP11a	29144	Outside any periods of low weight or regular overeating/binge eating that you may have told us about, was there a time in your life when you made yourself vomit, used laxatives, diuretics or pills, on their own or in combination, at least once a week as a way to control your body shape or weight?			<i>[Select one from]</i> - 01 Yes, at least once a week - 00 No - DA Prefer not to answer
EP11b	29145	Outside any periods of low weight or regular overeating/binge eating that you may have told us about, what was the longest amount of time where you engaged in any of the behaviours (made yourself vomit, used laxatives, diuretics or pills), on their own or in combination, at least once a week?			<i>[Select one from]</i> - 03 At least three months - 02 More than one month but less than three months - 01 Less than one month - DA Prefer not to answer
EP11c	29146	During the time when you were engaging in these behaviours, how dependent was your self-worth on your body shape or weight?			<i>[Select one from]</i> - 02 A great deal - 01 A moderate amount - 00 None at all or very little - DA Prefer not to answer
EP12a	29147	Roughly how old were you the FIRST time you had a period of at least three months where you were engaging in any of these behaviours?			<i>[BBOX2: Integer box 2 to 99. If a participant provides input <2 (0 or 1) and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "This number is too low." Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP12a=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</i> BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer

EP12b	29148	Roughly how old were you the LAST time you had a period of at least three months where you were engaging in any of these behaviours?			<p>[BBOX2: Integer box 2 to 99. The input has to be compared with the result of EP12a and input of EP12b cannot be lower than EP12a. EP12b has to be \geq EP12a.</p> <p>If a participant provides lower input (equal result is accepted) for EP12b than for EP12a and tries to proceed, an error highlighted in yellow appears, asking the participant to correct an answer. The following text needs to be displayed: "Age last cannot be less than age first." Do not know (DK) and Prefer not to answer (DA) are exclusive. If EP12b=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>BBOX2 & "years old" OR - DK Do not know OR - DA Prefer not to answer</p>
EP13	29149	Right now, how dependent is your self-esteem on your body shape or weight?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 02 A great deal - 01 A moderate amount - 00 None at all or very little - DA Prefer not to answer
EQ-5D-5L					
EQ5D5L BLOCK		Please select the ONE box that best describes your health TODAY.			<p>From OQS menu</p> <p>Go to EQ5D5L1a</p>
EQ5D5L 1a	29150	MOBILITY	Field ID 120098		<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 I have no problems in walking about - 01 I have slight problems in walking about - 02 I have moderate problems in walking about - 03 I have severe problems in walking about - 04 I am unable to walk about
EQ5D5L 1b	29151	SELF-CARE	Field ID 120099		<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 I have no problems washing or dressing myself - 01 I have slight problems washing or dressing myself - 02 I have moderate problems washing or dressing myself - 03 I have severe problems washing or dressing myself - 04 I am unable to wash or dress myself
EQ5D5L 1c	29152	USUAL ACTIVITIES (e.g., work, study, housework, family or leisure activities)	Field ID 120100		<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 I have no problems doing my usual activities - 01 I have slight problems doing my usual activities - 02 I have moderate problems doing my usual activities - 03 I have severe problems doing my usual activities - 04 I am unable to do my usual activities

EQ5D5L 1d	29153	PAIN / DISCOMFORT	Field ID 120101		[Select one from] - 00 I have no pain or discomfort - 01 I have slight pain or discomfort - 02 I have moderate pain or discomfort - 03 I have severe pain or discomfort - 04 I have extreme pain or discomfort
EQ5D5L 1e	29154	ANXIETY / DEPRESSION	Field ID 120102		[Select one from] - 00 I am not anxious or depressed - 01 I am slightly anxious or depressed - 02 I am moderately anxious or depressed - 03 I am severely anxious or depressed - 04 I am extremely anxious or depressed
EQ5D5L 2	29155	We would like to know how good or bad your health is TODAY. You will see a scale numbered from 0 to 100. 100 means the <u>best</u> health you can imagine. 0 means the <u>worst</u> health you can imagine. Please indicate on the scale how your health is TODAY. The best health you can imagine = 100 The worst health you can imagine = 0 YOUR HEALTH TODAY =	Field ID 120103		[Slider marked from] 0 The worst health you can imagine to 100 The best health you can imagine OR - DA Prefer not to answer
COVID-19					
CVINTR O1		We would like to ask you some questions about COVID-19.			
CV1	29156	How many times do you think you have had COVID-19?			[Select one option from DropDownList1 OR DK OR DA. DK and DA are exclusive. If CV1=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.] DropDownList1: [Allow 11 choices, from 0 to 10] & "time(s)" 01=I do not know how many times I have had COVID-19 DK=I do not know if I have had COVID-19 DA=Prefer not to answer
CV2	29157	When do you think you <u>first</u> had or might have had COVID-19 (please tell us the date that you first had symptoms that you believe to have been caused by COVID-19)? If you do not remember exactly, please provide your best estimate.			[Select date OR DK OR DA. DK and DA are exclusive. If CV2=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made. If date entered is in the future, please display error message "The date cannot be in the future." If date entered is invalid, please display error message "Please enter a valid date." If date entered is older than 1/11/2019, display error message: "The date entered is too long ago."]

					<p>DropDownList2: [31 choices 1-31.] DropDownList3: [12 choices for months "January" to "December"] DropDownList4: [Text box allowing integer values and it allows selection of an integer between 2019 and current year.] OR DK= Do not know OR DA=Prefer not to answer</p>
CV3	29158	When you first had COVID-19, was this diagnosis:			<p>[Select one from] 05=confirmed by a positive PCR test (antigen test sent away to a lab)? 04=confirmed by a positive rapid lateral flow test (antigen test which shows result in 30 minutes or less)? 03=obtained via a positive antibody test (blood test) only? 02=based on medical advice (and not a positive test)? 01=based on strong personal suspicion (and not a positive test)? DK= Do not know DA=Prefer not to answer</p>
CV4	29159	When do you think you had or might have had COVID-19 most recently (please tell us the date that you first had symptoms that you believe to have been caused by COVID-19 most recently)? If you do not remember exactly, please provide your best estimate.			<p>[Select date OR DK OR DA. DK and DA are exclusive. If CV4=Do not know/cannot remember (DK) OR Prefer not to answer (DA, no other selection can be made. If date entered is in the future, please display error message "The date cannot be in the future." If date entered is invalid, please display error message "Please enter a valid date.". If date entered is earlier than date entered for CV2, please display error message "Recent COVID infection cannot be before first COVID infection.]</p> <p>DropDownList5: [31 choices 1-31.] DropDownList6: [12 choices for months - "January" to "December"] DropDownList7: [Text box allowing integer values and it allows selection of an integer between 2019 and current year.] OR DK=Do not know/cannot remember OR DA=Prefer not to answer</p>
CV5	29160	When you had COVID-19 most recently, was this diagnosis:			<p>[Select one or more from 01-05. DK and DA are exclusive. If CV5=Do not know (DK) OR Prefer not to answer (DA), no other selection can be made.]</p> <p>05=confirmed by a positive PCR test (antigen test sent away to lab)? 04=confirmed by a positive rapid lateral flow test (antigen test which shows result in 30 minutes or less)? 03=obtained via a positive antibody test (blood test) only? 02=based on medical advice (and not a positive test)? 01=based on strong personal suspicion (and not a positive test)? DK= Do not know</p>

					DA=Prefer not to answer
CV6	29161	Thinking of your most recent, or only, episode of COVID-19, do you feel you have recovered to normal?			[Select one from] 00=Yes, completely 01=Yes, mostly 02=Partially 03=No, not at all 04=No, getting worse DK=Do not know DA=Prefer not to answer
Social situation, loneliness and resilience					
SSSTEM		Thinking about the current time in your life:			
SS1	29162	How many people are living in your household? (Include everyone you share your home with)			[Select one from] - 00 Only me - 01 Me and one other - 02 More than two but less than five - 03 Five or more - DA Prefer not to answer
SS2	29163	How often do you see friends and family in person?			[Select one from] - 00 Never or almost never - 01 Once every few months - 02 About once a month - 03 About once a week - 04 2-4 times a week - 05 Daily or almost daily - DA Prefer not to answer
SS2a	29164	How often do you see friends and family on a video call (with a camera)?			[Select one from] - 00 Never or almost never - 01 Once every few months - 02 About once a month - 03 About once a week - 04 2-4 times a week - 05 Daily or almost daily - DA Prefer not to answer
SS2b	29165	How often do you speak to your friends and family on a voice call (without a camera)?			[Select one from] - 00 Never or almost never - 01 Once every few months - 02 About once a month - 03 About once a week - 04 2-4 times a week - 05 Daily or almost daily - DA Prefer not to answer

SS3	29166	How often are you able to confide in someone close to you?			<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 00 Never or almost never - 01 Once every few months - 02 About once a month - 03 About once a week - 04 2-4 times a week - 05 Daily or almost daily - DA Prefer not to answer
SS4	29167	Which of the following do you attend in person at least once a week ? [Select all that apply]			<p><i>[Select one or more from 01-05. 00 AND DA are exclusive. If SS4=None of the above (00), no other selection can be made. If SS4=Prefer not to answer (DA), no other selection can be made.]</i></p> <ul style="list-style-type: none"> - 01 Sports club or gym/fitness class - 02 Pub or social club - 03 Religious group - 04 Adult education class - 05 Other group activity - 00 None of the above - DA Prefer not to answer
SS4a	29168	Which of the following do you attend virtually at least once a week ? For instance, a fitness class or religious service live-streamed on the internet [Select all that apply]			<p><i>[Select one or more from 01-05. 00 AND DA are exclusive. If SS4a=None of the above (00), no other selection can be made. If SS4a=Prefer not to answer (DA), no other selection can be made.]</i></p> <ul style="list-style-type: none"> - 01 Sports club or gym/fitness class - 02 Pub or social club - 03 Religious group - 04 Adult education class - 05 Other group activity - 00 None of the above - DA Prefer not to answer
SS5	29169	Which of the following describes your current situation? [Select all that apply]			<p><i>[Select one or more from 01–10. DK AND DA are exclusive. If SS5=Do not know (DK), no other selection can be made. If SS5=Prefer not to answer (DA), no other selection can be made.]</i></p> <ul style="list-style-type: none"> - 01 Employed - 02 Self-employed - 03 Retired - 04 Looking after the home - 05 Carer for close family member(s) - 06 Providing childcare for family - 07 Unable to work due to sickness - 08 Unemployed - 09 Unpaid or voluntary work - 10 Student - DK Do not know - DA Prefer not to answer

SS5a	29170	When did you retire? (by which we mean stop working in your field, not merely take official retirement)			<p>[Select one from drop-down menu or Do not know (DK) or Prefer not to answer (DA); DK and DA are presented as radio buttons]</p> <ul style="list-style-type: none"> - I am still working in some capacity - Before 2017 - 2017 - 2018 - 2019 - 2020 - 2021 - 2022 <p>[Loop from 2017 until present year]</p> <p>OR</p> <ul style="list-style-type: none"> - DK Do not know <p>OR</p> <ul style="list-style-type: none"> - DA Prefer not to answer
SS6	29171	How often do you feel that you are “in tune” with the people around you?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Hardly ever - 01 Some of the time - 02 Often - DK Do not know - DA Prefer not to answer
SS7	29172	How often do you feel that you lack companionship?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Hardly ever - 01 Some of the time - 02 Often - DK Do not know - DA Prefer not to answer
SS8	29173	How often do you feel left out?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Hardly ever - 01 Some of the time - 02 Often - DK Do not know - DA Prefer not to answer
SS9	29174	How often do you feel isolated from others?			<p>[Select one from]</p> <ul style="list-style-type: none"> - 00 Hardly ever - 01 Some of the time - 02 Often - DK Do not know - DA Prefer not to answer
BRSBLO CK		How much do you agree with the following?			<p>From SS9</p> <p>Go to BRS1</p>

BRS1	29175	I tend to bounce back quickly after hard times			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
BRS2	29176	I have a hard time making it through stressful events			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
BRS3	29177	It does not take me long to recover from a stressful event			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
BRS4	29178	It is hard for me to snap back when something bad happens			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
BRS5	29179	I usually come through difficult times with little trouble			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
BRS6	29180	I tend to take a long time to get over setbacks in my life			[Select one from] - 01 Strongly disagree - 02 Disagree - 03 Neutral - 04 Agree - 05 Strongly agree
Subjective well-being					
WBINTR O		We would like to know how you feel about life in general.			From OQS menu Go to WB1
WB1	29181	In general, how happy are you?	Field ID 20458		[Select one from] - 01 Extremely happy - 02 Very happy

					<ul style="list-style-type: none"> - 03 Moderately happy - 04 Moderately unhappy -05 Very unhappy - 06 Extremely unhappy - DK Do not know - DA Prefer not to answer
WB2	29182	To what extent do you feel your life is meaningful?	Field ID 20460		<p><i>[Select one from]</i></p> <ul style="list-style-type: none"> - 01 Not at all - 02 A little - 03 A moderate amount - 04 Very much - 05 An extreme amount - DK Do not know - DA Prefer not to answer