

**Questions about you**

**It should only take about 15 to 20 minutes to fill in these questions. They will help us understand more about how things are for you at the moment.**

**You can fill them in on your own or with help from your care team. There are no right or wrong answers and you don’t have to answer anything you don’t want to. If you have any questions, just ask!**

**Thank you!**

**Self report measures BL**

**Version 1 10.09.2020**

**IRAS ID : 272880**

INSERT TRUST LOGO

##

This questionnaire is designed to measure certain feelings and thoughts. We assume that these feelings and thoughts are much more common in the general population than previously believed and that most people have had such feelings or thoughts during their lives.

You should indicate how many times you have had a certain feeling or thought. You do this by circling the number of the answer that applies most to you. There are no right or wrong answers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | Never | Sometimes | Often | Nearly always | Prefer not to say |
| 1. Do you ever feel like you are not a very animated person?  | 1 | 2 | 3 | 4 | X |
| 2. Do you ever feel that you are not much of a talker when you are conversing with others?  | 1 | 2 | 3 | 4 | X |
| 3. Do you ever feel like you experience few or no emotions at important events?  | 1 | 2 | 3 | 4 | X |
| 4. Do you ever feel like you have no interest to be with other people?  | 1 | 2 | 3 | 4 | X |
| 5. Do you ever feel like you are lacking in motivation to do things?  | 1 | 2 | 3 | 4 | X |
| 6. Do you ever feel that you are lacking in energy?  | 1 | 2 | 3 | 4 | X |
| 7. Do you ever feel that your mind is empty?  | 1 | 2 | 3 | 4 | X |
| 8. Do you ever feel that you are spending all your days doing nothing?  | 1 | 2 | 3 | 4 | X |
| 9. Do you ever feel that your feelings are lacking in intensity?  | 1 | 2 | 3 | 4 | X |
| 10. Do you ever feel like you are lacking in spontaneity?  | 1 | 2 | 3 | 4 | X |
| 11. Do you ever feel that your emotions are blunted?  | 1 | 2 | 3 | 4 | X |
| 12. Do you ever feel that you are neglecting your appearance or personal hygiene?  | 1 | 2 | 3 | 4 | X |
| 13. Do you ever feel that you can never get things done?  | 1 | 2 | 3 | 4 | X |
| 14. Do you ever feel that you have only few hobbies or interests?  | 1 | 2 | 3 | 4 | X |

These questions ask about personal experiences you may have had in your life so far.

Many questions refer to ‘when you were young’: this means the period of your life when you were growing up and before you left school. When we talk about ‘parents’ this means the adults who had the main responsibility for your upbringing as a child and a teenager. If your parents behaved differently, please answer the questions thinking about the parent whose behaviour was worse.

Read each item carefully and tick the box that most accurately describes the experience from your point of view. Please answer all the questions as honestly as you can.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Never | Rarely  | Some-times | Often | Nearly Always  | Prefer not to say |
| 1 | 1r | When I was young, I felt safe and protected by somebody | 1 | 2 | 3 | 4 | 5 | X |
| 2 | 2 | When I was young, I was often hungry | 1 | 2 | 3 | 4 | 5 | X |
| 3 | 4 | I often had to wear ragged or dirty clothes to school | 1 | 2 | 3 | 4 | 5 | X |
| 4 | 5r | When I was young I felt valued or important | 1 | 2 | 3 | 4 | 5 | X |
| 5 | 6 | My parents / caregivers were often drunk, stoned or wasted | 1 | 2 | 3 | 4 | 5 | X |
| 6 | 8r | My family were emotional warm and loving | 1 | 2 | 3 | 4 | 5 | X |
| 7 | 9 | When I was young, I was hit so hard that it left marks, cuts or bruises | 1 | 2 | 3 | 4 | 5 | X |
| 8 | 10 | I felt rejected by my parents / caregivers | 1 | 2 | 3 | 4 | 5 | X |
| 9 | 12 | When I was young, I was humiliated by people in my family | 1 | 2 | 3 | 4 | 5 | X |
| 10 | 13r | When I was young, my family looked after each other | 1 | 2 | 3 | 4 | 5 | X |
| 11 | 14 | I believe that I am a bad person | 1 | 2 | 3 | 4 | 5 | X |
| 12 | 16 | I have experienced serious physical assault  | 1 | 2 | 3 | 4 | 5 | X |
| 13 | 17 | Adults (like teachers, doctors or nurses) noticed cuts, bruises or marks from when I was beaten | 1 | 2 | 3 | 4 | 5 | X |
| 14 | 20 | I think I was physically abused when I was young | 1 | 2 | 3 | 4 | 5 | X |
| 15 | 21r | I respect myself | 1 | 2 | 3 | 4 | 5 | X |
| 16 | 22 | When I was young, someone touched me or tried to make me touch them in a sexual way | 1 | 2 | 3 | 4 | 5 | X |
| 17 | 24 | I have been involved in life-threatening situations | 1 | 2 | 3 | 4 | 5 | X |
| 18 | 25 | I was forced to keep secrets about someone sexually interfering with me when I was young  | 1 | 2 | 3 | 4 | 5 | X |
| 19 | 26 | When I was young, I felt hated by a member or members of my family | 1 | 2 | 3 | 4 | 5 | X |
| 20 | 30 | I have experienced sexual assault  | 1 | 2 | 3 | 4 | 5 | X |
| 21 | 31r | If I needed treatment someone would always take me to see a doctor or nurse when I was young | 1 | 2 | 3 | 4 | 5 | X |
| 22 | 32 | I feel that I was put down, criticized and made to feel inferior when I was young | 1 | 2 | 3 | 4 | 5 | X |
| 23 | 33 | Someone sexually molested me when I was young  | 1 | 2 | 3 | 4 | 5 | X |
| 24 | 40 | My family was supportive and encouraging when I was young | 1 | 2 | 3 | 4 | 5 | X |
| 25 | 41 | I believe that I was sexually used when I was young | 1 | 2 | 3 | 4 | 5 | X |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Several days | More than half the days | Nearly every day | Prefer not to say |
| 1.  | Over the last 2 weeks, how often have you been bothered by any of the following problems? |
|  | 1. Little interest or pleasure in doing things
 | 0 | 1 | 2 | 3 | X |
|  | 1. Feeling down, depressed, or hopeless
 | 0 | 1 | 2 | 3 | X |
|  | 1. Trouble falling/staying asleep, sleeping too much
 | 0 | 1 | 2 | 3 | X |
|  | 1. Feeling tired or having little energy
 | 0 | 1 | 2 | 3 | X |
|  | 1. Poor appetite or overeating
 | 0 | 1 | 2 | 3 | X |
|  | 1. Feeling bad about yourself or that you are a failure or have let yourself or your family down
 | 0 | 1 | 2 | 3 | X |
|  | 1. Trouble concentrating on things, such as reading the newspaper or watching television.
 | 0 | 1 | 2 | 3 | X |
|  | 1. 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.
 | 0 | 1 | 2 | 3 | X |
|  | 1. Thoughts that you would be better off dead or of hurting yourself in some way.
 | 0 | 1 | 2 | 3 | X |
|  |  | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult | Prefer not to say |
| 2.  | If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? | 0 | 1 | 2 | 3 | X |





##

Below is a list of items that describe people.

**Please think carefully about when you were aged between the ages of 12 and 16.**

Please **circle** the number for each item that best describes you.

If the item **‘NEVER’** described you aged 12-16 circle the **‘1’**, if it **‘SOMETIMES’** described you circle the **‘2’**, if it **‘OFTEN’** described you circle the **‘3’** and if it **‘ALWAYS’** described you circle the **‘4’**.

Remember this is about when you were aged between 12 and 16, and **not** how you currently feel.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Often** | **Always** | **Prefer not to say** |
| **1.** I went out to places with my friends | 1 | 2 | 3 | 4 | X |
| **2.**  I had friends of the opposite sex | 1 | 2 | 3 | 4 | X |
| **3.** I went to parties or school dances | 1 | 2 | 3 | 4 | X |
| **4.** I had at least one or two special friends | 1 | 2 | 3 | 4 | X |
| **5.** I spent most of my spare time alone | 1 | 2 | 3 | 4 | X |
| **6.** I had difficulty making friends | 1 | 2 | 3 | 4 | X  |

Thank you for completing these questions. If you have any questions or concerns please speak to a member of your care team.

We are interested to know whether people are able to complete these questions in face to face appointments with their care team or not: Could you let us know how you completed these questions by ticking the box below?

|  |
| --- |
|  ✓  |
| 1 | I completed these questions by myself at home or with a friend/family at home |  |
| 2 | I completed these questions by myself at an NHS service  |  |
| 3 | I completed these questions with someone from my care team in a face to face appointment at my home  |  |
| 4 | I completed these questions with someone from my care team in a face to face appointment at an NHS service |  |
| 5 | I completed these questions with someone from my care team over the phone  |  |
| 6 | I completed these questions with someone from my care team over a video call  |  |