

Version 1.0 Date: 14<sup>th</sup> February 2023

### **The Oxford trust survey**

All questions were presented on Qualtrics.

1. *Socio-demographic information*
2. *Dunn Worry Questionnaire (DWQ)*
3. *Revised Green et al Paranoid Thoughts Scale (R-GPTS)*
4. *Oxford Paranoia Defences Questionnaires*
5. *Oxford Positive Self Scale – short form (OxPos)*
6. *Brief Core Schema Scale – Negative Thoughts (BCSS)*
7. *Global Felt Sense of Anomaly scale*
8. *Cardiff Anomalous Perceptions Scale (CAPS) – hallucinations*
9. *Intrusive Images*
10. *Aberrant Salience Inventory (ASI)*
11. *Anxiety Sensitivity Index*
12. *Oxford Agoraphobia Avoidance Scale (O-AS)*
13. *Rational-experiential inventory – rational reasoning (REI)*
14. *Insomnia Severity Index (ISI)*
15. *Social Phobia Inventory (SPIN)*
16. *Rotter’s Locus of control scale – adapted short form*
17. *Alcohol Use Disorders Identification Test (AUDIT-C)*
18. *Cannabis Use Disorder Identification Test – first question*
19. *Discrimination (APMS 2007)*
20. *List of Threatening Experiences (APMS)*
21. *California Bullying Victimization Scale – first question*
22. *Childhood mistreatment - APMS*
23. *Multidimensional Scale of Perceived Social Support*

Version 1.0 Date: 14<sup>th</sup> February 2023

## START OF SURVEY

### 1. Demographics

#### 1. **Age**

#### 2. **Gender**

Prefer not to say

Male

Female

Non-binary or other gender: please specify \_\_\_\_\_

#### 3. **Ethnicity**

Choose one option that best describes your ethnic group or background

##### **White**

1. Welsh/English/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

##### **Mixed/Multiple ethnic groups**

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe

##### **Asian/Asian British**

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

##### **Black/African/Caribbean/Black British**

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe

##### **Other ethnic group**

17. Arab
18. Any other ethnic group, please describe

#### 4. **Annual Income**

What is your total annual household income?

<£15,000

Version 1.0 Date: 14<sup>th</sup> February 2023

£15,000 – £19,999

£20,000 – £29,999

£30,000 – £39,999

£40,000 – £49,999

£50,000 – £59,999

£60,000 – £69,999

£70,000 – £99,999

£100,000+

Prefer not to say

**5. Marital status**

Single

Cohabiting

Married or Civil Partnership

Divorced or separated

Widowed

**6. Employment/ work status**

Unemployed

Employed full-time

Employed part-time

Self-employed

Retired

Student

Homemaker

Voluntary

Disabled/Long-term sick leave

**7. Region**

North East

North West

Yorkshire and the Humber

East Midlands

West Midlands

East

London

South East

South West

Wales

Scotland

Northern Ireland

**8. Current mental health status**

Have you had contact with mental health services in the last 6 months?

Yes

No

Prefer not to answer

Version 1.0 Date: 14<sup>th</sup> February 2023

Do you have a current diagnosis of a mental health problem?

Yes

No

Prefer not to answer

If yes, please select from list:

Prefer not to answer

Depression

Anxiety

Schizophrenia

Bipolar disorder

Eating disorder

Other: \_\_\_\_\_

## 2. Worry

Please select the numbers that best describe your experience **in the past month**.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been worrying a lot.	0	1	2	3	4
In my mind I have been going over problems again and again.	0	1	2	3	4
There was little I could do to stop worrying.	0	1	2	3	4
I have been worrying even though I didn't want to.	0	1	2	3	4
Worry has stopped me focusing on important things in my day.	0	1	2	3	4
Worry has stopped me sleeping.	0	1	2	3	4
Worry has caused me to feel upset.	0	1	2	3	4
Worry has made me feel stressed.	0	1	2	3	4

Version 1.0 Date: 14<sup>th</sup> February 2023

Worry has made me feel anxious.	0	1	2	3	4
Worry has made me feel hopeless.	0	1	2	3	4

### 3. Mistrust

Please read each of the statements carefully. They refer to thoughts and feelings you may have had about others over the **last month**. Think about the **last month** and indicate the extent of these feelings from 0 (Not at all) to 4 (Totally).

(Please do not rate items according to any experiences you may have had under the influence of drugs.)

#### Part A:

	Not at all	Somewhat			Totally
1. I spent time thinking about friends gossiping about me.	0	1	2	3	4
2. I often heard people referring to me.	0	1	2	3	4
3. I have been upset by friends and colleagues judging me critically.	0	1	2	3	4
4. People definitely laughed at me behind my back.	0	1	2	3	4
5. I have been thinking a lot about people avoiding me.	0	1	2	3	4
6. People have been dropping hints for me.	0	1	2	3	4
7. I believed that certain people were not what they seemed.	0	1	2	3	4
8. People talking about me behind my back upset me.	0	1	2	3	4

Version 1.0 Date: 14<sup>th</sup> February 2023**Part B:**

	Not at all		Somewhat		Totally
1. Certain individuals have had it in for me.	0	1	2	3	4
2. People wanted me to feel threatened, so they stared at me.	0	1	2	3	4
3. I was certain people did things in order to annoy me.	0	1	2	3	4
4. I was convinced there was a conspiracy against me.	0	1	2	3	4
	Not at all		Somewhat		Totally
5. I was sure someone wanted to hurt me.	0	1	2	3	4
6. I couldn't stop thinking about people wanting to confuse me.	0	1	2	3	4
7. I was distressed by being persecuted.	0	1	2	3	4
8. It was difficult to stop thinking about people wanting to make me feel bad.	0	1	2	3	4
9. People have been hostile towards me on purpose.	0	1	2	3	4
10. I was angry that someone wanted to hurt me.	0	1	2	3	4

**Part C**

1. I would describe myself as:

Very trusting of other people/ generally trusting of other people/ generally mistrustful of other people/ very mistrustful of other people.

2. I have exaggerated fears that others may try to embarrass me.

Version 1.0 Date: 14<sup>th</sup> February 2023

Response scale: Not at all/Occasionally/Sometimes/Often

3. I have exaggerated fears that others may try to ruin my reputation.

Response scale: Not at all/Occasionally/Sometimes/Often

4. I have exaggerated fears that others may try to steal from me.

Response scale: Not at all/Occasionally/Sometimes/Often

5. I have exaggerated fears that others may try to physically harm me.

Response scale: Not at all/Occasionally/Sometimes/Often

6. I feel more fearful of what other people may do to me than I should.

Response scale: Not at all/Occasionally/Sometimes/Often

7. I would like help to reduce fears that other people may harm me.

Response scale: Not at all/Maybe/Yes

8. I would like help to be more trusting of other people.

Response scale: Not all all/Maybe/Yes

#### 4. Defence behaviours

This questionnaire is interested in the types of things people do in order to minimise the risk of being harmed by others. When worried about being harmed, people can put up defences to keep themselves safe. Please select the number that best describes how often you have done each strategy in the last two weeks.

Strategies to keep myself safe.	Never	Occasionally	Often	Always
1. I keep the curtains closed so I can't be watched.	0	1	2	3
2. I only go out at certain times of the day that I think are safer.	0	1	2	3

Version 1.0 Date: 14<sup>th</sup> February 2023

3.	I have an escape plan ready.	0	1	2	3
4.	I check for smells that might indicate danger	0	1	2	3
5.	I repeatedly check all the locks and windows.	0	1	2	3
6.	I carefully plan my routes to avoid danger.	0	1	2	3
7.	I position myself so that I have a clear view of everyone.	0	1	2	3
8.	I keep my head down.	0	1	2	3
9.	I check if the items in my home have been interfered with.	0	1	2	3
10.	I keep someone with me for protection.	0	1	2	3
11.	I watch out for signs of danger.	0	1	2	3
12.	I try to do what I need to do as quickly as possible.	0	1	2	3
13.	I don't stay anywhere for too long.	0	1	2	3
14.	I stay away from the windows so I can't be watched.	0	1	2	3
15.	I wear clothes that I can easily run away in.	0	1	2	3
16.	I listen out for any sounds that might indicate danger.	0	1	2	3
17.	I plan for the dangers that might exist.	0	1	2	3
18.	I watch out for threatening body language.	0	1	2	3
19.	I try to keep a low profile.	0	1	2	3
20.	I avoid making eye contact to prevent others from harming me.	0	1	2	3

## 5. Positive self-beliefs

This questionnaire lists beliefs that people can hold about themselves. Please indicate how strongly you hold each of the following beliefs by **selecting a number 0 (Do not believe it) – 4 (Believe it totally)**.

Try to judge the beliefs on how you have viewed yourself **over the past week**.

	Do not believe it	Believe it slightly	Believe it moderately	Believe it very much	Believe it totally
1. I can succeed	0	1	2	3	4
2. I am worthwhile	0	1	2	3	4



Version 1.0 Date: 14<sup>th</sup> February 2023

3. I rise to the challenge	0	1	2	3	4
4. I can do things as well as anyone else	0	1	2	3	4
5. I can relax	0	1	2	3	4
6. I can have fun	0	1	2	3	4
7. I am a good person	0	1	2	3	4
8. I am helpful	0	1	2	3	4

## 6. Negative self-beliefs

This questionnaire lists beliefs that people can hold about themselves. Please indicate how strongly you hold it by **selecting a number 0 (Not at all) – 4 (Totally)**.

MYSELF	Do not believe it	Believe it slightly	Believe it moderately	Believe it very much	Believe it totally
I am unloved	0	1	2	3	4
I am worthless	0	1	2	3	4
I am weak	0	1	2	3	4
I am vulnerable	0	1	2	3	4

Version 1.0 Date: 14<sup>th</sup> February 2023

I am bad	0	1	2	3	4
I am a failure	0	1	2	3	4

## 7. Sense of strangeness

Please read the following items and rate how often you have experienced these over the past **TWO WEEKS** using the following rating:

0	1	2	3	4
Never	Rarely	Sometimes	Often	Always

Please note that this should NOT be whilst under the influence of drugs, alcohol or legal highs.

		Never	Rarely	Sometimes	Often	Always
i	Things seem strange.	0	1	2	3	4
ii	I feel odd.	0	1	2	3	4
iii	Things seem weird.	0	1	2	3	4
iv	I feel surreal.	0	1	2	3	4
v	My experiences seem peculiar.	0	1	2	3	4

## 8. Hearing things

These questions relate to a wide variety of experiences and perceptions. Some of these may be relevant to you and some will not be, but please try to respond to every statement. There are no right or wrong answers.

Please rate **how frequently** you have the following experiences.

Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
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Version 1.0 Date: 14<sup>th</sup> February 2023

Hear noise or sounds when there is nothing about to explain them	0	1	2	3	4	5
Feel that someone is touching you, but when you look nobody is there	0	1	2	3	4	5
Hear sounds or music that people near you don't hear	0	1	2	3	4	5
Detect smells which don't seem to come from your surroundings	0	1	2	3	4	5
See things other people cannot	0	1	2	3	4	5
Experience unusual burning sensations or other strange feelings in or on your body that cant be explained	0	1	2	3	4	5
See shapes, lights or colours even though there is nothing really there	0	1	2	3	4	5
Hear voices commenting on what you're thinking or doing	0	1	2	3	4	5
Notice smells or odours that people next to you seem unaware of	0	1	2	3	4	5
Hear voices saying words or sentences when there is no one around that might account for it	0	1	2	3	4	5
Hear two or more unexplained voices talking to each other	0	1	2	3	4	5

## 9. Images

Please rate whether you have had images (pictures in your mind) of any of the following.

Version 1.0 Date: 14<sup>th</sup> February 2023

	Not at all	Rarely	Once a month	Once a week	Several times a week	Daily
Unwanted images of other people laughing at me.	0	1	2	3	4	5
Unwanted images of other people physically harming me.	0	1	2	3	4	5
Unwanted images of getting things wrong in front of other people.	0	1	2	3	4	5

## 10. Experiencing the world

Please answer “yes” or “no” as to whether you have had any of these experiences. When thinking about yourself and your experience, do not count as important those attitudes, feelings, or experiences you might have had only while under the influence of alcohol or other drugs (e.g., marijuana, LSD, cocaine).

Version 1.0 Date: 14<sup>th</sup> February 2023

AQA

	Yes	No
1) Do certain trivial things ever suddenly seem especially important or significant to you?	Y	N
2) Do you sometimes feel like you are on the verge of something really big, but you're not sure what it is?	Y	N
3) Do your senses sometimes seem sharpened?	Y	N
4) Do you ever feel like you are rapidly approaching the height of your intellectual powers?	Y	N
5) Do you sometimes notice small details that you have not noticed before that seem important?	Y	N
6) Do you sometimes feel like it is important for you to figure something out, but you're not sure what it is?	Y	N
7) Do you ever go through periods where you feel especially religious or mystical?	Y	N
8) Do you ever have difficulty telling if you are thrilled, frightened, pained, or anxious?	Y	N
9) Do you ever go through periods of heightened awareness?	Y	N
10) Do you ever feel the need to make sense of seemingly random situations or occurrences?	Y	N
11) Do you sometimes feel like you are finding the missing piece to a puzzle?	Y	N
12) Do you sometimes feel that you can hear with a greater clarity?	Y	N
13) Do normally trivial observations sometimes take on an ominous significance?	Y	N
14) Do you go through periods in which songs sometimes seem to have an important meaning for your life?	Y	N
15) Do you sometimes attribute importance to objects which you normally would not?	Y	N
16) Do you sometimes feel like you are on the verge of figuring out something really big or important, but you aren't sure what it is?	Y	N
17) Has your sense of taste ever seemed more acute?	Y	N
18) Do you ever feel like the mysteries of the universe are revealing themselves to you?	Y	N
19) Do you go through periods in which you feel over-stimulated by things or experiences that are normally manageable?	Y	N

Version 1.0 Date: 14<sup>th</sup> February 2023

20) Do you often become fascinated by the little things around you?	Y	N
21) Do your senses ever seem extremely strong or clear?	Y	N
22) Do you ever feel like a whole world is opening up to you?	Y	N
23) Do you ever feel that your boundaries between inner and outer sensations have been removed?	Y	N
24) Do you sometimes feel like the world is changing and you are searching for an explanation?	Y	N
25) Do you ever perceive an overwhelming significance to things that are usually not significant to you?	Y	N
26) Do you ever have a feeling of inexpressible urgency, and you are not sure what to do?	Y	N
27) Have you sometimes become interested in people, events, places, or ideas that normally would not make an impression on you?	Y	N
28) Do your thoughts and perceptions ever come faster than can be assimilated?	Y	N
29) Do you sometimes notice things that you haven't noticed before that take on special significance?	Y	N

Version 1.0 Date: 14<sup>th</sup> February 2023

## 11. Anxiety sensitivity

Please rate each item by selecting one of the five answers for each question. Please answer each statement by circling the number that best applies to you.

	very little	a little	some	much	very much
1. It is important not to appear nervous.	0	1	2	3	4
2. When I cannot keep my mind on a task, I worry that I might be going crazy.	0	1	2	3	4
3. It scares me when I feel shaky.	0	1	2	3	4
4. It scares me when I feel faint.	0	1	2	3	4
5. It is important to me to stay in control of my emotions.	0	1	2	3	4
6. It scares me when I my heart beat rapidly.	0	1	2	3	4
7. It embarrasses me when my stomach growls.	0	1	2	3	4
8. It scares me when I am nauseous (sick stomach).	0	1	2	3	4
9. When I notice my heart beating rapidly, I worry that I might be having a heart attack.	0	1	2	3	4
10. It scares me when I become short of breath.	0	1	2	3	4
11. When my stomach is upset, I worry that I might be seriously ill.	0	1	2	3	4
12. It scares me when I am unable to keep my mind on a task.	0	1	2	3	4
13. Other people notice when I feel shaky.	0	1	2	3	4
14. Unusual body sensations scare me.	0	1	2	3	4
15. When I am nervous, I worry that I might be mentally ill.	0	1	2	3	4
16. It scares me when I am nervous.	0	1	2	3	4

Version 1.0 Date: 14<sup>th</sup> February 2023

## 12. Everyday situations

Anxiety can make it difficult for people to go into everyday situations. This questionnaire is all about anxiety in everyday situations. We want to know whether there are situations that you do not go into because of anxiety. We also want to know how anxious you think you would feel if you were in each of the situations. Please rate each task below on whether or not you feel you could do it at the moment (yes, I could manage to do it now/no, I would get too anxious) and how anxious/distressed you think you would feel doing it (on a scale from 0 to 10).

Do you feel you could do this right now?	Yes, I could do this now	No, I'd get too anxious	How anxious would you feel doing this?										
			No distress			Moderate distress				Extreme distress			
1. Stand outside your home on your own for 5minutes.			0	1	2	3	4	5	6	7	8	9	10
2. Walk down a quiet street on your own.			0	1	2	3	4	5	6	7	8	9	10
3. Walk down a busy street with someone you know.			0	1	2	3	4	5	6	7	8	9	10
4. Travel on your own on the bus for several stops.			0	1	2	3	4	5	6	7	8	9	10
5. Sit in the waiting room of your GP/health centre on your own for 5minutes.			0	1	2	3	4	5	6	7	8	9	10
6. Purchase an item in a local shop, from a shop assistant.			0	1	2	3	4	5	6	7	8	9	10
7. Go to a shopping centre on your own for 15minutes.			0	1	2	3	4	5	6	7	8	9	10
8. Sit in a café on your own for 10mins.			0	1	2	3	4	5	6	7	8	9	10



Version 1.0 Date: 14<sup>th</sup> February 2023

### 13. Reasoning style

Please mark on the 1-5 scale how much these statements are true or not for you.

	Completely False			Completely True	
I have a logical mind.	1	2	3	4	5
I prefer complex problems to simple problems.	1	2	3	4	5
I am not a very analytical thinker.	1	2	3	4	5
I try to avoid situations that require thinking in depth about something.	1	2	3	4	5
I don't reason well under pressure.	1	2	3	4	5
Thinking hard and for a long time about something gives me little satisfaction.	1	2	3	4	5
I am much better at figuring things out logically than most people.	1	2	3	4	5
I usually have clear, explainable reasons for my decisions.	1	2	3	4	5
Thinking is not my idea of an enjoyable activity.	1	2	3	4	5
I have no problem thinking things through carefully.	1	2	3	4	5
Learning new ways to think would be very appealing to me.	1	2	3	4	5
I'm not that good at figuring out complicated problems.	1	2	3	4	5
I enjoy intellectual challenges.	1	2	3	4	5
Reasoning things out carefully is not one of my strong points.	1	2	3	4	5
I enjoy thinking in abstract terms.	1	2	3	4	5
Using logic usually works well for me in figuring out problems in my life.	1	2	3	4	5
I don't like to have to do a lot of thinking.	1	2	3	4	5
Knowing the answer without having to understand the reasoning behind it is good enough for me.	1	2	3	4	5
I am not very good at solving problems that require careful logical analysis.	1	2	3	4	5

Version 1.0 Date: 14<sup>th</sup> February 2023

I enjoy solving problems that require hard thinking.	1	2	3	4	5
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## 14. Sleep

The following questions ask about your sleep in the **past two weeks**. For each question please CIRCLE the number that best describes your answer.

Please rate the following in relation to your **CURRENT** sleep (in the past **two weeks**).

Sleep problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problem waking up too early	0	1	2	3	4

4. How satisfied/ dissatisfied are you with your current sleep pattern?

Very Satisfied

Very dissatisfied

0

1

2

3

4

5. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood etc.).

Not at all interfering

A little

Somewhat

Much

Very much interfering

0

1

2

3

4

6. How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all noticeable

Barely

Somewhat

Much

Very much noticeable

0

1

2

3

4

Version 1.0 Date: 14<sup>th</sup> February 2023

## 7. How worried/distressed are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
0	1	2	3	4

## 15. Social anxiety

	Not At All	A Little Bit	Somewhat	Very Much	Extremely
1. I am afraid of people in authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am bothered by blushing in front of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Parties and social events scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I avoid talking to people I don't know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being criticized scares me a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I avoid doing things or speaking to people for fear of embarrassment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sweating in front of people causes me distress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I avoid going to parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I avoid activities in which I am the center of attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Talking to strangers scares me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I avoid having to give speeches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would do anything to avoid being criticized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Heart palpitations bother me when I am around people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am afraid of doing things when people might be watching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Being embarrassed or looking stupid are among my worst fears.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I avoid speaking to anyone in authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Trembling or shaking in front of others is distressing to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 16. Sense of control

Please rate the extent to which you agree or disagree with each statement:

1. Sometimes I feel that I don't have enough control over the direction my life has taken.
2. Many times I feel as though I have little influence over what happens to me.
3. Most people don't realise the extent to which their lives are controlled by accidental happenings.
4. Many times we might just as well decide what to do by flipping a coin.

*Response scale for all items: Strong disagree, disagree, agree, strongly agree.*

Version 1.0 Date: 14<sup>th</sup> February 2023

## 17. Alcohol use

1. How often do you have a drink containing alcohol?

(0) Never (Skip other questions)

(1) Monthly or less

(2) 2 to 4 times a month

(3) 2 to 3 times a week

(4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) 1 or 2

(1) 3 or 4

(2) 5 or 6

(3) 7, 8, or 9

(4) 10 or more

3. How often do you have six or more drinks on one occasion?

(0) Never

(1) Less than monthly

(2) Monthly

(3) Weekly

(4) Daily or almost daily

## 18. Cannabis use

How often do you use cannabis?

Version 1.0 Date: 14<sup>th</sup> February 2023

Prefer not to answer, Never, monthly or less, 2-4 times a month, 2-3 times a week, 4 or more times a week.

## 19. Discrimination

The next questions are about whether you have been unfairly treated in any aspect of your life, because you belong to a particular group.

1. Have you been unfairly treated in the last 12 months because of your skin colour or ethnicity?

Yes/No

2. Have you been unfairly treated in the last 12 months because of your sex?

Yes/No

3. Have you been unfairly treated in the last 12 months because of your religious beliefs?

Yes/No

4. Have you been unfairly treated in the last 12 months because of your age?

Yes/No

5. Have you been unfairly treated in the last 12 months because of your mental health?

Yes/No

6. Have you been unfairly treated in the last 12 months because of any other health problem or disability?

Yes/No

7/ Have you been unfairly treated in the last 12 months, because of your sexual orientation?

Yes/No

## 20. Stressful events

Please indicate whether you have experienced any of these problems or events in the past 12 months:

1 Serious illness or injury to yourself

2 Serious assault to yourself

3 Serious illness or injury to a close relative

Version 1.0 Date: 14<sup>th</sup> February 2023

4 Serious assault of a close relative

5 Death of an immediate family member of yours

6 Death of a close family friend or other relative, like an Aunt, cousin or grandparent

7 Separation due to marital difficulties, divorce or steady relationship broken down

8 Serious problem with a close friend, neighbour or relative

## 21. Childhood bullying

Have you ever had any of the following things happen to you at school, in a mean or hurtful way?

[Yes/No response format]

1. Been teased or called names in a mean or hurtful way
2. Had rumours or gossip spread in a mean or hurtful way behind your back?
3. Been left out of a group or ignored on purpose in a mean or hurtful way?
4. Been hit, pushed, or physically hurt in a mean or hurtful way?
5. Been threatened in a mean or hurtful way?
6. Had sexual comments, jokes, or gestures made to you in a mean or hurtful way?
7. Had your things stolen or damaged in a mean or hurtful way?
8. Been teased, had rumours spread, or threatened through the Internet (like MySpace, Facebook, or e-mail) or text messaging in a mean or hurtful way by a student at your school?

## 22. Childhood treatment

There are now some questions about how you were treated by others when you were a child

1. Not including smacking, before you were 18, did an adult in your life hit, beat, kick, or physically hurt you in any way?  
Yes/ No
2. Before you were 18, did you get scared or feel really bad because an adult in your life called you names, said mean things to you, or said they didn't want you?  
Yes/ No
- 3/ Sometimes a family argues over where a child should live. Before you were 18, did a parent take, keep, or hide you to stop you from being with another parent?  
Yes/No
4. Before you were 18, did an adult in your life shake you very hard or shove you against a wall or a piece of furniture?

Version 1.0 Date: 14<sup>th</sup> February 2023

Yes/No

## 23. Social support

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Thank you for completing this survey.

Please click the next button to finish.

If you find that you would like help for your mental health then we recommend speaking to your GP or contacting your local NHS Improving Access to

Version 1.0 Date: 14<sup>th</sup> February 2023

Psychological Therapies (IAPT) Service: [www.nhs.uk/Service-Search/Psychological-therapies-\(IAPT\)/LocationSearch/10008](http://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008)

There is also the Samaritans on 116 123 (UK or ROI) ([www.samaritans.org](http://www.samaritans.org)) and Mind Infoline on 0300 123 3393 ([www.mind.org.uk](http://www.mind.org.uk)).

In the case of an emergency please call 999 or your local emergency number.

END OF SURVEY