

OxCAP-MH

This questionnaire asks about your overall quality of life.

1	<p>Does your health in any way limit your daily activities, compared to most people of your age?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
2	<p>Are you able to meet socially with friends or relatives?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
3	<p>In the past 4 weeks, how often have you lost sleep over worry?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
4	<p>In the past 4 weeks, how often have you been able to enjoy your recreational activities?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
5	<p>How suitable or unsuitable is your accommodation for your current needs?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Very suitable <input type="checkbox"/> Fairly suitable <input type="checkbox"/> Neither suitable nor unsuitable <input type="checkbox"/> Fairly unsuitable <input type="checkbox"/> Very unsuitable
6	<p>Please indicate how safe you feel walking alone in the area near your home:</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Very safe <input type="checkbox"/> Fairly safe <input type="checkbox"/> Neither safe nor unsafe <input type="checkbox"/> Fairly unsafe <input type="checkbox"/> Very unsafe

7	<p>Please indicate how likely you believe it to be that you will be assaulted in the future (including sexual and domestic assault):</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Very likely <input type="checkbox"/> Fairly likely <input type="checkbox"/> Neither likely nor unlikely <input type="checkbox"/> Fairly unlikely <input type="checkbox"/> Very unlikely				
8	<p>How likely do you think it is that you will experience discrimination?</p> <p><i>[Please tick one]</i></p>	<input type="checkbox"/> Very likely (<i>Go to Q8a</i>) <input type="checkbox"/> Fairly likely (<i>Go to Q8a</i>) <input type="checkbox"/> Neither likely nor unlikely (<i>Go to Q9</i>) <input type="checkbox"/> Fairly unlikely (<i>Go to Q9</i>) <input type="checkbox"/> Very unlikely (<i>Go to Q9</i>)				
8a	<p>On what grounds do you think it is likely that you will be discriminated against?</p> <p><i>[Please tick up to three]</i></p>	<input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Religion <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Age <input type="checkbox"/> Health or disability (incl. mental health)				
9	<p>Please indicate how strongly you agree or disagree with the following statements:</p> <p><i>[Please tick one]</i></p>	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
9a	I am able to influence decisions affecting my local area.					
9b	I am free to express my views, including political and religious views.					
9c	I am able to appreciate and value plants, animals and the world of nature.					
9d	I respect, value and appreciate people around me.					
9e	I find it easy to enjoy the love, care and support of my family and friends.					
9f	I am free to decide for myself how to live my life.					
9g	I am free to use my imagination and to express myself creatively (e.g. through art, literature, music, etc.).					
9h	I have access to interesting forms of activity (or employment).					