

## OxCAP-MH

This questionnaire asks about your overall quality of life.

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



7	Please indicate how likely you believe it to be that you will be assaulted in the	☐ Very likely 1 ☐ Fairly likely 2						
	future (including sexual and domestic assault):	☐ Neither likely nor unlikely						
	,	Fairly unlik		uninc	ч		3 4	
	[Please tick one]	Very unlike	-				5	
8	How likely do you think it is that you will experience discrimination?					<b>. .</b>	1	
	•	Fairly likely (Go to Q8a)						
	[Please tick one]	Neither lik	ely nor	unlike	ly ( <b>Go</b> t	o Q9	3	
		│	kely (G	o to QS	9)		4	
0 -		☐ Very unlike	ely (Go	to Q9)			5	
8a	On what grounds do you think it is likely that you will be discriminated against?	Race/ethn	icity	\'				
	·	Gender	11					
	[Please tick up to three]	Religion						
		Sexual ori	entatio	n				
		☐ Age						
	•	☐ Health or o	disabili <sup>.</sup>	ty (incl	l. menta	al heal	th)	
		Other:						
9	Please indicate how strongly you agree or disagree				ee Ge			
	with the following statements:				r agı	9	<u>≥</u> e	
	[Please tick one]			Agree	Neither agree nor disagree	Disagree	Strongly disagree	
				Ř	Ž		Ω : <u>g</u>	
			5	4	3	2	1	
9a	I am free to influence decisions affecting my local area.							
9b	I am free to express my views, including political and religious views.							
9с	I am able to appleciate and value plants, animals and the world of nature.							
9d	I am able to respect, value and appreciate people around me.							
<b>9</b> e								
	family and/or friends.							
9f <b>-</b>	I am free to decide for myself how to live my life.							
9g	I am able to use my imagination and to express myself creatively (e.g. through art, literature, music, etc.).							
9h	I have access to interesting forms of activi employment).	ty (or						