

## 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]	□ Always	1			
		☐ Most of the time				
		□ Some of the time	3			
		Hardly ever				
		🗆 Never	5			
2	Are you able to meet socially with friends or relatives?	🗆 Always	5			
		☐ Most of the time	4			
	[Please tick one]	□ Some of the time	3			
		Hardly even	2			
			1			
3	In the past 4 weeks, how often have you		1			
	lost sleep over worry?	Most of the time	2			
	[Please tick one]	Some of the time	3			
		Hardly ever	4			
		Never Never	5			
4	In the past 4 weeks, how often have you been able to enjoy your recreational activities? [Please tick one]	□ Always	5			
		☐ Most of the time	4			
		☐ Some of the time	3			
		Hardly ever	2			
			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 walking alone in the area near your	Very safe	5			
C,	home: [Please tick one]	Fairly safe	4			
		☐ Neither safe nor unsafe	3			
	[riease lick one]	☐ Fairly unsafe	2			
		□ Very unsafe	1			

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7	Please indicate how likely you believe it to be that you will be assaulted in the	Very likely					1	
	iture (including sexual and domestic					2		
	assault):	☐ Neither likely nor unlikely					3	
	[Please tick one]	Fairly unlikely					4	
		U Very unlikely					5	
8	How likely do you think it is that you will experience discrimination?	Very likely ( <i>Go to</i> Q8a) 1						
		Fairly likely (Go to Q8a)					2	
	[Please tick one]	$\Box$ Neither likely nor unlikely (Go to Q9					3	
		☐ Fairly unlikely ( <i>Go to Q9</i> ) ☐ Very unlikely ( <i>Go to Q9</i> )					4	
							5	
8a	On what grounds do you think it is likely that you will be discriminated against?							
		Gender	$\mathbf{\mathbf{N}}$					
	[Please tick up to three]							
		Sexual ori	entatio	n				
		Health or o	disabilit	tv (inc	l. menta	al heal	th)	
		Other:		.,			,	
9	Please indicate how strongly you agree or				•	<u></u>		
	with the following statements:				agree gree	0		
	[Please tick one]			e	Neither agree nor disagree	Disagree	Strongly disagree	
				Agree	Neitl nor (	Disa	Strongly disagree	
	$\sim$		رم Strong Agree	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.							
9c								
9d	I am able to respect, value and appreciate people around me.							
9e	find it easy to enjoy the love, care and support of my family and/or friends.							
9f 🚽	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 activity (or employment).							