



Australian Government

Department of Health

Living in the Community Questionnaire (LCQ)

A measure of social participation

**A guide for the use of the LCQ in clinical practice and for
service development**

Endorsed by

**Australian Health Ministers Advisory Council -
Mental Health Information Strategy Standing Committee**

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About the survey name

During the development of the tool, the initial title was the *Life in the Community Questionnaire*. This name was used during early proof of concept trials. Those trials resulted in some substantial changes to the content and structure of the tool, more clearly identifying the key constructs that should be measured. These were regarded as the social inclusion aspects of the concept of recovery and encompassed a consumer's participation in social activities, employment and education, information about their living situation and their use of health professionals, and their confidence in having a say in their community. It was therefore decided to change the name of the tool to the *Living in the Community Questionnaire (LCQ)* as this was a more suitable reflection of those key aspects captured by the tool. It was believed that the title conveys a more active, positive and recovery focused outlook.

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1 FOREWORD

This document has been prepared to provide guidance to mental health service organisations planning to introduce the *Living in the Community Questionnaire* (LCQ). The document provides:

- background information on the survey, covering why and how it was developed, its content and structure;
- information to assist in interpretation of LCQ scores in clinical practice;
- issues to consider when offering the LCQ in clinical practice;
- what to consider when discussing differences in perspective between the consumer and clinician;
- what to consider when discussing change as identified by the LCQ; and
- how to use the LCQ for benchmarking and service development.

2 BACKGROUND

2.1 Origin

The *Fourth National Mental Health Plan*¹ (the Fourth Plan) set an agenda for collaborative government action in mental health across a framework of five key priority areas, the first of which was ‘social inclusion and recovery’.

A range of actions was identified to achieve change in the social inclusion and recovery area, as well as in the other priority areas. Progress would be measured against a set of indicators, with several indicators aiming to specifically monitor social inclusion of consumers in the following five areas:

- participation in employment by people with mental illness of working age;
- participation in education and employment by people aged 16-30 who have a mental illness;
- community participation more broadly;
- stability of housing; and
- access to a GP.

The Mental Health Information Strategy Standing Committee (MHISSC) considered that the collection of this information would greatly assist clinicians and services in the provision of recovery oriented practice. The information captured in the LCQ, particularly when considered alongside the information gathered from the measures of the National Outcomes and Casemix Collection (NOCC), provides a holistic view of a person’s life situation and supports personal recovery. This offers the opportunity for more integrated care across the broader mental health sector, particularly supporting collaboration with psychosocial and other recovery support services.

The domains covered by the LCQ can be mapped to the policy initiatives a shown in the following table.

¹ Australian Health Ministers, Fourth National Mental Health Plan 2009-14. Canberra: Commonwealth of Australia, 2009

Table 2: Mapping of the LCQ domains to national policy initiatives

LCQ domains	National Statement of Rights and Responsibilities	National Standards for Mental Health Services	Fourth National Mental Health Plan	National Framework for Recovery Oriented Service Delivery
Social activities	✓	✓	✗	✓
Education	✓	✓	✗	✓
Voluntary work	✓	✓	✗	✓
Caring for others	✓	✓	✗	✓
Employment	✓	✓	✓	✓
Living situation	✓	✓	✓	✓
Health	✓	✗	✓	✓
Advocacy	✓	✓	✓	✓
Outcomes and recovery	✓	✓	✓	✓

Key: ✓ Domain is noted in policy document, ✓ Some elements of the domain are noted in policy document, ✗ Domain is not noted in policy document

2.2 Structure of the LCQ

The structure of the 33 item survey is predicated on social activities, education activities, voluntary work, time spent caring for others, employment and living situation and reported physical health being antecedents of consumers’ sense of being part of a community or a group. The items are grouped to facilitate a person’s reflection on the categories of activities in which they have been involved during certain time periods and thus assist ease of completion of the survey. As the order of questions and how they are grouped or banked has an impact on the ratings provided, it is essential that that the sequence is maintained in all uses of the survey.

The LCQ is structured so that objective questions about the level of social participation are followed by subjective questions about the consumer’s feelings regarding their social participation and desire for change. These 14 questions include social activities, education, voluntary or unpaid work, caring for others and employment. The time period covered by these questions is the ‘the last week’. The subjective questions are rated on a volume scale, asking the consumer to indicate whether the time spent doing those activities was ‘Far too little’, ‘Too little’, ‘About right’, ‘Too much’, or ‘Far too much’.

The next 13 questions seeks to capture information on independent variables that also describe aspects of a person’s social inclusion, i.e. whether a person might be looking for work, their living situation and its suitability and issues related to health and self-advocacy. The time periods covered range across ‘last four weeks’, ‘the last 12 months’ and ‘now’ and, where relevant, ratings use a performance scale – ‘Poor’, ‘Fair’,

'Good', 'Very Good', 'Excellent'.

The remaining 6 questions are outcome and recovery items and also cover the time period of 'now'. They aim to capture a person's perspective of areas such as hopefulness, happiness and a sense of belonging.

2.3 Interpretation of LCQ scoring

The scoring of the LCQ involves some technical complexity. In clinical practice total or subscale scores are somewhat meaningless and it is the individual items that provide a rich source of information to promote and continue a conversation with the consumer about aspects of their life and recovery. Readers interested in understanding the technical specifications for scoring the LCQ are encouraged to review the LCQ Technical Specifications document, available separately.

The table below provides a simple guide to LCQ scoring and interpretation.

Question	Domain	Score	Range	Interpretation
1	Social Activities	1 for each activity 0 none of the above	1 - 5	Higher scores indicate greater self report variety of social activities
2	Hours social activities	Each hour	1 – 168	Higher scores indicates more hours social activities per week
3	Subjective experience social activities	Far too little = -2/ To little = -1/About right = 0/Too much = 1/Far too much = 2	- 2 to 2	Score 0 indicates satisfied with subjective experience of social activities
4	Education	Category		Indicates type educational activity
5	Hours Education	Each hour	1 – 168	Higher scores indicates more hours educational activity per week
6	Subjective experience hours education	Far too little = -2/ To little = -1/About right = 0/Too much = 1/Far too much = 2	- 2 to 2	Score 0 indicates satisfied with subjective experience of educational activities.
7	Voluntary work	Each hour	1 – 168	Higher scores indicates more hours voluntary work per week
8	Subjective experience voluntary work	Far too little = -2/ To little = -1/About right = 0/Too much = 1/Far too much = 2	- 2 to 2	Score 0 indicates satisfied with subjective experience of voluntary work
9	Caring for others	Category		Indicates type of caring
10	Caring for others	Each hour	1 – 168	Higher scores indicates more hours caring for others per week
11	Subjective experience caring for others	Far too little = -2/ To little = -1/About right = 0/Too much = 1/Far too much = 2	- 2 to 2	Score 0 indicates satisfied with subjective experience of caring for others
12	Employment	Category		Employment type
13	Employment	Each hour	1 – 168	Higher scores indicates more hours caring for others per week
14	Subjective experience employment	Far too little = -2/ To little = -1/About right = 0/Too much = 1/Far too much = 2	- 2 to 2	Score 0 indicates satisfied with subjective experience of employment

15	Looking for work	Category		Type of work
16	Living situation (last month)	Category		Type of living situation
17	Living with (last month)	Category		Who consumer living with
18	Subjective experience living situation	Poor = 0, Fair = 1, Good = 2, Very Good = 3, Excellent = 4	0 - 4	Higher score indicates better self-report of quality of living situation.
19	Seen GP last 12 months	Count		Higher count indicates greater frequency
20	Seen other health professionals last 12 months	Category		Type of practitioner
21	Physical (current state)	Poor = 0, Fair = 1, Good = 2, Very Good = 3, Excellent = 4	0 - 4	Higher scores indicate better self-report of physical health
22 – 26	Self report having a say (control)	Poor = 0, Fair = 1, Good = 2, Very Good = 3, Excellent = 4	0 - 4	Higher scores indicate better self report of having a say

3 USING THE LCQ IN CLINICAL PRACTICE

3.1 Introduction

Some service providers have found that using a measure like the LCQ can support a more structured approach to assessment and to promote of a discussion between the person receiving services and the staff that work for that service. Used in this way, the measures are not so much an administrative activity but a tool to support discussion. Offered again however the LCQ becomes a measure of outcome.

Collecting data from the consumer at different points in time, and then comparing the data collected over time enables consumers and clinicians to see if there has been a change. The LCQ can be used to look at specific areas of the consumer's life that may be important for recovery and also have practical implications for working with the consumer to help them achieve their goals.

The data collected by the LCQ can help us see how a person's condition is changing in a number of areas including their participation in social activities, education, voluntary work, caring for others and employment. It will help us understand changes in the persons, living situation, their general health and their sense of control over their lives. Finally, it will give us an overall impression of the person's recovery.

Using the LCQ as part of clinical practice can support collaborative care planning. It enables the identification of patterns of significance to the consumer and the clinician. This means the LCQ can be used to focus attention on particular issues, identify agreement or disagreement between the consumer and clinician, and aid in the identification, monitoring and understanding of change in a variety of areas potentially important to the consumers recovery.

All measures have strengths and limitations and the LCQ is no different. Before using any measure it is important to familiarise yourself with the literature and the potential use of any measure. The LCQ was developed for routine use with people who have a broad range of problems rather than a specific mental health syndrome. This can be seen as the measure lacking detail and it is important to consider any information gathered in the context of additional supporting information. That is why some clinicians also want to use additional condition-specific rating scales.

However when using any measure, remember that no measure has perfect reliability. Some variation in the way the consumer completes the measure may be the result of chance as much as real change in the consumer and their circumstances. Like any measure, for the LCQ some items are more reliable than others but even given some variation in reliability there are still benefits to consumer and clinicians in engaging with the LCQ.

3.2 The benefits of the LCQ for the consumer and clinician

The benefits to completing the LCQ for the consumer and clinician include:

- supporting the process of assessment;
- demonstrating a genuine interest in the individual's point of view;
- encouraging dialogue between the clinicians and the consumer highlighting discrepancies between the individual's and clinician's perceptions; and
- involving the consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the clinician and the consumer.

Offering the LCQ demonstrates a genuine attempt on the part of the clinician to better understand the individual's perceptions and needs, and involve them in the process of care. However, there are circumstances when as a clinician you should exercise clinical judgement when offering the measure.

3.3 How should consumers be invited to complete the LCQ?

The key to engaging the consumer in the completion of the LCQ is the manner in which it is offered, particularly the extent to which they feel that the clinician and the organisation, in general, values the consumer's view. Adopting a mail-out approach, or simply leaving the LCQ on front desk counters, are typically perceived to be impersonal and yield low response rates. That is why services are strongly encouraged to adopt a face to face approach to having the LCQ offered by clinicians. Ideally, this should be by a clinician familiar with the consumer, as any discussion in completing the LCQ may provide clinical insights into the consumer's wellbeing.

3.3.1 When should the LCQ be offered?

The collection points at which the LCQ is offered to consumers depend upon the local protocol developed for the measures implementation and this will specify the points in the person's care pathway at which the LCQ should be offered. For example, in community settings, the local protocol could specify that the LCQ should be offered at admission or every three months, at formal reviews. The important requirement is that a local protocol should be developed that ensures consistency across the organisation.

Where the LCQ is being implemented periodically rather than as part of routine service delivery, equivalent decisions need to be made about when the LCQ is offered to consumers. For example, in community settings, the local protocol could specify the survey to be offered to all individuals seen over a given period (e.g., one month). Again, it is essential that local organisations resolve the best approach to meet their requirements and document the collection protocol clearly for all staff.

3.3.2 Consent issues

The LCQ has been developed for local clinical purposes or quality improvement initiatives and there is no requirement for formal informed consent in these circumstances. However, if the measure is being offered in the manner outlined in this guide then a consumer will have all the information necessary to make an informed decision about their voluntary participation in completion of the LCQ.

3.4 Should some consumers be excluded from the LCQ?

The LCQ was specifically built for use in public adult mental health services. While not specifically designed for young people, older people, forensic or child and adolescent consumers or consumers from culturally and linguistically diverse communities or Aboriginal and Torres Strait Islander communities, there is no reason that consumers in any of these groups should be excluded from being offered the LCQ. In fact, use of the survey with these groups will provide valuable evidence about how to improve the survey to better capture the views of these consumers.

Organisations should aim to offer the LCQ to as many consumers as possible, recognising that care should always be exercised to not cause distress. A small number of circumstances have been identified where offering the survey may be contraindicated. These are:

- Consumers who are too distressed or unwell at the time the survey would be offered (temporary contraindication).
- Consumers who are too cognitively impaired to be able to complete the survey (general exclusion).

Clinicians will need to exercise their judgement when offering the LCQ to consumers to determine whether either of these circumstances applies. It is important to note that, even if a consumer may be too distressed to complete the LCQ at one point in time, it doesn't necessarily mean that they will be unable to complete the measure at some other time.

3.5 What to consider when offering the LCQ

Sometimes it is worthwhile to prepare a standard set of words that can be used when introducing the LCQ to consumers. The words used will depend on individual consumers, clinicians and circumstance. The brief script below is simply a guide and the language is somewhat formal. However, as you become more familiar with what needs to be said, it is expected that you will be able to convey the essential points convincingly in your own way.

You could begin by saying:

"I'd like to invite you to complete a short questionnaire that asks important questions about your life in the community. It's called the Living in the Community Questionnaire or LCQ for short. It's a new tool that is probably not very different from the things we usually talk about. But it's more structured so we can get a clearer understanding overtime of the things you are doing in the community, and how you feel about that, so we can focus on the areas that are a priority for you from now. It can also help us improve our service for you and other people, for example, by making sure we are providing the services you want or have the partner agencies you need in your recovery.

It only takes a few minutes. It's voluntary and completely confidential."

It is likely that some consumers will ask more detailed questions about the survey and what is done with it once they have completed it. It is important that when offering the LCQ you are familiar with the aims, and in a position to answer any questions asked.

3.6 Engage in a conversation

The following issues should be considered when having a conversation with the consumer about the LCQ:

- put the LCQ on the therapeutic agenda and explain that completion of measure is part of routine practice.
- provide an explanation of the LCQ to the consumer and how it fits into the assessment and therapy process;
- clarify that the LCQ will be discussed in the future;
- explain the LCQ with an adequate level of detail - the use of language is important in building confidence;
- explain the LCQ, how it is completed and clarify individual items if necessary;
- clarify items on the measures without biasing;

- use an appropriate time to introduce the LCQ so as to not distress the consumer;
- build a person's confidence in the use of the measures;
- encourage the consumer to have personal ownership and responsibility of the information that they provide when completing the LCQ;
- encourage ownership of the process of change and how the LCQ fits into that process;
- be understanding about an individual's reluctance to complete the self-assessment. It may be useful to:
 - identify/explore why they may be reluctant to complete the measure, or has not done so (e.g. lack of understanding), and if required, provide additional information; and
 - offer alternative ways for the consumer to complete the assessment (e.g. start during session, take home, complete in next visit);
- address concerns and explain who has access to the information to alleviate concerns, such as how the information will be used, privacy and confidentiality.

3.7 Differences in perspective

It is unrealistic to expect that consumers and clinicians will always have the same perspective. By virtue of your clinical experience, knowledge, training and values clinicians will have different explanations on attribution, expectations and outcomes as well as having different priorities and goals. The LCQ is an opportunity for the consumer to rate how they think they are going. This process complements and enriches the clinician's assessment and their interaction with the consumer. It supports the consumer to reflect on how they see themselves and are seen by others through discussion of their perspective and the perspective of the clinician. Disagreement can be healthy and can form the basis for exploring the differences in perspectives thereby providing opportunities for a genuine and effective therapeutic relationship.

3.8 Discussing change in the LCQ

Completing the LCQ again, enables the consumer and clinician to discuss change and why this may be occurring. When discussing changes in the LCQ remember to:

- keep the discussion recovery orientated and outcome focused;
- be aware of interpretation and determine whether changes in the LCQ are reliable or personally significant for the consumer or clinically significant for you;
- revisit previous completions of the LCQ and discuss what has changed and what has remained the same;
- explain the changes in the LCQ with appropriate language and an appropriate level of detail;
- think about how you will address deterioration of scores; and
- think about how to use feedback to reinforce positive change.

Comparison of one measure across multiple time points identifies areas of improvement or deterioration and provides evidence for continuing with a current treatment or therapy, or application of alternative or additional supports.

4 USING THE LCQ FOR SERVICE DEVELOPMENT

Once the LCQ is in place and information is being collected, service managers are able to use the information collected to understand the performance of their service compared to other services. Benchmarking is the process of comparing organisational performance to improve the quality of service provision

Clinical leaders and service managers may use the LCQ data to help guide decisions at a broader service level. This includes comparisons between 'like' groups of consumers - comparing and benchmarking overall achievements with those of other 'peer' services, or within a service over time. Through a focus on improvement, the information can be used to create opportunities to identify and explore differences, with a view to determining whether particular clinical practices are associated with variation in outcomes.

McKay et al 2013 found that routine outcome measurement data can be used in a variety of ways to support mental health benchmarking. However, it requires the art of clinical practice, balanced by the rigour of science to actively engage participants:

The **science** includes:

- the development of data extraction techniques from information systems;
- ensuring appropriate data cleaning, analysis and presentation techniques are applied;
- being aware of the strengths and limitations of measures like the LCQ; and
- ensuring that benchmarking facilitators use this information during forum activities.

The **art** is in:

- assisting clinicians and managers participating in benchmarking to relate 'data' from measure like the LCQ to service and clinical issues in which they are interested;
- facilitating the interaction of LCQ data, other data (such as diagnostic data) and participant's knowledge of their services. Each source of information has gaps, and unique advantages. The art lies in using all this information to explore current practice and identify areas of improvement. More can be achieved by putting data together than simply looking at one source.

5 FURTHER INFORMATION

More information about the use of the LCQ is available in the Technical Specifications document available to download from: <http://www.amhocn.org/special-projects/living-community-questionnaire-lcq>

APPENDIX A: THE LIVING IN THE COMMUNITY QUESTIONNAIRE

Living in the Community Questionnaire (LCQ)

This questionnaire is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.

The questionnaire is to be completed by people aged 16 years and older.

Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

LAST WEEK

This section asks about some of the activities you did in the last week.

Social activities

1. In the **last week**, did you do any of these social activities?
(Please tick all that apply)

Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)

Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)

Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)

Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious service or an organised event or activity)

Other social activities

None of the above

2. In the **last week**, about how much time did you spend doing all of these social activities?

Please provide your best estimate of the total number of hours you spent on these activities _____ hours in total

Please tick if no hours spent in social activities

3. In your opinion, was the amount of time you spent doing social activities **last week**...?
(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

4. Are you currently enrolled in any of the following courses of study? *(Please tick all that apply)*

Secondary school

University / Other higher education

TAFE / Technical / Vocational / Registered training organisation

Other courses (job preparation, adult education, hobby courses)

None of the above

5. In the **last week**, in total, how many hours did you spend in class or studying for these courses?

Please write the approximate number of hours spent in class or studying last week _____ hours in total

Please tick if no hours spent studying for these courses

6. In your opinion, was the amount of time you spent in education in the **last week**...?

(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary or unpaid work

7. In the **last week**, how much time did you spend doing voluntary or unpaid work through an organisation or group?

Please write the approximate number of hours spent doing voluntary or unpaid work _____ hours in total

Please tick if you did not do any voluntary work

8. In your opinion, was the amount of time you spent in voluntary or unpaid work in the **last week**...?

(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caring for others

9. In the **last week**, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment.
(Please tick all the boxes that apply)

A family or friend because of disability, long term illness or old age

A child under 15 years of age

Other caring. Please describe the care provided _____

None of the above

10. In the **last week**, how many hours in total did you spend providing this care?

Please write the approximate number of hours spent providing care last week _____ hours in total

Please tick if no hours spent providing care

11. In your opinion, was the amount of time you spent caring for others in the **last week**...?
(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment

12. Of the following employment categories, which best describes your current employment?
(Please tick one box)

Full-Time employee

Part-Time employee

Self-employed - not employing others

Self-employed - employing others

Employed - unpaid worker in a family business

Unemployed - seeking full-time work **(Please go to question 14)**

Unemployed - seeking part-time work **(Please go to question 14)**

Not employed - not seeking employment **(Please go to question 14)**

13. **Last week**, how many hours did you work in total in these jobs?

Please write in actual hours worked, subtract any time off, add any overtime or extra time worked _____ hours

14. In your opinion, was the amount of time you spent employed **last week..?**

(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST 4 WEEKS

This section asks about some of the activities you did in the last four weeks.

Looking for work

15. In the **last four weeks**, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).

(Please tick all the boxes that apply)

No, I did not look for work

Yes, I looked for full-time work

Yes, I looked for part-time work

Living situation

16. In the **last four weeks**, in what type of accommodation were you living?

(Please tick all the boxes that apply)

Public rented house or unit

Privately rented house or unit

Own home or unit (with or without mortgage)

Family home or unit (with or without board)

Group home / Supported accommodation

Boarding house / Rooming house / Hostel

Caravan

Hospital / Rehabilitation / Other health services

Residential aged care facility / Nursing home

Crisis accommodation / Shelter / Refuge

Homeless

Other *(Please specify)* _____

17. Who were you living with in the **last four weeks**?

(Please tick all the boxes that apply)

By yourself

Family (including wife, husband, son, daughter, brother or sister)

Friends

Share house

Other *(please specify)* _____

18. How would you rate your current living situation overall (thinking about cost, location, security and space?)

(Please tick one box only)

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST 12 MONTHS

This section asks about some things about services you have used in the last 12 months.

Seeing a GP

19. In the **last 12 months**, how many times did you see a general practitioner?

(Please write your best estimate)

Number of times you saw a general practitioner _____

Other health professionals

20. In the **last 12 months**, did you see any of the following health professionals?

(Please tick all that apply)

Psychiatrist (public or private)

Psychologist (public / private)

Mental health nurse

Social worker or occupational therapist

Complementary or alternative therapist

Case worker / Support worker

Other *(please specify)* _____

No, none

Now

This section asks about some things that you are feeling or experiencing now.

Physical health

21. In general, how is your physical health?
(Please tick one box only)

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Having your say

How would you rate your confidence to do the following?
(Please tick one box for each statement)

	Poor	Fair	Good	Very good	Excellent
22. Control your life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have your say within the community on issues that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have your say with the person or agency involved in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have your say among family and friends about issues that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have your opinions respected when having your say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Would you like some help from this service with any of the things asked about in this questionnaire?
This includes with social activities, education, volunteering, work, housing and physical health?

No

Yes (Please specify) _____

Overall

Please rate how you feel in each of the following areas.
(Please tick one box for each statement)

	Poor	Fair	Good	Very good	Excellent
28. Your hopefulness for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Your happiness with your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Your ability to achieve the things that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Your sense of being part of a group or community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Your ability to get support from family or friends when you need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Your overall well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire.