

## Reported and intended behaviour scale

# RIBS

**Instructions:** The following questions ask about your experiences and views in relation to people who have mental health problems (for example, people seen by healthcare staff). For each of questions 1–4, please respond by ticking one box only.

		Yes	No	Don't know
1	Are you currently living with, or have you ever lived with, someone with a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you currently working with, or have you ever worked with, someone with a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you currently have, or have you ever had, a neighbour with a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you currently have, or have you ever had, a close friend with a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:** For each of statements 5–8, please respond by ticking the appropriate box.

		Agree strongly	Agree slightly	Neither agree nor disagree	Disagree strongly	Disagree slightly	Don't know
5	In the future, I would be willing to live with someone with a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In the future, I would be willing to work with someone with a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	In the future, I would be willing to live nearby to someone with a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	In the future, I would be willing to continue a relationship with a friend who developed a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help.**