

ID: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Service Receipt Inventory revised-Follow-up Assessment

CDHA-RS/2014-150  
Version 2-October 23<sup>rd</sup>, 2013

1. What is your Date of Birth? \_\_\_\_\_

2. What is your gender? Male Female

3. What is your marital status?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Now married | <input type="checkbox"/> Widowed       |
| <input type="checkbox"/> Divorced    | <input type="checkbox"/> Common Law    |
| <input type="checkbox"/> Separated   | <input type="checkbox"/> Never married |

4. What is the highest degree or level of school you have completed?

- Some elementary or high school
- High school diploma
- Some post-secondary education
- Post-secondary certificate or diploma
- Post-secondary degree
- Master's degree or above

5. What is your total household income?

- |   |   |
|---|---|
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$70,000 to \$79,999   |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999   |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999   |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$150,000 or more      |
| <input type="checkbox"/> \$60,000 to \$69,999 |   |

6. What is your mother tongue \_\_\_\_\_

7. Country of Birth \_\_\_\_\_

Have there been any changes over the last 6 months in terms of:

- |                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| 8. Who do you usually live with? | Husband/wife/steady partner        | 1 |
|                                  | Spouse/partner <u>and</u> children | 2 |
|                                  | Children (but no spouse/partner)   | 3 |
|                                  | Parents                            | 4 |
|                                  | Alone                              | 5 |
|                                  | Other _____                        | 6 |

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9. Current Employment status
- |   |    |
|---|----|
| Paid employment - full-time                     | 1  |
| Paid employment – part-time                     | 2  |
| Voluntary work (unpaid)                         | 3  |
| Sheltered work                                  | 4  |
| Registered as unemployed but available for work | 5  |
| Unemployed due to illness                       | 6  |
| Retired   | 7  |
| Student   | 8  |
| Housewife/husband                               | 9  |
| Other _____                                     | 10 |

10. Please give details of all periods (including the current one) of employment that you have had during the past 6 months.

*Employment 1*

Occupation \_\_\_\_\_

Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Reason for end of employment \_\_\_\_\_

*Employment 2*

Occupation \_\_\_\_\_

Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Reason for end of employment \_\_\_\_\_

Please give details of any way in which your health problem has constrained your career

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11. Please give details of any of the following services that you have used in the last 6 months (first telephone interview), & since last telephone interview (for follow-up interviews)

| <i>Service</i>   | <i>Circle</i> | <i>No of contacts</i> | <i>Typical duration</i> | <i>Was the contact at home?</i> | <i>If private, give amount</i> |
|--|---------------|-----------------------|-------------------------|---------------------------------|--------------------------------|
| General practitioner<br>What kind of service (Pharma vs. Psychoth.)          | No    Yes     |                       |                         |                                 |                                |
| Community mental health nurse (CPN)  | No    Yes     |                       |                         |                                 |                                |
| Counsellor   | No    Yes     |                       |                         |                                 |                                |
| Psychologist   | No    Yes     |                       |                         |                                 |                                |
| Psychiatrist (community or primary care based)                               | No    Yes     |                       |                         |                                 |                                |
| Practice nurse (at the GP clinic)  | No    Yes     |                       |                         |                                 |                                |
| District nurse   | No    Yes     |                       |                         |                                 |                                |
| Health visitor   | No    Yes     |                       |                         |                                 |                                |
| Other nurse  | No    Yes     |                       |                         |                                 |                                |
| Occupational therapist   | No    Yes     |                       |                         |                                 |                                |
| Physiotherapist  | No    Yes     |                       |                         |                                 |                                |
| Other therapist<br><i>type</i> _____   | No    Yes     |                       |                         |                                 |                                |
| Social worker  | No    Yes     |                       |                         |                                 |                                |
| Community support worker   | No    Yes     |                       |                         |                                 |                                |
| Housing worker   | No    Yes     |                       |                         |                                 |                                |
| Self-help group<br><i>name</i> _____   | No    Yes     |                       |                         |                                 |                                |
| Voluntary worker (including phone support, priest etc.) <i>specify</i> _____ | No    Yes     |                       |                         |                                 |                                |
| Day centre/drop-in/social club<br><i>name</i> _____                          | No    Yes     |                       |                         |                                 |                                |
| Home help / home care worker   | No    Yes     |                       |                         |                                 |                                |
| Care attendant   |               |                       |                         |                                 |                                |
| NHS 24 contact   |               |                       |                         |                                 |                                |
| 'Alternative' medicine or therapy<br><i>specify</i> _____                    | No    Yes     |                       |                         |                                 |                                |
| Other community based doctor<br><i>Specify</i> _____                         |               |                       |                         |                                 |                                |

12. Please list below use of any medications taken over the last 6 months (first telephone interview), & since last telephone interview (for follow-up interviews)

| <i>Name of drug</i> | <i>Dosage (if known)</i> | <i>Dose frequency (e.g. daily)</i> | <i>For how long have you taken this drug?</i> |
|---------------------|--------------------------|------------------------------------|---|
| 1.                  | mg                       |                                    |   |
| 2.                  | mg                       |                                    |   |
| 3.                  | mg                       |                                    |   |
| 4.                  | mg                       |                                    |   |
| 5.                  | mg                       |                                    |   |
| 6.                  | mg                       |                                    |   |
| 7.                  | mg                       |                                    |   |

13. In the last 6 months, (first telephone interview), & since last telephone interview (for follow-up interviews) have you received help from **friends or relatives** on any of the following tasks, as a consequence of your emotional problems?

| <i>Type of help</i>   | <i>Circle</i> | <i>Helper's relationship to you (see key below)*</i> | <i>Average number of hours help per week</i> |
|---|---------------|--|--|
| Child Care<br>(circle 'No' if interviewee has no children)  | No    Yes     |  |  |
| Personal care<br>(e.g. washing, dressing etc.)              | No    Yes     |  |  |
| Help in/ around the house<br>(e.g., cooking, cleaning etc.) | No    Yes     |  |  |
| Help outside the home<br>(e.g., shopping, transport etc.)   | No    Yes     |  |  |
| Other _____   | No    Yes     |  |  |

\* Key: 1 = Mother; 2 = Father; 3 = Brother/ Sister; 4 = Other Relative; 5 = Friend; 6 = Other (please specify)

14. Has your illness brought you into contact with police, or the courts, or a solicitor? If so, please give further details. (Interviewer: record number of contacts, number of nights in police cells, days in prison etc.)

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15. Have you used any other services or incurred any specific costs as a result of your illness? If so, please give further details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. **In the last 12 months** (first telephone interview), & since last telephone interview (for follow-up interviews), have you had any contact with **hospital services including contact at the mental health clinic and any other contacts?**    **Yes**            **1**    **No**            **0**  
(e.g. inpatient admission, outpatient attendance)

*If yes:*

a. Inpatient care: Reason for stay 1 \_\_\_\_\_

No. of days in last 12 months \_\_\_\_\_

Reason for stay 2 \_\_\_\_\_

No. of days in last 12 months \_\_\_\_\_

b. Outpatient care: Reason for attendance 1 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_

Reason for attendance 2 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_

c. Day hospital: Reason for attendance 1 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_

Reason for attendance 2 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_

d. A and E: Reason for attendance 1 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_

Reason for attendance 2 \_\_\_\_\_

No. of attendances in last 12 months \_\_\_\_\_