

# CLIENT SERVICE RECEIPT INVENTORY (CSRI – ‘Generic’ UK Mental Health<sup>1</sup>)

Centre  Patient study number  Date //

## 1. SOCIODEMOGRAPHIC INFORMATION

1.1 Date of birth //

1.2 Sex 1. Female 2. Male

1.3 Marital status *(from a legal perspective)*

1. Single/unmarried	4. Divorced	<input type="checkbox"/>
2. Married	5. Widow/widower	
3. Separated	9. Not known	

1.4 What is your ethnic group?  
*(Refer to manual for assistance)* Ethnic group \_\_\_\_\_

1.5 Country of birth Country \_\_\_\_\_

1.6 Mother tongue

1. National language	<input type="checkbox"/>
2. Other language (but having <u>good</u> knowledge of national language)	
3. Other language (and having <u>poor</u> or <u>no</u> knowledge of national language)	

1.7 Number of years of schooling in general education

Number of years schooling

1.8 Highest completed level of education

1. Primary education or less	4. Other general education	<input type="checkbox"/>
2. Secondary education		
3. Tertiary / further education	9. Not known	

1.9 What further education or vocational training have you completed or are doing now?  
*(Tick all boxes that apply)*

Specific vocational training (< 1 year)	<input type="checkbox"/>
Specific vocational training (> 1 year)	<input type="checkbox"/>
Tertiary level qualification /diploma	<input type="checkbox"/>
University degree (undergraduate)	<input type="checkbox"/>
University higher degree (postgraduate)	<input type="checkbox"/>
Other vocational training	<input type="checkbox"/>

<sup>1</sup> Beecham J and Knapp M (2001) Costing psychiatric interventions, in G Thornicroft (ed.) *Measuring Mental Health Needs*, Gaskell, 2<sup>nd</sup> edition, 200-224. Chisholm D, Knapp M, Knudsen H-C, Amaddeo F, Gaitte L, van Wijngaarden and the EPSILON Study Group (2000) *British Journal of Psychiatry*, 177 s28-s33.

**2. USUAL LIVING SITUATION**

2.1 What is your usual/normal living situation now?

- 1. Living alone (+/- children)
- 2. Living with husband/wife (+/- children)
- 3. Living together as a couple
- 4. Living with parents
- 5. Living with other relatives
- 6. Living with others
- 9. Not known

2.2 What kind of accommodation is it?

Domestic / family

- 1. Owner occupied flat or house
- 2. Privately rented flat or house
- 3. Rented from local authority/municipality or housing association/co-operative

Community

- 4. Overnight facility, 24-hour staffed
- 5. Overnight facility, staffed (not 24-hour)
- 6. Overnight facility, unstaffed at all times

Hospital

- 7. Acute psychiatric ward
- 8. Rehabilitation psychiatric ward
- 9. Long-stay psychiatric ward
- 10. General medical ward

11. Homeless / roofless

12. Other \_\_\_\_\_

 

2.3 ***If domestic accommodation:***

How many adults live there?  
(over the age of 18)

Number of adults

And how many children?  
(under the age of 18)

Number of children

2.4 Have you lived anywhere else in the last 3 months? Yes = 1; No = 0

***If yes:*** please complete table:

Accommodation type (see Q. 2.2 for code)	Number of days in last 3 months

**3. EMPLOYMENT AND INCOME**

3.1 What is your employment status?

- 1. Paid or self employment
- 2. Voluntary employment
- 3. Sheltered employment
- 4. Unemployed
- 5. Student
- 6. Housewife/husband
- 7. Retired
- 8. Other \_\_\_\_\_

- 3.2 **If employed:** state occupation type:
1. Manager/administrator
  2. Professional (eg health, teaching, legal)
  3. Associate professional (eg technical, nursing)
  4. Clerical worker /secretary
  5. Skilled labourer (eg building, electrical etc.)
  6. Services/sales (eg retail)
  7. Factory worker
  8. Other \_\_\_\_\_

How many days have you been absent from work owing to illness within the last 3 months? Days absent from work

 

3.3 **If unemployed:**

Number of weeks unemployed within the last 3 months

 

3.4 Do you receive any state benefits? Yes = 1; No = 0

**If yes:** What benefits are received? (Please tick all boxes that apply)

Unemployment /income support

  


Sickness/disability

  


Housing

Other benefits

  


- 3.5 What is your main income source?
1. Salary/Wage
  2. State benefits
  3. Pension
  4. Family support (e.g. from spouse)
  5. Other \_\_\_\_\_

3.6 What is your total personal gross income from all sources?  
 (Note: if gross income not known, please give net income, i.e. after tax and other deductions)

<u>Weekly</u>	or	<u>Monthly</u>	or	<u>Yearly</u>		
1. Under £149		1. Less than £649		1. Less than £7,785		
2. £150 - £204		2. £650 - £885		2. £7,786 - £10,635		
3. £205 - £279		3. £886 - £1,208		3. £10,636 - £14,504	gross income	<input type="checkbox"/>
4. £280 - £392		4. £1,209 - £1,699		4. £14,505 - £20,394	or net income	<input type="checkbox"/>
5. More than £393		5. More than £1,700		5. More than £20,395		

#### 4. SERVICE RECEIPT

4.1 Please list any use of **inpatient hospital services** over the last 3 months  
(Please enter '0' if service has not been used)

Service	Admissions	Total number of inpatient days (over the last 3 months)
Acute psychiatric ward		
Psychiatric rehabilitation ward		
Long-stay ward		
Emergency / crisis centre		
General medical ward		
Other _____		

4.2 Please list any use of **outpatient hospital services** over the last 3 months  
(Please enter '0' if service has not been used)

Service	Unit of measurement	Number of units received (over the last 3 months)
Psychiatric outpatient visit	Appointment	
Other hospital outpatient visit (incl. A&E)	Appointment	
Day hospital	Day attendance	
Other _____		

4.3 Please list any use of **community-based day services** over the last 3 months  
(Please enter '0' if service has not been used)

Service	Number of attendances	Average duration of attendance
Community mental health centre		
Day care centre		
Group therapy		
Sheltered workshop		
Specialist education		
Other _____		

4.4 Please list any other **primary and community care contacts** over the last 3 months  
(Please enter '0' if service has not been used)

Service	Sector (1 = govt; 2 = vol 3 = private)	Total number of contacts over the last 3 months	Average contact time (hours)
Psychiatrist			
Psychologist			
Primary care physician			
District nurse			
Community psychiatric nurse / case manager			
Social worker			
Occupational therapist			
Home help / care worker			
Other _____			
Other _____			

4.5 Over the last 3 months, has the patient been in contact with the **criminal justice services**?

Yes = 1, No = 0

**If yes:** How many contacts with the police

Contacts

(Note: contact = interview or stay of some hours, but not overnight)

How many nights spent in a police cell or prison?

Nights

 

How many psychiatric assessments whilst in custody?

Assessments

How many (criminal or civil) court appearances?

Criminal courts

Civil courts

5. **MEDICATION PROFILE**

5.1 Please list below use of any drugs taken over the last one month:

Name of drug	Dosage (if known)	Dosage frequency	Depot (1 = Yes; 0 = No)
1.			
2.			
3.			
4.			
5.			

**THANK YOU**