

**CLIENT SOCIODEMOGRAPHIC AND SERVICE
RECEIPT INVENTORY (CSSRI - EU)**

EU BIOMED study: QUATRO

Centre Patient study number Date //
d d m m y y

Assessment stage (tick one) Baseline 12 month follow-up

1. SOCIODEMOGRAPHIC INFORMATION

1.1	Date of birth	Date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <small>d d m m y y</small>
1.2	Sex	1 Female 2 Male	<input type="checkbox"/>
1.3	Marital status <i>(from a legal perspective)</i>	1 Single/unmarried 2 Married 3 Separated 4 Divorced 5 Widow/widower 9 Not known	<input type="checkbox"/>
1.4	What is your ethnic group? <i>(Refer to manual for assistance)</i>	Ethnic group _____	
1.5	Country of birth	Country _____	
1.6	Mother tongue	1 National language 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)	<input type="checkbox"/>
1.7	Number of years of schooling in <u>general</u> education	Number of years schooling	<input type="checkbox"/> <input type="checkbox"/>
1.8	Highest completed level of education	1 Primary education or less 2 Secondary education 3 Tertiary / further education 4 Other general education 9 Not known	<input type="checkbox"/>
1.9	What <u>further</u> education or vocational training have you completed or are doing now? <i>(Tick all boxes that apply)</i>	Specific vocational training (< 1 year) Specific vocational training (> 1 year) Tertiary level qualification /diploma University degree (undergraduate) University higher degree (postgraduate) Other vocational training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Not Applicable

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?
(Refer to manual for definitions)

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 (non-hospital)

- 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 (including the patient)

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

Number of children

Note: *If hospital or community accommodation:*

Complete the final sheet of the schedule after finishing this interview.

2.4 Have you lived anywhere else

in the last 3 months?

Yes = 1; No = 2

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:
(Refer to manual for definitions)

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

Number of weeks

3.4 Do you receive any state benefits? Yes = 1; No = 2

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

<i>International categories</i>	<i>National variants</i>	
<u>Unemployment /income support</u>	Income support	<input type="checkbox"/>
	Jobseeker's allowance	<input type="checkbox"/>
<u>Sickness/disability</u>	Disability living allowance	<input type="checkbox"/>
	Statutory sick pay	<input type="checkbox"/>
<u>Housing</u>	Housing benefit	<input type="checkbox"/>
<u>Other benefits</u>	State pension	<input type="checkbox"/>
	Child benefit	<input type="checkbox"/>

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	<u>or</u> 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 **12 months**

(Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions)

Service	Admissions	Total number of inpatient days (over the last 12 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

(Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions)

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

(Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions)

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 (*Note 1: enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Sector (1 = govt; 2 = vol 3 = private)	Total number of contacts over the last 3 months	Average contact time (minutes)
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 = 2

If yes: How many contacts with the police

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

Contacts

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 three months:

Name of drug	Dosage (if known)	Dosage frequency 1 = 3 times daily 2 = 2 times daily; 3 = Once daily 4 = Weekly 5 = Every 2 weeks 6 = Monthly	Depot (1 = Yes; 0 = No)

1.			
2.			
3.			
4.			
5.			

6. INFORMAL CARE

6.1 In the last 3 months, have you received help from **friends or relatives** on any of the following tasks, as a consequence of your mental health problems?

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

THANK YOU

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HOSPITAL OR COMMUNITY ACCOMMODATION DETAILS

Centre Patient study number Date //
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Note: This sheet should be completed as soon as possible after the patient face-to-face interview. The best source of information is likely to be a key worker or facility manager.

1. How many beds/places in the hospital Available beds/places

 ward or residential facility are currently
 a) available and b) occupied? Occupied beds/places

2. Please complete the following staffing table (*see manual for assistance*):

Care staff category <i>(Note: only one category per staff member)</i>	Number of 'full-time equivalent' posts	Total annual cost of care staff category
Staff with a medical qualification		
Staff with a psychology qualification		
Staff with a nursing qualification		
Staff with a social care qualification		
Staff with no care qualification		
Vacant care staff positions		
All care staff categories (total)		

3. What is the annual recurrent cost of the facility, excluding care staff?, Total cost per year £ _____
(Include catering, cleaning, etc., but exclude rent and capital costs; See manual)

4. What is the average weekly charge or fee per resident place/bed? Charge per week £
(See manual for definition)

5. Who contributes towards the full cost of this accommodation? National government (health service/insurance fund)
(Tick all boxes that apply) Local government
 Voluntary organisation/charity
 Private organisation/company
 Private individual