

Translating the CSRI

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1) Introduction

This document was developed in the context of the Horizon 2020 project 'iCare' and outlines the issues arising from translating the Client Service Receipt Inventory (CSRI; Beecham and Knapp, 2001) into a) different languages and b) for different health and social care contexts in a multi-country study. The purpose of iCare is the development of one common technology platform with validated interventions for prevention, detection and treatment of common mental health problems, such as anorexia, bulimia, low self-esteem, anxiety and depression. The examples used in this document reflect its origins in iCare.

The following describes issues to keep in mind when translating the CSRI. Then, questions from the CSRI for England are shown and discussed. This is followed by an example of a translation (iCare German version), with comments on the translation.

Throughout, the goal is not a word-for-word translation, but developing an *equivalent* questionnaire appropriate to the research context.

Note that this version of the CSRI incorporates the Work Productivity and Activity Impairment Questionnaire – General Health (WPAI-GH) to measure productivity losses and impairment of other activities. More information about WPAI-GH is available [here](#).

Perspective

The PSSRU approach to economic evaluation emphasizes a comprehensive cost perspective. This means we want to include not just a selection of services we think may be affected by the intervention, but the whole range of services and supports.

We also do not limit our perspective to services and supports participants have used due to a specific health or mental health problem. Often, connections between health and mental health are complex and difficult to disentangle. An individual (or even their doctor) may not be aware that a certain problem actually arises because of an underlying condition etc. Therefore, we do not phrase our CSRI in terms of services used for a specific condition or problem. You will notice that we make no reference to a condition or problem, other than "physical or mental health problem".

Principles guiding the CSRI questions

To understand why we ask the questions on the CSRI in the way we do, it helps to understand the principles behind them.

Probably the most important point in the iCARE context is that we do not necessarily need to use the exact same questions on each country questionnaire. Rather, we need to make sure we capture the same information. While this may sound like a very subtle distinction, it just means that we want to ask questions in a way that elicits the appropriate information, and is easy for participants to answer because they are familiar with the terms used in the question.

When it comes to living situation and education, we want to know if people receive any support beyond what everybody would usually receive. For example, assuming most young people attend

some form of secondary school, we would want to know if our study participants receive any extra support with their studies, like extra help in lessons.

Similarly, if we assume most people live either in a house or flat they own or rent, and pay for this accommodation themselves, we want to know if participants receive any kind of benefit that helps fund the cost of their housing. In England, this means that we ask whether people rent their flat or house from a council, because these types of accommodation are subsidized. In Germany, we ask whether participants are entitled to a 'Wohnberechtigungsschein'.

We also want to reflect each country's health and social care system appropriately. While there are many important reasons for this, it will also make it easier for participants to fill in the questionnaire and provide us with the data we need! The implication for 'translation' in the broader sense is that it is perfectly fine if service categories differ between country-specific CSRIs, or even between CSRIs using the same language.

Related to this point, we need to ask questions in such a way that we can then use the information provided by participants to calculate the costs associated with their use of services and supports. If a country has a specific re-imburement system, it makes sense to ask about service use in a way that reflects that system. You will see some examples of this below.

Time periods

The CSRI is a retrospective, self-report instrument. We need to balance the need to obtain comprehensive costs over the longest possible time frame with known issues around recall. One way of helping participants remember service contacts over a period of time is to choose a time period that coincides with other structures. An example is using a school term for collecting information on school-based support instead of (for example) a three- or six-month period. At the same time, the number of different time periods referenced on the CSRI should be kept to a minimum, as our research shows that switching around too much also poses difficulties to participants. The maximum recommended recall period is 6 months.

A note on phrasing

The CSRI is a relatively long questionnaire and asks a lot from participants in terms of detail. Our research shows that data quality can be improved if questions are written in an accessible way, i.e. using easily accessible language. This is particularly important when study participants are younger or may have cognitive impairments.

We've also found that phrasing questions in a way that is non-judgmental and encouraging reduces the risk of 'social desirability' bias. People can feel ashamed about using certain services, or feel they are a burden on the health care system. Phrasing questions in a neutral way helps overcome this barrier.

2) CSRI for England with notes on translation

CSRI (England)	Notes
HOUSEHOLD CIRCUMSTANCES	
1) What sort of house/flat do you live in? <i>(Use your home address if you live away during term-time)</i> a) Owner occupied b) Rented from Council / housing association c) Privately rented d) Other (describe)	<p>Here, we want to distinguish living circumstances in a way that is relevant to economic evaluation. As you can see, in the CSRI for England, we distinguish between those who live in their own property or are renting – an important economic indicator. Additionally, we ask about social housing (renting from council or a housing association). By that, we mean housing that is provided by the state or by non-profit organisations. We do not need to collect information on housing benefit, or subsidies provided to special interest groups (e.g. first time buyers).</p> <p>To translate this section of the CSRI, please identify the main forms of social housing in your country.</p>
2) How many bedrooms are there in your house / flat?	<p>Size of the accommodation is another important economic indicator. A good source for a suitable phrasing for this question is a recent census. This provides us with a question that has been validated, and ensures that our findings will be comparable to national data.</p>
3) How many people in total live in your house / flat (i.e. including you)? 4) How many of these are children under 16?	<p>This is another economic indicator. We are interested in the total size of the household (again a census question), and the number of children. Note that the age cut-off used is different for Germany (18 years) than for England (16). This is because young people have more legal rights from age 16 in the UK, and also because important household surveys use this cut-off.</p> <p>For your country translation, please check what age is used in national surveys that report on household composition and family resources.</p>
5) Who do you usually live with? <i>(Use your home address if you live away during term-time)</i> a) Natural parents or relatives	<p>This is again about reflecting typical living situations, while also identifying those arrangements that may be relevant in terms of costs. For example,</p>

b) Formal foster carers c) Adoptive parents d) Children's home e) With partner f) Partner and child/ren g) Your children h) Other (Describe)	<p>some participants may live in foster care or children's homes; these placements are funded by public sector agencies.</p> <p>Note that different terms may be used for these in your country, and this should be reflected on the CSRI.</p>																								
EDUCATION, TRAINING AND EMPLOYMENT																									
6) Are you still in full-time or part-time education? If yes, what type of education do you attend? <table border="1" data-bbox="241 627 1160 887"> <thead> <tr> <th>Mainstream provision</th> <th>Tick one box</th> <th>Special educational needs provision</th> <th>Tick one box</th> </tr> </thead> <tbody> <tr> <td>Day school</td> <td></td> <td>Day school</td> <td></td> </tr> <tr> <td>Boarding school</td> <td></td> <td>Boarding school</td> <td></td> </tr> <tr> <td>College</td> <td></td> <td>College</td> <td></td> </tr> <tr> <td>University</td> <td></td> <td>University</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td>Other</td> <td></td> </tr> </tbody> </table>	Mainstream provision	Tick one box	Special educational needs provision	Tick one box	Day school		Day school		Boarding school		Boarding school		College		College		University		University		Other		Other		<p>With this question, we identify additional settings where participants may be in contact with services and supports so we can ask about them later. And again, some participants may be receiving additional support, which is why we need to know if they attend a school that caters to special needs. In England, there are special educational needs (SEN) schools children attend during the day while living at home, but also boarding schools for children with special educational needs. Your country-specific CSRI needs to reflect the system in your country.</p>
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Boarding school		Boarding school																							
College		College																							
University		University																							
Other		Other																							
7) WAPI-GH question 1: Are you currently employed (working for pay)? <ul style="list-style-type: none"> • Yes • No 																									
8) What type of job / training is this? <ul style="list-style-type: none"> • Free text response, or ASHE categories with relevant examples. 	<p>In our experience, asking people for their income does not result in good data. To get around this issue (and to allow us to look at productivity impacts of interventions), we ask about the job people do and then find a 'typical' income from statistical publications. This is used as a proxy measure for individual income. In England, the Annual Survey of Hours and Earnings publishes average wages by Standard Occupational Classification (SOC).</p> <p>You will need to find the corresponding statistic for your country, and investigate how salaries and wages are reported.</p>																								
9) If your job does not fit into any of the categories in Q8, please describe your job / training is this?	<p>This is a backup question that may be easier to answer than question 8 if using ASHE categories.</p>																								

<ul style="list-style-type: none"> Free text response. 																					
10) WAPI-GH questions 2-6.																					
<p>In the next section, we ask you to note any service contacts in the last 6 months. At the end of the questionnaire, there will be an opportunity for you to tell us about anything else you consider to be important.</p>																					
USE OF HOSPITAL SERVICES																					
11) Have you used any hospital in-patient services in the last 6 months?		<p>Reimbursement and case mix reporting in England relies on Healthcare Resource Groups (HRGs), and we can use this on the CSRI to make sure the information we collect matches up with our cost data. However, psychiatric hospital stays are not covered by this system. This means we have to ask for these separately. The question for your CSRI should reflect your country's system of reporting and reimbursement (where applicable). If there are services that should be highlighted because they are expected to be relevant for your study participants, please add them here.</p>																			
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12) Have you used any other hospital services in the last 6 months? (plus number of attendances)		<p>In this question, we ask about services that are linked to hospitals, but do not involve an inpatient admission. In England, these are referred to as 'outpatient services' or 'day hospitals'.</p> <p>It is useful to list the main types of outpatient clinics study participants are likely to use (if applicable), as well as having a more open question asking about other such clinics. This strikes a good balance between the need for prompting and the need for brevity.</p>																			
<table border="1"> <thead> <tr> <th>Service</th> <th>Used service? Yes / no</th> <th>Number of attendances</th> </tr> </thead> <tbody> <tr> <td>Accident and Emergency Department</td> <td></td> <td></td> </tr> <tr> <td>Minor Injuries Unit</td> <td></td> <td></td> </tr> <tr> <td>Outpatient clinics for specific condition / disorder (e.g. eating disorder, substance abuse, psychiatry, psychology)</td> <td></td> <td></td> </tr> <tr> <td>Other out-patient clinics (e.g. gynaecology, orthopaedics etc.)</td> <td></td> <td></td> </tr> <tr> <td>Day hospital treatment setting</td> <td></td> <td></td> </tr> </tbody> </table>	Service		Used service? Yes / no	Number of attendances	Accident and Emergency Department			Minor Injuries Unit			Outpatient clinics for specific condition / disorder (e.g. eating disorder, substance abuse, psychiatry, psychology)			Other out-patient clinics (e.g. gynaecology, orthopaedics etc.)			Day hospital treatment setting				
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USE OF COMMUNITY-BASED SERVICES																					

<p>13) Have you used any community-based services in the last 6 months? Please exclude any services used in school, college / university or hospital.</p> <p>Primary care:</p> <ul style="list-style-type: none"> • GP • Community / practice nurse • List other services as relevant (e.g. dentist, dietician) • Other primary care <p>Other community health care:</p> <ul style="list-style-type: none"> - Physiotherapist - Occupational therapist - List other services as relevant (e.g. Speech & Language therapist, Chiropodist) - Other (free text option) <p>Community-based mental health services:</p> <ul style="list-style-type: none"> - Individual therapist - Family therapist - Psychiatrist / psychologist - Child and adolescent mental health team member - Adult mental health team member - Other (free text option) <p>Social work</p> <ul style="list-style-type: none"> - Social worker - List other services as relevant (e.g. adoption worker, home care worker etc.) - Other (free text option) <p>Alternative or complementary therapies</p> <ul style="list-style-type: none"> - Homeopathy - Massage - Acupuncture - Chiropractic/osteopathy - Other (free text option) 	<p>This question covers services provided outside a hospital setting. The distinction is important because hospitals require a large investment, leading to high overhead charges.</p> <p>The structure of your health- and social care system will determine which services you include in this list. The general headers to look out for are</p> <ul style="list-style-type: none"> - Primary care - Other community health care - Specialist mental health services (in the community) - Social care / social work - Alternative or complementary therapies <p>Certain professional titles may be protected by law (e.g. “Gesundheits- und Krankenpfleger” in Germany, or “Dietitian” in the UK), while others are less clearly defined (e.g. “Therapeut”).</p>
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USE OF SERVICES AT SCHOOL / COLLEGE / UNIVERSITY	
<p>14) If 6a or 6b): Last term, did you see any of the following people at school, college or university?</p> <ul style="list-style-type: none"> - School / college / university nurse - School / college / university doctor - Psychologist - Welfare officer / educational social worker - Additional meetings with tutors - Extra people to help you in lectures or classes - Additional classes - Other (describe) 	These questions follow the same principles as above: We want to know what 'additional' resources participants may be benefitting from in an education setting.
If 6b): Only need this separately if we think it makes sense to distinguish services provided within schools vs college / university.	
OTHER SOURCES OF HELP AND SUPPORT	
<p>15) How many times in the last 6 months have you used these other types of help for health or mental health problems?</p> <ul style="list-style-type: none"> - Spoken with friends and relatives - Attended self-help groups - Visited voluntary organisations in your area - Read information in books or magazines - Visited internet websites / forums - Used telephone help-lines 	This section covers other sources of help and support, and translation should be relatively straightforward.
<p>16) Over the last 6 months, what personal expenses have you had because of a health or mental health problem?</p> <ul style="list-style-type: none"> • Paid for over-the-counter items at the pharmacy • Paid for treatment that is not re-embursed through insurance • Employed extra help such as child care • Direct expenses such as special food • Other: Describe 	People with mental or physical health problems often spend substantial amounts on over-the-counter medicines etc. We want to capture these financial impacts. Please review the categories given and add anything else you consider to be important.

<p>17) Have you taken prescription medication in the last 6 months? If so, for what reason?</p> <ul style="list-style-type: none">• Pain• Sleep problems• Depression or anxiety• Other mental health problem• Physical health problem (e.g. high blood pressure, diabetes)• Other reason:	<p>For the economic analysis, we do not require detailed information on the type of medication or dosage. We would like to know the reason why participants are prescribed medication. If you require more detailed information on prescription medication, please feel free to add this to the questionnaire, but please make sure we can pull out the information as outlined in question 16.</p>
<p>18) Please add any other comments that would help us better understand your circumstances.</p>	<p>Here, we encourage participants to add any information they consider relevant.</p>

3) Translating the CSRI for Germany

Question for Germany	Notes on translation
HÄUSLICHE UMGEBUNG	
<p>1) In welcher Art Wohnung / Haus leben Sie? (<i>Hauptwohnsitz; bei Schülern/Studenten ggf. Haushalt der Eltern</i>)</p> <ul style="list-style-type: none"> a. Eigentumswohnung/ eigenes Haus b. Mietwohnung oder –haus <ul style="list-style-type: none"> i. Falls ja: Ist Ihre Wohnung öffentlich gefördert (Bezug mit Wohnberechtigungsschein)? 	<p>Here, we want to distinguish living circumstances in a way that is relevant to economic evaluation. As you can see, in the CSRI for Germany, we distinguish between those who own property and those who don't – an important economic indicator. Additionally, we ask about social housing. By that, we mean housing that is provided by the state or by non-profit organisations. We do not include transfer payments (e.g. housing benefit). To translate this section of the CSRI, please identify the main forms of social housing.</p>
<p>2) Wie viele Räume hat die Wohnung / das Haus? Bitte zählen Sie die Küche sowie jeden Raum ab 6m² (ausser Bad, WC, Flur) mit.</p>	<p>Size of the accommodation is another important economic indicator. For the German CSRI, we used the definition from the 2011 national census. This provides us with a question that has been validated, and our findings will be comparable to national data.</p>
<p>3) Wie viele Personen leben insgesamt in Ihrem Haushalt? 4) Wieviele dieser Personen sind minderjährige Kinder?</p>	<p>This is another economic indicator. We want to know the total size of the household (again a census question), and the number of children. Note that the age cut-off is different for Germany (18) than for the UK (16). This is because young people have more legal rights from age 16 in the UK, and also because important household surveys use this cut-off. For your country translation, please check what age is used in national surveys that report on household composition and family resources.</p>
<p>5) Mit wem leben Sie normalerweise zusammen? (<i>Hauptwohnsitz; bei Schülern/Studenten ggf. Haushalt der Eltern</i>)</p> <ul style="list-style-type: none"> a. Leibliche Eltern oder Verwandte b. Pflegefamilie c. Adoptiveltern d. Kinderheim / Jugendhilfeeinrichtung e. Partner f. Partner und Kind/er 	<p>This is again about reflecting typical living situations, while also identifying those arrangements that may be relevant in terms of costs. For example, foster care or living in a children's home are financially supported by public agencies. Note that different terms may be used for these in your country, and this should be reflected on the CSRI.</p>

<ul style="list-style-type: none"> g. Eigene Kinder h. Wohngemeinschaft i. Andere: 	
SCHULE, AUSBILDUNG UND BERUF	
<p>6) Besuchen Sie derzeit eine</p> <ul style="list-style-type: none"> a. Schule <ul style="list-style-type: none"> i. Falls ja, handelt es sich dabei um eine Förderschule b. Berufsschule <ul style="list-style-type: none"> i. Falls ja, handelt es sich dabei um eine Förderschule? c. Universität / Hochschule 	<p>With this question, we identify additional settings where participants may be in contact with services and supports so we can ask about them later. And again, some participants may be receiving additional support, which is why we need to know if they attend a school that caters to special needs. In England, there are special schools children attend during the day while living at home, but also boarding schools for children with special needs. Your country CSRI needs to reflect the system in that country.</p>
<p>7) Frage 1 WAPAI-GH (German version 2.1):</p> <p>a) Arbeiten Sie momentan (bezahlte Arbeit)? Falls ja: Bitte geben Sie an, welchen Beruf / welche bezahlte Tätigkeit Sie ausüben. Bei mehreren Tätigkeiten: Beziehen Sie sich auf die Tätigkeit mit der höchsten wöchentlichen Stundenzahl. Bei Unterbrechung der Tätigkeit (z.b. durch Elternzeit, Altersteilzeit): Beziehen Sie sich auf die unterbrochene Tätigkeit.</p> <ul style="list-style-type: none"> I. Angestellte/r II. Arbeiter/-in, Heimarbeiter/-in III. Auszubildende/-r IV. Selbstständige/-r (auch Honorarkräfte, Personen mit Werkvertrag) V. Beamter/Beamtin, Richter/in, Dienstleistungsangestellter/-r VI. Zeitsoldat/-in, Berufssoldat/-in VII. Grundwehr- / Zivildienstleistender VIII. Neberjobber/-in, 1-Euro-Jobber/in 	<p>In our experience, asking people for their income doesn't result in good data. To get around this issue (and to allow us to look at productivity impacts of interventions), we ask about the job people do and find a 'typical' income. This is used as a proxy measure for individual income. In Germany, the statistics on 'Arbeitnehmerverdienste' are published quarterly and report by section of the economy (Q8). We will make adjustments based on job category (Q7). You will need to find the corresponding statistic for your country, and investigate how salaries and wages are reported.</p>
<p>19) In welchem Wirtschaftszweig sind Sie tätig? → Liste</p>	
<p>20) Bitte geben Sie an, welchen Beruf / welche bezahlte Tätigkeit Sie ausüben. Tragen Sie die genau Bezeichnung ein.</p>	<p>This is a backup question that may be easier to answer than questions 7 and 8.</p>

<p>Zum Beispiel: Blumenverkäuferring (nicht: Verkäuferin); Zollbeamtin im gehobenen Dienst (nicht: Beamtin). Angesprochen ist hier die derzeitige Tätigkeit, nicht der früher einmal erlernte Beruf. Bei mehreren Tätigkeiten: Beziehen Sie sich auf die Tätigkeit mit der höchsten wöchentlichen Stundenzahl. Bei Unterbrechung der Tätigkeit (z.B. durch Elternzeit, Altersteilzeit): Beziehen Sie sich auf die unterbrochene Tätigkeit.</p>			
21) WAPAI-GH Fragen 2-6			
<p>Im Folgenden möchten wir Sie bitten, alle Kontakte mit Ärzten, Gesundheits- und Sozialdiensten, oder anderen Hilfsangeboten innerhalb der letzten 6 Monate zu notieren. Diese Informationen helfen uns, Ihre individuelle Situation zu verstehen. Am Ende des Fragebogens haben Sie die Gelegenheit, uns weitere Details mitzuteilen, die Sie für wichtig erachten.</p>			
MEDIZINISCHE VERSORGUNG IN KRANKENHÄUSERN UND KLINIKEN			
22) Waren Sie in den letzten 6 Monaten stationär in Behandlung?			<p>Reimbursement and case mix reporting in Germany relies on Major Disease Categories (MDCs) and related Diagnosis-Related Groups (DRGs), and we can use this on the CSRI to make sure the information we collect matches up with our cost data. However, psychiatric hospital stays are not covered by this system. This means we have to ask for these separately. The question for your CSRI should reflect your country's system of reporting and reimbursement (where applicable). If there are services that should be highlighted because they are expected to be relevant for your study participants, please add them here.</p>
Warum? (Grund)	Wo? (Abteilung/Station)	Anzahl der Tage	
Allgemeine körperliche und / oder psychische Erkrankungen	Auswahlliste		
Studienspezifische Erkrankungen	Auswahlliste		
<p>23) Haben Sie in den letzten 6 Monaten andere an eine Klinik angegliederte Dienste genutzt?</p> <ul style="list-style-type: none"> • Krankentransport / Rettungswagen • Notaufnahme / Unfallchirurgie • Ambulanzen für psychologische Probleme • Andere Ambulanzen • Tagesklinik / teilstationäre Behandlung 			<p>In this question, we ask about services that are linked to hospitals, but do not involve an inpatient admission. In England, these are referred to as 'outpatient services' or 'day hospitals'.</p>
AMBULANTE VERSORGUNG			

<p>24) Haben Sie in den letzten 6 Monaten die folgenden ambulante Angebote genutzt?</p> <ul style="list-style-type: none"> • Hausarzt/ Allgemeinmediziner • Kassenärztlicher Notdienst • Arzthelfer/-in • Zahnarzt • Gesundheits- und Krankenpfleger/-in • • Psychiater oder Facharzt für Psychosomatik oder Psychotherapeutische Medizin • Psychologische/-r Psychotherapeut/-in • Kinder-oder Jugendtherapeut/-in • Anderer Facharzt (Liste: Fachärzte) • • Musik- oder Kunsttherapeut/-in • Anderer Therapeut: • • Ernährungsberater / Diätassistent • Physiotherapeut / Ergotherapeut • Krankengymnastik • Heilpraktiker/-in • Andere: (Liste: Heilberufe) • • Ergänzende Therapien • Ambulanter Pflegedienst • Haushaltshilfe (als soziale Leistung) • Sozialarbeiter / Mitarbeiter des Jugendamts • Andere: 	<p>This question covers services provided outside a hospital setting. The distinction is important because hospitals require a large investment, leading to high overhead charges.</p> <p>The structure of your health- and social care system will determine which services you include in this list. The general headers to look out for are</p> <ul style="list-style-type: none"> - Primary care - Other community health care - Specialist mental health services - Social care / social work - Alternative or complementary therapies <p>Certain job titles may be protected (e.g. Gesundheits- und Krankenpfleger), while others are less clearly defined (“Therapeut”).</p> <p>On the left, we show a list of services used in a study that involved participants with eating disorders, and this is reflected in the services we included.</p>
<p><i>If 6a): Schule</i></p> <p>25) Haben Sie im letzten Schulhalbjahr die folgenden Angebote Ihrer Schule genutzt?</p>	<p>These questions follow the same principles as above: We want to know what ‘additional’ resources participants may be benefitting from in an education setting.</p>

<ul style="list-style-type: none"> • Schulpsychologe • Sozialpädagoge • Schulsozialarbeiter • Hausaufgabenhilfe / Nachhilfe • Jugendcoach • Arbeitsgemeinschaft • Begleitperson für Schüler mit Behinderungen • Andere: 	
<p><i>If 6b): Hochschule</i></p> <p>26) Haben Sie im letzten Semester die folgenden Angebote Ihrer Universität oder (Fach-) Hochschule genutzt?</p> <ul style="list-style-type: none"> • Psychologische Beratungsstelle der Hochschule oder des Studentenwerkes • Tutor • Beratungsstelle für Gleichbehandlungsfragen • Begleitperson für Studierende mit Behinderungen • Andere: 	
<p>ANDERE HILFSANGEBOTE UND INFORMATIONSQÜLLEN</p>	
<p>27) Wie oft haben Sie in den letzten 6 Monaten von den folgenden Angeboten Gebrauch gemacht?</p> <ul style="list-style-type: none"> • Gespräche mit Freunden und Angehörigen • Teilnahme an Selbsthilfegruppen • Besuch gemeinnütziger Einrichtungen • "Sorgentelefon" / Telefonische Beratung • Infomaterial (Bücher und Zeitschriften) zur Selbsthilfe • Besuch von Internetseiten • Andere (Text) 	<p>This section covers other sources of help and support, and translation should be relatively straightforward.</p>
<p>28) Welche persönlichen Unkosten sind Ihnen während der letzten 6 Monate durch gesundheitliche oder seelische Beschwerden entstanden?</p> <ul style="list-style-type: none"> • Direkte Ausgaben wie spezielles oder zusätzliches Essen, Nahrungsergänzungsmittel 	<p>People with mental or physical health problems often spend substantial amounts on over-the-counter medicines etc. We want to capture these financial impacts. Again our example is from a study of eating disorders.</p>

<ul style="list-style-type: none"> • Frei verkäufliche Produkte aus der Apotheke (z.B. Medizinprodukte, nicht-verschreibungspflichtige Medikamente) • Bezahlte Dienstleistungen wie Babysitter oder Haushaltshilfe • Andere (Text) 	Please review the categories given and add anything else you consider to be important.
<p>29) Haben Sie in den letzten 6 Monaten verschreibungspflichtige Medikamente eingenommen? Falls ja, aus welchem Grund?</p> <ul style="list-style-type: none"> • Schmerzen • Schlafprobleme • Depression oder Angst • Andere psychische Beschwerden • Körperliche Beschwerden (z.B. Bluthochdruck, Diabetes) • Anderer Grund: 	For the economic analysis, we do not require detailed information on the type of medication or dosage. We would like to know the reason why participants are prescribed medication. If you require more detailed information on prescription medication, please feel free to add this to the questionnaire, but please make sure we can pull out the information as outlined in question 17.
<p>30) Bitte ergänzen Sie andere Dinge, die Sie für wichtig erachten und die uns helfen, ihre persönliche Situation besser zu verstehen, hier.</p>	Here, we encourage participants to add any information they consider relevant.

References

BEECHAM, J. & KNAPP, M. 2001. Costing psychiatric interventions. *In*: THORNICROFT, G. (ed.) *Measuring Mental Health Needs*. Second Edition ed. London: Royal College of Psychiatrists.