

ID: _____

Date: _____

Client Service Receipt Inventory revised-Follow-up Assessment

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

1. What is your Date of Birth? _____

2. What is your gender? Male Female

3. What is your marital status?

☐ Now married

☐ Divorced

☐ Separated

☐ Widowed

☐ Common Law

☐ 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?

☐ \$10,000 to \$19,999

☐ \$20,000 to \$29,999

☐ \$30,000 to \$39,999

☐ \$40,000 to \$49,999

☐ \$50,000 to \$59,999

☐ \$60,000 to \$69,999

☐ \$70,000 to \$79,999

☐ \$80,000 to \$89,999

☐ \$90,000 to \$99,999

☐ \$100,000 to \$149,999

☐ \$150,000 or more

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 and children

2

Children (but no spouse/partner)

3

Parents

4

Alone

5

Other _____

6

ID: _____

Date: _____

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

ID: _____

Date: _____

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	No Yes				
What kind of service (Pharma vs. Psychoth.)					
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 type _____	No Yes				
Social worker	No Yes				
Community support worker	No Yes				
Housing worker	No Yes				
Self-help group name _____	No Yes				
Voluntary worker (including phone support, priest etc.) specify _____	No Yes				
Day centre/drop-in/social club name _____	No Yes				
Home help / home care worker	No Yes				
Care attendant					
NHS 24 contact					
'Alternative' medicine or therapy specify _____	No Yes				
Other community based doctor Specify _____					

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 (circle 'No' if interviewee has no children)	No Yes		
Personal care (e.g. washing, dressing etc.)	No Yes		
Help in/ around the house (e.g., cooking, cleaning etc.)	No Yes		
Help outside the home (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.)

ID: _____

Date: _____

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 _____