

Modified PSYRATS

Beliefs & Voice Hearing Rating Scale

General Instructions

The following structured interview is designed to elicit specific details regarding different dimensions of delusional beliefs and auditory hallucinations. When asking questions, the interview is designed to rate the patients experiences **over the last week** for the majority of items. There is one exception to this. **When rating conviction (Beliefs Question 3), ask the patient about their conviction at the time of the interview.**

Name _____

DOB _____

Age _____

Sex Male Female

Length of time experiencing delusional beliefs (years) _____

Please specify individual beliefs

PSYRATS

Beliefs Score Sheet

1. Amount of preoccupation
2. Duration of preoccupation
3. Conviction
4. Amount of Distress
5. Intensity of Distress
6. Disruption

Voice Hearing Scoring Sheet

1. Frequency
2. Duration
3. Location
4. Loudness
5. Beliefs Re: Origin
6. Amount of negative content of voices
7. Degree of negative content
8. Amount of distress
9. Intensity of distress
10. Disruption to life caused by voices
11. Controllability of voices
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12. Number of voices over the last week

13. PSYRATS: Beliefs Scoring Criteria

1. Amount of Preoccupation with Beliefs

How much time do you spend thinking about your beliefs (all the time/ daily/ weekly)?

0	1	2	3	4
No beliefs or beliefs which the client thinks about less than one week	Client thinks about beliefs at least once a week	Client thinks about beliefs at least once a day	Client thinks about beliefs at least once an hour	Client thinks about unusual beliefs continuously or almost continually. Subject can only think about other things for a few seconds or minutes.

2. Duration of preoccupation with beliefs.

When the belief comes into your mind how long do they persist (few seconds/ minutes/ hours)?

0	1	2	3	4
No beliefs	Thoughts about beliefs last for a few seconds, fleeting thoughts	Thoughts about beliefs last for several minutes	Thoughts about beliefs last for at least one hour	Thoughts about beliefs usually last for hours at a time

3. Conviction (AT THE TIME OF THE INTERVIEW)

At the present time how convinced are you that your beliefs are true?

Can you estimate this on a scale from 0-100, where 100 means you are totally convinced by your beliefs and 0 being that you are not convinced at all.

0	1	2	3	4
No conviction at all	Very little conviction in reality of beliefs less than 10%	Some doubts relating to conviction in beliefs 10-49%	Conviction in belief is very strong between 50-99%	Conviction is 100%

4. Amount of distress

Do your beliefs cause you distress?

How much of the time do they cause you distress?

0	1	2	3	4
Beliefs never cause distress	Beliefs cause distress on the minority of occasions	Beliefs cause distress on approx 50% of occasions	Beliefs cause distress on the majority of occasions when they occur between 50-99% of the time	Beliefs always cause distress when they occur

5. Intensity of Distress

When your beliefs distress you, how severe does this feel?

0	1	2	3	4
No distress	Beliefs cause slight distress	Beliefs cause moderate distress	Beliefs caused marked distress	Beliefs cause extreme distress, couldn't be worse

PSYRATS: Beliefs scoring Criteria

6. Disruption to life caused by beliefs

How much disruption do your beliefs cause you?

Do they prevent you from working or carrying out a daytime activity?

Do they interfere with your relationships with family or friends?

Do they interfere with your ability to look after yourself (washing/ changing clothes)?

0	1	2	3	4
No disruption to life, able to maintain independent living. No problems in daily living skills.	Beliefs cause minimal amount of disruption to life e.g. interferes with concentration.	Beliefs cause moderate amount of disruption to life. Some disturbance to daytime activity	Beliefs cause severe disruption to life so that hospitalization is usually necessary.	Beliefs cause complete disruption of daily life requiring hospitalization.

Able to maintain social and family relationships (if present)	Able to maintain daytime activity and social and family relationships. Able to maintain independent living without support.	and or family/ social activities. Client is not in hospital although may live in supported accommodation or receive help with daily living skills.	Client is able to maintain some daily activities, self-care and relationships whilst in hospital. Client may also be in supported accommodation, but experiencing severe disruption of life in terms of activities daily living skills and or relationships.	The client is unable to maintain and daily activities and social relationships. Self-care is severely disrupted.
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PSYRATS: Voice Hearing Scoring Criteria

1. Frequency

How often do you experience voices (every day/ all day long)?

0	1	2	3	4
Voices not present or present less than once a week (specify frequency if present)	Voices occur at least once a week	Voices occur at least once a day	Voices occur at least once an hour	Voices occur continually i.e. only stop for a few seconds or minutes.

2. Duration

When you hear voices, how long do they last e.g. few seconds, minutes, hours all day long?

0	1	2	3	4
Voices not present	Voices last for a few seconds, fleeting voices	Voices last for several minutes	Voices last for at least one hour	Voices last for hours at a time

3. Location

When you hear your voices where do they sound like they're coming from?

Is it inside of your head and/ or outside?

If voices sound like they are outside your head, whereabouts do they sound like they're coming from?

0	1	2	3	4
Voices not present	Voices originate inside head only	Voices outside the head, but close to ears or head Voices inside the head may also be present	Voices originate inside or close to ears and outside head away from ears	Voices originate from outside space, away from head only

PSYRATS: Voice Hearing Scoring Criteria

4. Loudness

How loud are your voices?

Are they louder than your voice, about the same loudness, quieter or just a whisper?

0	1	2	3	4
Voices not present	Quieter than own voice, whispers	About the same loudness as own voice	Louder than own voice	Extremely loud, shouting

5. Beliefs Regarding the origin of voices

What do you think has caused your voices?

Are the voices caused by factors related to yourself or solely due to other people or factors?

If the client expressed an external origin:

How much do you believe that your voices are cause by (add clients attribution) on a scale from 0-100 with 100 being that you are totally convinced, have no doubts and 0 being that it is completely untrue.

0	1	2	3	4
Voices not present	Believes voices to be solely internally	Holds a less than 50% conviction that voices	Holds 50% or more conviction (but less than 100%)that voices	Believes voices are solely due to external causes, 100% conviction

	generated and related to self	originate from external causes	originate from external cause	
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PSYRATS: Voice Hearing Scoring Criteria

6. Amount of negative content of voices.

Do your voices say unpleasant or negative things?

Can you give me some examples of what the voices say?

How much of the time do the voices say these types of unpleasant or negative items?

0	1	2	3	4
No unpleasant content	Occasional unpleasant content	Minority of voice is unpleasant or negative (less than 50%)	Majority of voice content is unpleasant or negative (more than 50%)	All of voice content is unpleasant or negative

7. Degree of negative content (Rate using criteria on scale, asking for more detail if necessary).

0	1	2	3	4
Not unpleasant or negative	Some degree of negative content, but not personal comments relating to self or family e.g. swear words or comments not directed to self. E.g. "the milkman is ugly"	Personal verbal abuse, comments on behaviour E.g. "shouldn't do that, or say that"	Personal verbal abuse relating to self-concept E.g. "you're lazy, ugly, mad, perverted"	Personal threats to self E.g. threats to harm self or family Extreme instructions or commands to harm self or others Personal verbal abuse as in 3

PSYRATS: Voice Hearing Scoring Criteria

8. Amount of distress

Are your voices distressing?

How much of the time?

0	1	2	3	4
Voices not distressing at all	Voices occasionally distressing, majority not distressing	Equal amounts of distressing and non-distressing voices	Majority of voices distressing, minority not distressing	Voices always distressing

9. Intensity of Distress

**When voices are distressing, how distressing are they?
Do they cause you minimal, moderate, severe distress?
Are they the most distressing they have ever?**

0	1	2	3	4
Voices not distressing at all	Voices slightly distressing	Voices are distressing to moderate degree	Voices are very distressing, Although the client could feel worse	Voices are extremely distressing. Client feels the worse he/s he could possibly feel

PSYRATS: Voice Hearing Scoring Criteria

10. Disruption to life caused by the voices

**How much disruption do the voices cause to your life?
Do they prevent you from working or carrying out a daytime activity?
Do they interfere with your relationships with family or friends?
Do they interfere with your ability to look after yourself (washing/ changing clothes)?**

0	1	2	3	4
No disruption to life, able to maintain independent living. No problems in daily living skills. Able to maintain social and family relationships (if present)	Voices cause minimal amount of disruption to life e.g. interferes with concentration. Able to maintain daytime activity and social and family relationships. Able to maintain independent	Voices cause moderate amount of disruption to life. Some disturbance to daytime activity and or family/ social activities. Client is not in hospital although may live in supported accommodation	Voices cause severe disruption to life so that hospitalization is usually necessary. Client is able to maintain some daily activities, self-care and relationships whilst in hospital. Client may also be in supported	Voices cause complete disruption of daily life requiring hospitalization. The client is unable to maintain and daily activities and social relationships.

	living without support.	or receive help with daily living skills.	accommodation, but experiencing severe disruption of life in terms of activities daily living skills and or relationships.	Self-care is severely disrupted.
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PSYRATS: Voice Hearing Scoring Criteria

11. Controllability of voices

**Do you think you have any control over when your voices happen?
Can you dismiss or bring on your voices?**

0	1	2	3	4
Client believes they can have control over their voices and can bring on or dismiss them at will	Client believes they can have some control over their voices on the majority of occasions	Client believes they can have some control over their voices approximately half of the time	Client believes they can have some control over their voices but only occasionally. The majority of the time the client experiences voices, which are uncontrollable.	Client has no control over when the voices occur and cannot dismiss or bring them on at all

Number of Voices

How many Different Voices have you heard over the last week?

Form of Voices

(Please circle the appropriate answer and indicate the number of voices)

- | | | | |
|------------------------------|------------|-----------|------------|
| 1st Person | YES | NO | N = |
| 2nd Person | YES | NO | N = |
| 3rd Person | YES | NO | N = |

Single words or phrases without pronouns

YES NO N =

The Process of Recovery Questionnaire (QPR)

We developed this questionnaire in order to understand more about the process of recovery; what's helpful and what's not so helpful.

Everyone is different and there will be differences for everyone. The items on this questionnaire were developed through a process of interviewing service users about their recovery journeys. We hope that by filling in this questionnaire you will help us find out information that is important to you and your own recovery. Not all factors will be important to you, since everyone is different. This questionnaire is not intended to be used to impose anything against your wishes.

If you would like to fill in the questionnaire, please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience.

	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
1. I feel better about myself					
2. I feel able to take chances in life					
3. I am able to develop positive relationships with other people					
4. I feel part of society rather than isolated					
5. I am able to assert myself					
6. I feel that my life has a purpose					
7. My experiences have changed me for the better					
8. I have been able to come to terms with things that have happened to me in the past and move on with my life					
9. I am basically strongly motivated to get better					
10. I can recognise the positive things I have done					
11. I am able to understand myself better					
12. I can take charge of my life					
13. I can actively engage with life					
14. I can take control of aspects of my life					
15. I can find the time to do the things I enjoy					

Thank you for completing this questionnaire

Personal and Social Performance Scale

Degrees of severity areas a-c

- i) Absent
- ii) Mild, defined here as known **only to someone who is very familiar** with the person
- iii) Manifest, but not marked, difficulties **clearly noticeable by everyone**, but not interfering substantially with the person's ability to perform his/her role in that area, given the person's socio-cultural context, age, gender and educational levels
- iv) Marked, difficulties interfering heavily with role performance in that area; however, the person is still able to do something without professional or social help, although inadequately and/or occasionally; if helped by someone, he/she may be able to reach the previous level of functioning
- v) Severe, difficulties that make the person unable to perform any role in that area, if not professionally helped, or make the person to have a harmful influence; however, there are no survival risks
- vi) Very severe, impairments and difficulties of such intensity to endanger the person's survival. Suicide risk should be taken into account only as much as suicide rumination interferes with social functioning.

A) Socially useful activities, including work and study

- Absent
- Mild
- Manifest
- Marked
- Severe
- Very severe

B) Personal and Social relationships

- Absent
- Mild
- Manifest
- Marked
- Severe
- Very severe

C) Self Care

- Absent
- Mild
- Manifest
- Marked
- Severe
- Very severe

Degrees of severity area d

- i) Absent
- ii) Mild, corresponding to mild rudeness, unsociability or whingeing
- iii) Manifest, such as speaking too loudly or speaking to others in a too-familiar manner, or eating in a socially unacceptable manner
- iv) Marked, insulting others in public, breaking or wrecking objects, acting frequently in a socially inappropriate but not dangerous way (e.g. stripping or urinating in public) not occasionally
- v) Severe, frequent verbal threats or frequent physical assaults, without intention or possibility to severe injuries not occasionally
- vi) Very severe, defined as aggressive acts, aimed at or likely to cause severe injuries not occasionally.

D) Disturbing and aggressive behaviours

- Absent
- Mild
- Manifest
- Marked
- Severe
- Very severe

Total Score

100-91	Excellent functioning in all four main areas. He/she is held in high consideration for his/her good qualities, copes adequately with life problems, is involved in a wide range of interests and activities.
90-81	Good functioning in all four areas, presence of only common problems and difficulties.
80-71	Mild difficulties in one or more of the areas a-c.
70-61	Manifest, but not marked difficulties in one or more areas a-c or mild difficulties in d. For area a include here sheltered work, if the performance is good.
60-51	Marked difficulties in only one area a-c or manifest difficulties in d.
50-41	Marked difficulties in two or three of the areas a-c, or severe difficulties <u>in only one</u> area a-c <u>without</u> marked difficulties in the other two; no marked difficulties in d.
40-31	Severe difficulties <u>only</u> in one area a-c <u>and</u> marked difficulties in at least one of the other two; or marked difficulties in d.
30-21	Severe difficulties in two areas a-c; or severe difficulties in d, even if severe and marked difficulties in the areas a-c are absent.
20-11	Severe difficulties in <u>all</u> areas a-c; or very severe difficulties in d, even if severe difficulties in area a-c are absent. If the person react to external prompts, the suggested scores are 20-26; if not, they are 15-11.
10-1	Lack of autonomy in basic functioning with extreme behaviours but without survival risk (scores 6-10) or with survival risk, e-g- death risk due to malnutrition, dehydration, infections, inability to recognise situations of marked danger (scores 5-1).

Suggested score range =

Please consider how many of the following domains the participant has problems with. Deduct the number of domains on the checklist from the highest score within the ten point interval the participant falls.

- Physical and psychological health care.
- Lodging, area of residence and living space care.
- Contribution to household activities, participation in family life or residential/ day-centre life.
- Intimate and sexual relationships.
- Child care.
- Social network, friends and helpers.
- General interests.
- Financial management.
- Use of transport.
- Coping skills in crisis.
- Keeping social rules.

Overall suggested score _____

GUIDELINES FOR ADMINISTERING THE CALGARY DEPRESSION SCALE (Addington et al, 1990).

- The Calgary Depression Scale (CDS) is administered as a semi-structured interview and consists of 9 items.
- **It is suggested that the items from the Calgary Depression Scale are incorporated into the Depression (G6) item of the PANSS.**
- **However, the Calgary is based on the last two weeks, whereas the PANSS is based on the last week only.**
- The CDS items will help you to rate G6 – depression of the PANSS.
- Item 5 of the CDS (pathological guilt) will also help you in rating G3 (guilt feelings) of the PANSS.
- Ask the CDS questions as they are written although follow up probes can be used for further clarification.
- The last item (9) is based on **observations** from the entire interview

Calgary Depression Items

1. **Depression**
2. **Hopelessness**
3. **Self Depreciation**
4. **Guilty ideas of reference**
5. **Pathological Guilt**
6. **Morning Depression**
7. **Early Wakening**
8. **Suicide**
9. **Observed Depression**

Scoring the Calgary Depression Scale

Items in the Calgary Depression Scale are scored as follows:

- 0 – Absent**
- 1 – Mild**
- 2 – Moderate**
- 3 – Severe**

The overall total is calculated. This produces a range of scores from 0 (not depressed) to 27 (severely depressed).

ID Number: _____ Observation Period _____ Date _____

Interviewer: Ask the first question as written. Use follow up probes or qualifiers at your discretion.. N.B. The last item (9) is based on observations of the entire interview.

1. DEPRESSION: How would you describe your mood over the last two weeks? Do you keep reasonably cheerful or have you been very depressed or low spirited recently? In the last two weeks how often have you (own words) every day? All day?

0. Absent

1. Mild: Expresses some sadness or discouragement on questioning.

2. Moderate: Distinct depressed mood persisting up to half the time over last 2 weeks: present daily.

3. Severe: Markedly depressed mood persisting daily over half the time interfering with normal motor and social functioning.

2. HOPELESSNESS: How do you see the future for yourself? Can you see any future? - or has life seemed quite hopeless? Have you given up or does there still seem some reason for trying?

0. Absent

1. Mild: Has at times felt hopeless over the last two weeks but still has some degree of hope for the future.

2. Moderate: Persistent, moderate sense of hopelessness over last week. Can be persuaded to acknowledge possibility of things being better.

3. Severe: Persisting and distressing sense of hopelessness.

3. SELF DEPRECIATION: What is your opinion of your self compared to other people? Do you feel better, not as good, or about the same as other? Do you feel inferior or even worthless?

0. Absent

1. Mild: Some inferiority; not amounting to feeling of worthlessness.

2. Moderate: Subject feels worthless, but less than 50% of the time.

3. Severe: Subject feels worthless more than 50% of the time. May be challenged to acknowledge otherwise.

4. GUILTY IDEAS OF REFERENCE: Do you have the feeling that you are being blamed for something or even wrongly accused? What about? (Do not include justifiable blame or accusation. Exclude delusions of guilt.)

0. Absent

1. Mild: Subject feels blamed but not accused less than 50% of the time.

2. Moderate: Persisting sense of being blamed, and/or occasional sense of being accused.

3. Severe: Persistent sense of being accused. When challenged, acknowledges that it is not so.

5. PATHOLOGICAL GUILT: Do you tend to blame yourself for little things you may have done in the past? Do you think that you deserve to be so concerned about this?

0. Absent

1. Mild: Subject sometimes feels over guilty about some minor peccadillo, but less than 50% of time.

2. Moderate: Subject usually (over 50% of time) feels guilty about past actions the significance of which he exaggerates.

3. Severe: Subject usually feels s/he is to blame for everything that has gone wrong, even when not his/her fault.

6. MORNING DEPRESSION: When you have felt depressed over the last 2 weeks have you noticed the depression being worse at any particular time of day?

0. Absent: No depression.

1. Mild Depression: present but no diurnal variation.

2. Moderate Depression: spontaneously mentioned to be worse in a.m.

3. Severe Depression: markedly worse in a.m., with impaired functioning which improves in p.m.

7. EARLY WAKENING: Do you wake earlier in the morning than is normal for you? How many times a week does this happen?

0. Absent: No early wakening.

1. Mild: Occasionally wakes (up to twice weekly) 1 hour or more before normal time to wake or alarm time.

2. Moderate: Often wakes early (up to 5 times weekly) 1 hour or more before normal time to wake or alarm.

3. Severe: Daily wakes 1 hour or more before normal time.

8. SUICIDE: Have you felt that life wasn't worth living? Did you ever feel like ending it all? What did you think you might do? Did you actually try?

0. Absent

1. Mild: Frequent thoughts of being better off dead, or occasional thoughts of suicide.

2. Moderate: Deliberately considered suicide with a plan, but made no attempt.

3. Severe: Suicidal attempt apparently designed to end in death (i.e.: accidental discovery of inefficient means).

9. OBSERVED DEPRESSION: Based on interviewer's observations during the entire interview. The question "Do you feel like crying?" used at appropriate points in the interview, may elicit information useful to this observation.

0. Absent

1. Mild: Subject appears sad and mournful even during parts of the interview, involving affectively neutral discussion.

2. Moderate: Subject appears sad and mournful throughout the interview, with gloomy monotonous voice and is tearful or close to tears at times.

3. Severe: Subject chokes on distressing topics, frequently sighs deeply and cries openly, or is persistently in a state of frozen misery if examiner is sure that this is present.

Anxious Thoughts Inventory (AnTI) Wells (1997)

ID _____

Date _____

	Almost never	Sometimes	Often	Almost always
1. When looking to my future I give more thought to the negative things than the positive things that might happen to me.	1	2	3	4
2. I have difficulty in clearing my mind of repetitive thoughts.	1	2	3	4
3. I worry that I cannot control my thoughts as well as I would like to.	1	2	3	4
4. I take disappointments so keenly that I can't put them out of my mind,	1	2	3	4
5. Unpleasant thoughts enter my head against my will.	1	2	3	4
6. I think I am missing out on things in life because I worry too much.	1	2	3	4
7. I have repetitive thoughts such as counting or repeating phrases.	1	2	3	4

AUDIT

Please place a mark in the box next to your answer

1. How often do you have a drink containing alcohol?
 never monthly or less once a week 2 to 4 times a week 5 or more times a week
2. How many 'standard drinks' (see below) do you have on a typical day when you are drinking?
 1 2 3 or 4 5 or 6 7 or more
3. How often do you have six or more drinks on one occasion?
 never less than monthly monthly weekly daily or almost daily
4. How often during the last 3 months have you found that you were not able to stop drinking once you had started?
 never less than monthly monthly weekly daily or almost daily
5. How often during the last 3 months have you failed to do what was normally expected from you because of your drinking?
 never less than monthly monthly weekly daily or almost daily
6. How often during the last 3 months have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
 never less than monthly monthly weekly daily or almost daily
7. How often during the last 3 months have you had a feeling of guilt or remorse after drinking?
 never less than monthly monthly weekly daily or almost daily
8. How often during the last 3 months have you been unable to remember what happened the night before because you had been drinking?
 never less than monthly monthly weekly daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
 no yes, but not in the last 3 months yes, during the last 3 months
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
 no yes, but not in the last 3 months yes, during the last 3 months

TOTAL AUDIT SCORE = HAZARDOUS/HARMFUL LEVELS YES/NO

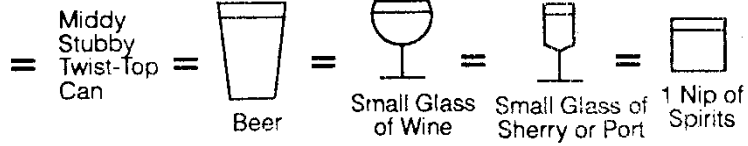
Key to AUDIT scoring:

For questions 1-8 responses are scored 0, 1, 2, 3, 4

For questions 9-10 responses are scored 0, 2; 4

- *Males: a score of ≥ 7 suggests a pattern of hazardous or harmful drinking.*
- *Females: a score of ≥ 6 suggests a pattern of hazardous or harmful drinking.*
- *A score of > 13 for both sexes indicates that the person is likely to be alcohol dependent.*

APPROXIMATELY
ONE
STANDARD
DRINK



NOTE: A schooner of normal strength beer contains about 2 standard drinks; a bottle about 3. The average light beer is about half the strength of normal beer.

DRUG USE QUESTIONNAIRE (DAST -10)

NAME: _____ Date: _____

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each statement and decide if your answer is "YES" or "NO". Then, circle the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | YES | NO |
| 2. Do you abuse more than one drug at a time? | YES | NO |
| 3. Are you always able to stop using drugs when you want to? | YES | NO |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | YES | NO |
| 5. Do you ever feel bad or guilty about your drug use? | YES | NO |
| 6. Does your spouse (or parent) ever complain about your involvement with drugs? | YES | NO |
| 7. Have you neglected your family because of your use of drugs? | YES | NO |
| 8. Have you engaged in illegal activities in order to obtain drugs? | YES | NO |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | YES | NO |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)? | YES | NO |

Clinical Global Impression Scale – Participant Version v1 13.08.2013

Participant ID:

Date:

Assessment time point:

On a scale of ‘1’ to ‘7’, where ‘1’ is no mental health problems and ‘7’ is the worst that your mental health problem has ever been, how would you rate the severity of your mental health problems today?

1	2	3	4	5	6	7
No mental health problems	Minimal mental health problems	Mild mental health problems	Moderate mental health problems	Marked mental health problems	Severe mental health problems	Very severe mental health problems

Clinical Global Impression Scale – Researcher version v1 13.08.2013

Researcher Name:

Participant ID:

Date:

Assessment time point:

GCI – Severity (CGI-S)

Considering your total clinical experience with this particular population, how ill is the patient at this time? Please indicate your response on the scale below:

1	2	3	4	5	6	7
Normal, not at all ill	Borderline mental health	Mildly ill	Moderately ill	Markedly ill	Severely ill	Extremely ill

GCI- Improvement (CGI-I) – only to be completed at end of treatment (9 months) and 12 month follow up (21 months)

Compared to the participant’s condition at the baseline assessment, the participant’s condition is:

1	2	3	4	5	6	7
Very much improved	Much improved	Minimally improved	No change from baseline	Minimally worse	Much worse	Very much worse

Learning from you: Understanding your experience of FOCUS (adverse effects measure)

Name: _____ Date: / /

Thank you for taking part in the FOCUS trial. We hope the results of our research will help us better understand the helpful and less helpful aspects of CBT. We would like to know a little bit more about your experience of the trial, and in particular whether taking part has caused you any distress. This will help us improve the way we do things in the future. Please note you do not have to tell us this. You do not have to complete this form if you do not want to.

If you could take the time to complete this questionnaire we'd be very grateful:

Please indicate the extent to which you agree with following statements:	NOT AT ALL	VERY LITTLE	A LITTLE	QUITE A LOT	VERY MUCH
Taking part hasn't helped me with my problems.					
Taking part made my problems worse.					
Taking part made me feel more anxious.					
Taking part took up too much time.					
Taking part led to my mood becoming very low.					
Taking part made me feel more angry and irritable.					
I didn't feel ready to talk about my problems.					
Taking part made me think too much about bad things that have happened in the past.					
Taking part meant I stopped looking after myself properly.					
Taking part made me feel more suspicious.					
Taking part required too much energy or motivation.					
Taking part increased my thoughts of killing myself.					
I didn't feel listened to or believed by FOCUS staff.					
Taking part made my voices or visions worse.					
Taking part was making me fall out with my family or friends.					
Taking part was having a bad effect on my self-esteem.					
Taking part was making me want to harm myself.					

Please indicate the extent to which you agree with following statements:	NOT AT ALL	VERY LITTLE	A LITTLE	QUITE A LOT	VERY MUCH
I didn't like or feel I could trust the FOCUS team members.					
I felt embarrassed talking about my problems with people I had not met before.					
Taking part made me have thoughts of harming other people.					
Taking part was making me feel hopeless about the future.					
Taking part meant I had to increase my medication in order to cope.					
Taking part involved too much hard work.					
Taking part made me worry that people would think badly of me because of my diagnosis.					
Taking part made me fall out with my doctor or care team.					
Taking part made me worry about losing control of my mind.					
My problems have improved to the point whereby I no longer feel I need help.					

If you would like to describe your experience of taking part in FOCUS in your own words, please use the following space:

Thank you for your help

Learning from you: Understanding your experience of FOCUS (adverse effects measure)

Trial discontinuation

Name: _____ Date: / /

Thank you for taking part in the FOCUS trial. We hope the results of our research will help us better understand the helpful and less helpful aspects of CBT. We would like to know a little bit more about your experience of the trial, and why you decided you wanted to leave. In particular, we would like to know whether you left because taking part was upsetting or distressing in some way. This will help us improve the way we do things in the future. Please note you do not have to tell us this. You do not have to complete this form if you do not want to.

If you could take the time to complete this questionnaire we'd be very grateful:

Please indicate the extent to which you agree with following statements:	NOT AT ALL	VERY LITTLE	A LITTLE	QUITE A LOT	VERY MUCH
I stopped taking part in the FOCUS trial because:					
Taking part hasn't helped me with my problems.					
Taking part made my problems worse.					
Taking part made me feel more anxious.					
Taking part took up too much time.					
Taking part led to my mood becoming very low.					
Taking part made me feel more angry and irritable.					
I didn't feel ready to talk about my problems.					
Taking part made me think too much about bad things that have happened in the past.					
Taking part meant I stopped looking after myself properly.					
Taking part made me feel more suspicious.					
Taking part required too much energy or motivation.					
Taking part increased my thoughts of killing myself.					
I didn't feel listened to or believed by FOCUS staff.					
Taking part made my voices or visions worse.					

Please indicate the extent to which you agree with following statements:	NOT AT ALL	VERY LITTLE	A LITTLE	QUITE A LOT	VERY MUCH
I stopped taking part in the FOCUS trial because:					
Taking part was making me fall out with my family or friends.					
Taking part was having a bad effect on my self-esteem.					
Taking part was making me want to harm myself.					
I didn't like or feel I could trust the FOCUS team members.					
I felt embarrassed talking about my problems with people I had not met before.					
Taking part made me have thoughts of harming other people.					
Taking part was making me feel hopeless about the future.					
Taking part meant I had to increase my medication in order to cope.					
Taking part involved too much hard work.					
Taking part made me worry that people would think badly of me because of my diagnosis.					
Taking part made me fall out with my doctor or care team.					
Taking part made me worry about losing control of my mind.					
My problems have improved to the point whereby I no longer feel I need help.					

If you would like to explain your reasons for leaving FOCUS in your own words, please use the following space:

Thank you for your help

The Interpretation of Voices Inventory

The experience of hearing sounds and voices when there is nothing there to explain it is a common one. It is particularly common when under stress, falling asleep or waking up. Listed below are a number of attitudes and thoughts that people have expressed about hearing unexpected sounds or voices. There are no right or wrong answers. Please give a response about how you generally feel.

Please read each statement and then circle the number which corresponds to how much you believe this. Please give a response to all the statements.

If I were to hear sounds or voices that other people could not hear, I would probably think that	Not at all	Some what	Moderately so	Very much
1. They are a sign that I am being punished.	1	2	3	4
2. They help me keep control.	1	2	3	4
3. They would make me harm someone	1	2	3	4
4. They mean I have done something bad.	1	2	3	4
5. They mean that I am close to God.	1	2	3	4
6. They mean I will do bad things.	1	2	3	4
7. They allow me to help others.	1	2	3	4
8. They mean that I have been chosen.	1	2	3	4
9. They make me important.	1	2	3	4
10. They will make me go crazy.	1	2	3	4
11. They mean I will lose control of my behaviour.	1	2	3	4
12. They will take over my mind.	1	2	3	4
13. They have come from the spiritual world.	1	2	3	4
14. They are a sign that I am evil.	1	2	3	4
15. They will harm me physically.	1	2	3	4
16. They mean I am possessed.	1	2	3	4
17. They have to be obeyed.	1	2	3	4
18. They make me special.	1	2	3	4
19. They help me cope.	1	2	3	4
20. They keep me company.	1	2	3	4
21. I would not cope without them.	1	2	3	4
22. They mean I will harm myself.	1	2	3	4
23. They control the way I think.	1	2	3	4
24. They protect me.	1	2	3	4
25. If I do not obey them, something bad will happen.	1	2	3	4
26. They mean I am a bad person.	1	2	3	4

Thank you

Scoring Key	M	P	C	factor 3
item no.	factor 1	item no.	factor 2	item no.
	1		2	10
	3 22		7	11
	4 25		9	12
	5 26		18	22
	6		19	23
	8		20	
	13		21	
	14		24	
	15			
	16			
	17			

Beliefs about Paranoia Scale (BAPS)

The experience of feeling paranoid is a common one. It is particularly common when under stress. Listed below are a number of attitudes and thoughts that people have expressed about paranoia. There are no right or wrong answers. Please give a response about how you generally feel.

Please read each statement and then **circle the number that corresponds to how much you believe this**. Please give a response to all the statements.

I believe that.....	Not at all	Somewhat	Moderately so	Very much so
1. My paranoia gets out of control	1	2	3	4
2. I get upset when I feel paranoid	1	2	3	4
3. It is important to be paranoid	1	2	3	4
4. If I were not paranoid others would take advantage of me	1	2	3	4
5. It is safer to be paranoid	1	2	3	4
6. Everybody feels paranoid at some time or other	1	2	3	4
7. My paranoia prevents me from doing things I enjoy	1	2	3	4
8. Most people get paranoid sometimes	1	2	3	4
9. My paranoid thoughts worry me	1	2	3	4
10. Paranoia is normal	1	2	3	4
11. My paranoia keeps me on my toes	1	2	3	4
12. Being paranoid keeps me sharp	1	2	3	4
13. Everybody is paranoid on some level	1	2	3	4
14. My paranoia gets exaggerated	1	2	3	4
15. My paranoia protects me	1	2	3	4
16. Paranoia is something everybody has to some extent	1	2	3	4
17. Being paranoid is just human nature	1	2	3	4
18. My paranoia distresses me	1	2	3	4

Brief Core Schema Scale (BCSS)

This questionnaire lists beliefs that people can hold about themselves and other people. Please indicate whether you hold each belief (**NO** or **YES**). If you hold the belief then please indicate how strongly you hold it by circling a number (**1 – 4**). Try to judge the beliefs on how you have generally, over time, viewed yourself and others. Do not spend too long on each belief. There are no right or wrong answers and the first response to each belief is often the most accurate.

			Believe it	Believe it	Believe it	Believe
it			slightly	moderately	very much	totally
<i>MYSELF</i>						
I am unloved	NO	YES →	1	2	3	4
I am worthless	NO	YES →	1	2	3	4
I am weak	NO	YES →	1	2	3	4
I am vulnerable	NO	YES →	1	2	3	4
I am bad	NO	YES →	1	2	3	4
I am a failure	NO	YES →	1	2	3	4
I am respected	NO	YES →	1	2	3	4
I am valuable	NO	YES →	1	2	3	4
I am talented	NO	YES →	1	2	3	4
I am successful	NO	YES →	1	2	3	4
I am good	NO	YES →	1	2	3	4
I am interesting	NO	YES →	1	2	3	4
<i>OTHER PEOPLE</i>						
Other people are hostile	NO	YES →	1	2	3	4
Other people are harsh	NO	YES →	1	2	3	4
Other people are unforgiving	NO	YES →	1	2	3	4
Other people are bad	NO	YES →	1	2	3	4
Other people are devious	NO	YES →	1	2	3	4
Other people are nasty	NO	YES →	1	2	3	4
Other people are fair	NO	YES →	1	2	3	4
Other people are good	NO	YES →	1	2	3	4
Other people are trustworthy	NO	YES →	1	2	3	4
Other people are accepting	NO	YES →	1	2	3	4
Other people are supportive	NO	YES →	1	2	3	4
Other people are truthful	NO	YES →	1	2	3	4

University of Maryland: Letter-Number Span

Record Form

I am going to say a list of numbers and letters. When I am through I want you to first tell me the numbers in order from smallest to biggest. Then I want you to tell me the letters in alphabetical order.

So for example, if I say A-4, the answer is 4-A. Then number goes first, then the letter. If I say 8-B-2, you answer 2-8-B, numbers first in order, then letters.

Try these: B-9 (9-B) _____ Z-9-A (9-A-Z) _____
 7-C (7-C) _____ 8-M-C (8-C-M) _____
 2-P-9 (2-9-P) _____

Try these (if needed): L-9-U (9-L-U) _____ W-N-5 (5-N-W) _____
 8-P-4 (4-8-P) _____ R-4-7 (4-7-R) _____

Section	Item	Correct Response	Subject's Response	Score
I.	D-6	6-D		
	4-L	4-L		
	M-2	2-M		
	3-B	3-B		
II.	A-1-C	1-A-C		
	W-7-T	7-T-W		
	5-R-8	5-8-R		
	9-X-3	3-9-X		
III.	Y-8-G-2	2-8-G-Y		
	J-3-N-1	1-3-J-N		
	2-Z-5-H	2-5-H-Z		
	4-F-5-S	4-5-F-S		
IV.	4-L-5-C-8	4-5-8-C-L		
	B-1-J-7-W	1-7-B-J-W		
	9-K-3-E-2	2-3-9-E-K		
	N-6-R-2-U	2-6-N-R-U		
V.	D-7-G-4-S-2	2-4-7-D-G-S		
	P-6-L-3-C-1	1-3-6-C-L-P		
	2-W-8-K-9-A	2-8-9-A-K-W		
	4-J-5-T-7-X	4-5-7-J-T-X		
VI.	C-7-G-4-Q-1-S	1-4-7-C-G-Q-S		
	8-R-6-M-3-F-2	2-3-6-8-F-M-R		
	A-2-E-6-J-9-T	2-6-9-A-E-J-T		
	3-T-4-P-7-M-9	3-4-7-9-M-P-T		

Total Correct of 24: _____

Psychosis Attachment Measure –Self Report Version (PAM-SR)

SELF-REPORT MEASURE

We all differ in how we relate to other people. This questionnaire lists different thoughts, feelings and ways of behaving in relationships with others.

PART A

Thinking generally about how you relate to other key people in your life, please use a tick to show how much each statement is like you. Key people could include family members, friends, partner or mental health workers.

There are no right or wrong answers

	Not at all	A little	Quite a bit	Very much
1. I prefer not to let other people know my 'true' thoughts and feelings.	(..)	(..)	(..)	(..)
2. I find it easy to depend on other people for support with problems or difficult situations.	(..)	(..)	(..)	(..)
3. I tend to get upset, anxious or angry if other people are not there when I need them.	(..)	(..)	(..)	(..)
4. I usually discuss my problems and concerns with other people.	(..)	(..)	(..)	(..)
5. I worry that key people in my life won't be around in the future.	(..)	(..)	(..)	(..)
6. I ask other people to reassure me that they care about me.	(..)	(..)	(..)	(..)
7. If other people disapprove of something I do, I get very upset.	(..)	(..)	(..)	(..)
8. I find it difficult to accept help from other people when I have problems or difficulties.	(..)	(..)	(..)	(..)
9. It helps to turn to other people when I'm stressed.	(..)	(..)	(..)	(..)
10. I worry that if other people get to know me better, they won't like me.	(..)	(..)	(..)	(..)

11. When I'm feeling stressed, I prefer being on my own to being in the company of other people.	(..)	(..)	(..)	(..)
12. I worry a lot about my relationships with other people.	(..)	(..)	(..)	(..)
13. I try to cope with stressful situations on my own.	(..)	(..)	(..)	(..)
14. I worry that if I displease other people, they won't want to know me anymore.	(..)	(..)	(..)	(..)
15. I worry about having to cope with problems and difficult situations on my own.	(..)	(..)	(..)	(..)
16. I feel uncomfortable when other people want to get to know me better.	(..)	(..)	(..)	(..)

PART B

In answering the previous questions, what relationships were you thinking about?

(E.g. relationship with mother, father, sister, brother, husband, wife, friend, romantic partner, mental health workers etc)

Internalised Stigma of Mental Illness Scale (ISMI)

We are going to use the term 'mental illness' in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it. For each question, please mark whether strongly disagree (1), disagree (2), agree (3) or strongly agree (4).

	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel out of place in the world because I have mental illness	1	2	3	4
2. Having a mental illness has spoiled my life	1	2	3	4
3. People without mental illness could not possibly understand me	1	2	3	4
4. I am embarrassed or ashamed that I have a mental illness	1	2	3	4
5. I am disappointed in myself for having a mental illness	1	2	3	4
6. I feel inferior to others who don't have mental illness	1	2	3	4
7. Stereotypes about the mentally ill apply to me	1	2	3	4
8. People can tell that I have a mental illness by the way I look	1	2	3	4
9. Mentally ill people tend to be violent	1	2	3	4
10. Because I have a mental illness, I need others to make most decisions for me	1	2	3	4
11. People with mental illness cannot live a good, rewarding life	1	2	3	4
12. Mentally ill people shouldn't get married	1	2	3	4
13. I can't contribute anything to society because I have a mental illness*	1	2	3	4
14. People discriminate against me because I have mental illness	1	2	3	4
15. Others think that I can't achieve much in life because I have a mental illness	1	2	3	4
16. People ignore me or take me less seriously just because I have a mental illness	1	2	3	4
17. People often patronize me, or treat me like a child, just because I have a mental illness*	1	2	3	4
18. Nobody would be interested in getting close to me because I have a mental illness	1	2	3	4
19. I don't talk about myself much because I don't want to burden others with my mental illness	1	2	3	4
20. I don't socialize as much as I used to because my mental illness might make me look or behave "weird"	1	2	3	4
21. Negative stereotypes about mental illness keep me isolated from the "normal" world**	1	2	3	4
22. I stay away from social situations in order to protect my family or friends from embarrassment	1	2	3	4
23. Being around people who don't have a mental illness makes me feel out of place or inadequate	1	2	3	4
24. I avoid getting close to people who don't have a mental illness to avoid rejection	1	2	3	4
25. I feel comfortable being seen in public with an obviously mentally ill person	1	2	3	4
26. In general, I am able to live my life the way I want to	1	2	3	4
27. I can have a good, fulfilling life, despite my mental illness	1	2	3	4
28. People with mental illness make important contributions to society	1	2	3	4
29. Living with mental illness has made me a tough survivor	1	2	3	4

FOCUS Trial Demographics Form v.1

1. Date of Birth:	2. Age (at entry into the study):
3. Years in full time education:	
4. Site (please tick)	
Edinburgh	
Glasgow	
Manchester	
Newcastle	
Southampton	
5. Sex – please tick	
Male	
Female	
6. Ethnicity – please tick	
White British	
White Irish	
White – Other white background	
Asian – Indian	
Asian – Pakistani	
Asian – Bangladeshi	
Asian - other Asian background	
Black – Caribbean	
Black – African	
Black – other black background	
Mixed heritage – White and Black Caribbean	
Mixed heritage – White and Black African	

Mixed heritage – other mixed heritage		
Chinese		
Other ethnic group		
Prefer not to answer		
7a. Name of Care coordinator:	7b. Name of service:	7c. Site of Service:
8 a. Duration of untreated psychosis (DUP) in months:	8 b. Duration of Illness (DI) in months:	
9a. Do you consider yourself to be experiencing mental health problems? Please tick.		
Yes		
No		
9b. If yes please indicate on a scale of 0 – 100 (0 = not at all true and 100 = certain to be true) how much you consider your mental health problems to be caused by:		
Biological/ genetic origins:		
Life stress/ problems or experiences:		

Medication Treatment - Baseline

Participant ID: _____

Date: _____

Clozapine treatment

Is the participant currently taking Clozapine? (Please circle) Yes No

If currently taking Clozapine:

Current total daily dose _____

If less than 400mg, is this due to tolerability? Yes No

Length of time taking clozapine (months) _____

If not currently taking Clozapine:

How long ago did the participant discontinue (months)? _____

Reasons for discontinuing Clozapine _____

Augmentation

Is the participant taking a second antipsychotic? (Please circle) Yes No

If yes:

Name of second antipsychotic _____

Current total daily dose of second antipsychotic _____

Length of time on this antipsychotic _____

Other medications current (mental health)

Name of medication	Total daily dose

--	--

Other medications current (physical health)

Name of medication	Total daily dose

Medication Treatment Since Last Assessment

Participant ID: _____

Date: _____

Clozapine treatment

Is the participant currently taking Clozapine? (Please circle) Yes No

If currently taking Clozapine:

Total daily dose _____

If not currently taking Clozapine:

How long ago did the participant discontinue (months)? _____

Reasons for discontinuing Clozapine _____

Augmentation

Is the participant taking a second antipsychotic? (Please circle) Yes No

If yes:

Name of second antipsychotic _____

Current total daily dose of second antipsychotic _____

Length of time on this antipsychotic _____

Other medications current (mental health)

Name of medication	Total daily dose

Other medications current (physical health)

Name of medication	Total daily dose

Economic Patient Questionnaire V.4

Randomisation #: ---

Date: ___/___/___

Assessment Number **Baseline**

Section A: SERVICE RECEIPT

1. Have you used any of these **inpatient hospital services** during the last 3 months?

Note 1: please enter '0' if service has not been used;

Note 2: where information CANNOT be determined, please enter 9999

Type of Inpatient Service	Name of Hospital	Total number of admissions (during last 3 months)	Total number of inpatient days (during last 3 months)
Acute psychiatric ward			
Psychiatric rehabilitation ward			
Long-stay psychiatric ward			
Emergency / crisis centre			
General medical ward			
Alcohol treatment ward			
Drug treatment ward			
Other (<i>specify</i>)			

2. Have you used any **hospital outpatient or day services** during the last 3 months?

Note 1: please enter '0' if service has not been used;

Note 2: where information CANNOT be determined, please enter 999

Type of Outpatient Visit	Name of Service	Total number of outpatient visits made (during last 3 months)	Total number of day attendances (during last 3 months)
Psychiatric			
Hospital alcohol service			
Hospital substance use service			
Non-psychiatric (<i>specify</i>)			
Accident and Emergency			
Day hospital			
Other (please specify)			
Other (please specify)			
Other (please specify)			

3. Have you had any **other primary and community-care contacts** during the last 3 months?

Please code the clients responses on the following list, **BUT DO NOT** read it out to the participant. Items from the list can be used as prompts. Do not use psychologist as a prompt and do not ask any additional questions if the client reports using a psychologist.

Note 1: please enter '0' if service has not been used;

Note 2: where information CANNOT be determined, please enter 9999

Type of Contact	Total number of contacts (during last 3 months)	Average time per contact (hours)
GP, surgery visit		
GP, home visit		
Psychiatrist		
Psychologist		
Alcohol treatment or rehabilitation service		
Drug treatment or rehabilitation service		
District nurse		
Community psychiatric nurse / case manager		
Social worker		
Occupational therapist		
Voluntary counsellor		
Home help / care worker		
Other (<i>specify</i>)		
Other (<i>specify</i>)		

Psychiatric Hospital Record V.1

Randomisation No: --- Date: ___/___/___

Section A: HOSPITAL ADMISSIONS DURING PERIOD

A1 Was the patient admitted as an inpatient to hospital *during the period under observation?* (No = 1, Yes = 2, Don't Know = 9)

A2 *If Yes*, please supply the following information for each admission. (*Note: where information CANNOT be determined, please enter X*) *If No*, please go to section B. *If Don't Know*, please alert your project coordinator of this and go to section B.

	Admission 1	Admission 2	Admission 3
A3 Admission date (<i>dd-mm-yyyy</i>)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A4 Discharge Date (<i>dd-mm-yyyy</i>)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A5 <i>If no discharge date</i> , Is hospital stay ongoing? (<i>No = 1, Yes = 2, Don't Know = 9</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
A6 Hospital (<i>specify</i>)			
A7 Department (<i>specify</i>)			
A8 Ward (<i>specify</i>)			
A9 Admission from A & E? (<i>No = 1, Yes = 2, Don't Know = 9</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10 Was the patient on temporary leave during the dates specified above? (<i>No = 1, Yes = 2, Don't Know = 9</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
A11 <i>If Yes</i> , please specify the total number of days temporary leave in this period (<i>Number of days</i>)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A12 Was the patient sectioned? (<i>No = 1, Yes = 2, Don't Know = 9</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
A13 <i>If Yes</i> , Did the patient have a mental health tribunal during this admission? (<i>No = 1, Yes = 2, Don't Know = 9</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B: TESTS ORDERED DURING PERIOD

B1 Has the patient had any screens or evaluations to test for alcohol or drugs(*No = 1, Yes = 2, Don't Know = 9*)

If Yes, please supply the following information for each admission.
(*Note: where information CANNOT be determined, please enter X*) *If No*, please go to B3. *If Don't Know*, please alert your project coordinator of this and go to B3.

B2 Name of screen or evaluation to test for alcohol or drugs Number of screens or evaluations

B3 Has the patient had any screens or evaluations to test for prescribed antipsychotic medications (*No = 1, Yes = 2, Don't Know = 9*)

If Yes, please supply the following information for each admission.
(*Note: where information CANNOT be determined, please enter X*) *If No*, please go to B5. *If Don't Know*, please alert your project coordinator of this and go to B5.

B4 Name of screen or evaluation to test for prescribed antipsychotic medications Number of screens or evaluations

Section B: TESTS ORDERED DURING PERIOD

B5 Has the patient had any screens or evaluations to test for other health problems (eg cardiac or gastrointestinal problems) (*No = 1, Yes = 2, Don't Know = 9*)

If Yes, please supply the following information for each admission.
(*Note: where information CANNOT be determined, please enter X*) **If No**, please go to section C. **If Don't Know**, please alert your project coordinator of this and go to section C.

B6 Name of screen or evaluation to test for other health problems

Number of screens or evaluations

Section C: A & E ATTENDANCES DURING PERIOD

C1 Did the patient attend any A & E departments *during the period under observation?*
(*No = 1, Yes = 2, Don't Know = 9*)

If No, please go to section D. **If Don't Know**, please alert your project coordinator of this and go to section D.

C2 **If Yes**, was the patient admitted as an inpatient?
(*No = 1, Yes = 2, Don't Know = 9*)

C3 **If Yes**, please ensure the admission is entered in Section A of this form for psychiatric admissions **or** Section A of the Non-Psychiatric Hospital form for non-psychiatric admissions

If No, please go to section D. **If Don't Know**, please alert your project coordinator of this and go to section D.

**Section E: NUMBER OF PSYCHIATRIC OR PSYCHOLOGY
OUTPATIENT CONSULTATIONS AND
DOMICILIARY VISITS DURING PERIOD**

E1 Did the patient have any psychiatric or psychology related outpatient consultations or domiciliary visits *during the period under observation?* (No = 1, Yes = 2, Don't Know = 9)

E2 *If Yes to question E1*, please specify the hospital, department and number of psychiatric or psychology related consultations and visits by MEDICAL staff during this period. ***If Don't Know***, please alert your project coordinator of this.

Personnel, MEDICAL Staff	Name of Hospital (specify)	Ward (specify)	Number of Outpatient Consultations	Number of Domiciliary Visits
Psychiatrist			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Psychologist			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Neurologist			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Section E: NUMBER OF PSYCHIATRIC OR PSYCHOLOGY
OUTPATIENT CONSULTATIONS AND
DOMICILIARY VISITS DURING PERIOD**

E3 If Yes to question E1, please specify the hospital, department and number of psychiatric or psychology related consultations and visits by NON-MEDICAL staff during this period. If Don't Know, please alert your project coordinator of this.

Personnel, NON MEDICAL Staff	Name of Hospital (specify)	Ward (specify)	Number of Outpatient Consultations	Number of Domiciliary Visits
Occupational Therapist			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Social Worker			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
CPN			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Nurse			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other (specify)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Health Questionnaire

English version for the UK

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

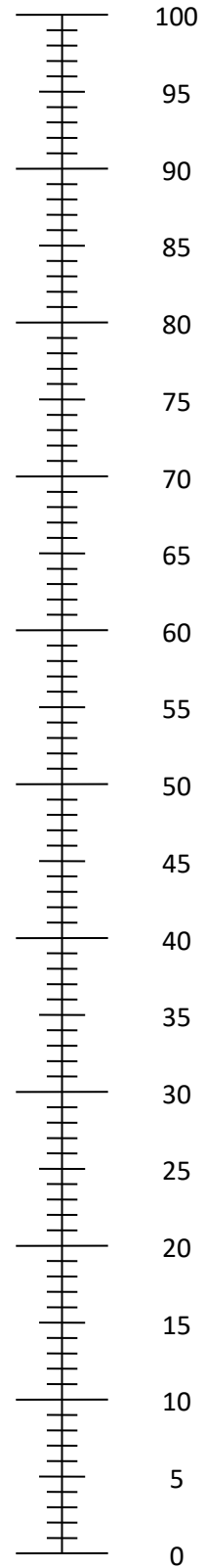
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine