YOUNG SMILES FEASIBILITY STUDY

CHILD AND ADOLESCENT SERVICE USE SCHEDULE (CA-SUS)

Instructions

The schedule covers the young person's use of all services, *these may include those attended with family members.*

The schedule covers:

- At baseline, the young person's use of services over the last six months
- At 6-month follow-up, the young person's use of services since the baseline interview
- At 12-month follow-up, the young person's use of services since the 6-month interview
- At 18-month follow-up, the young person's use of services *since the 12-month interview*

For older adolescents, the young person should be asked to respond first and the primary carer consulted if felt necessary. For younger children, the primary carer should be the respondent.

If the young person missed an earlier follow-up, this questionnaire can be used to cover the missing period(s) as well as the current period – please note this clearly below by ticking all relevant boxes.

Use circles to select options from lists.

Numbers, zeros or missing data codes should be placed in every cell.

ID Number			
Date of interview:	dd	mm	20 yy

CA-SUS period(s) covered (tick all that apply)		
Baseline		
6-month follow-up		
12-month follow-up		
18-month follow-up		

Section A: Accommodation

A1 – What type of accommodation have you lived in *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago? Exclude custody/hospital stays.

		Number of days
01	Domestic accommodation (owned or rented)	
02	Foster care	
03	Residential care	
04	Living with friends or relatives (including informal foster care)	
05	Bed & breakfast, boarding house or hotel	
06	Homeless: Living on the streets	
09	Other – please specify	
666	Research worker unable to evaluate	
999	Not completed	

Section B: Education

B3 – How many DAYS have you been absent from school/your studies for any reason *(if baseline)* in the last 6 months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

1	Days	Number of days
555	Not applicable	
666	Research worker unable to evaluate	
999	Not completed	

Section C: Hospital Services

C1 – Have you had a hospital admission *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

1	Yes	Go to C2
0	No	Go to C3
555	Not applicable	Go to C3
666	Research worker unable to evaluate	Go to C3
999	Not completed	Go to C3

C2 - If yes, record details below

Emergency or Elective admission	Number of nights

C3 – Have you been to hospital for an outpatient/day patient appointment (*if baseline*) in the last six months / (*if follow-up*) since you were last interviewed approximately [six] months ago (incl CAMHS)?

1	Yes	Go to C4
0	No	Go to C5
555	Not applicable	Go to C5
666	Research worker unable to evaluate	Go to C5
999	Not completed	Go to C5

C4 - If yes, record details below

Number of appointments

C5 – Have you called an ambulance *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

1	Yes	Go to C6
0	No	Go to C7
555	Not applicable	Go to C7
666	Research worker unable to evaluate	Go to C7
999	Not completed	Go to C7

C6 - If yes, record details below

Number of times	
called an ambulance	

C7 – Have you attended an accident and emergency (A&E) department *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

1	Yes	Go to C6
0	No	Go to D1
555	Not applicable	Go to D1
666	Research worker unable to evaluate	Go to D1
999	Not completed	Go to D1

C6 - If yes, record details below

A&E attendance	Ambulance	Admitted
	Yes/no	Yes/no

Section D: Community services

D1 - Which of the following community based professionals or services have you had contact with *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

2 Gen 3 Gen 4 Prace 5 Dist 6 Corr 7 Care 8 Psyce 9 Clini 10 CAW 11 Corr 12 Cou 13 Farm 14 Art/r 15 Soci 16 Farm 17 Soci 18 Accor 20 Edur 21 Con	heral practitioner – home heral practitioner – surgery heral practitioner – telephone ctice nurse (nurse in GP surgery) trict nurse, health visitor, midwife or school/college nurse nmunity paediatrician e co-ordinator, case manager, key worker chiatrist hical psychologist MHS worker	Number of contacts	Average duration in minutes per contact
2 Gen 3 Gen 4 Prace 5 Dist 6 Corr 7 Care 8 Psyce 9 Clini 10 CAW 11 Corr 12 Cou 13 Farm 14 Art/r 15 Soci 16 Farm 17 Soci 18 Accor 20 Edur 21 Con	heral practitioner – surgery heral practitioner – telephone ctice nurse (nurse in GP surgery) trict nurse, health visitor, midwife or school/college nurse nmunity paediatrician e co-ordinator, case manager, key worker chiatrist hical psychologist		
3 Gen 4 Prace 5 Disti 6 Corr 7 Care 8 Psyce 9 Clini 10 CAIN 11 Corr 12 Cou 13 Farm 14 Art/n 15 Soci 16 Farm 17 Soci 18 Accor 20 Edun 21 Con	heral practitioner – telephone ctice nurse (nurse in GP surgery) trict nurse, health visitor, midwife or school/college nurse nmunity paediatrician e co-ordinator, case manager, key worker chiatrist ical psychologist		
4 Prace 5 Disti 6 Corr 7 Care 8 Psyce 9 Clini 10 CAN 11 Corr 12 Cou 13 Farm 14 Art/ 15 Soci 16 Farm 17 Soci 18 Accor 19 Educ 20 Educ 21 Con	ctice nurse (nurse in GP surgery) trict nurse, health visitor, midwife or school/college nurse nmunity paediatrician e co-ordinator, case manager, key worker chiatrist iical psychologist		
5 Dist 6 Corr 7 Care 8 Psyce 9 Clini 10 CAW 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 20 Educ 21 Con	trict nurse, health visitor, midwife or school/college nurse nmunity paediatrician e co-ordinator, case manager, key worker chiatrist iical psychologist		
6 Corr 7 Care 8 Psyce 9 Clini 10 CAW 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 20 Edur 21 Con	nmunity paediatrician e co-ordinator, case manager, key worker chiatrist nical psychologist		
7 Care 8 Psyc 9 Clini 10 CAN 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 20 Edur 21 Con	e co-ordinator, case manager, key worker chiatrist iical psychologist		
8 Psyc 9 Clini 10 CAN 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 19 Edur 20 Edur 21 Con	chiatrist ical psychologist		
9 Clini 10 CAN 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 20 Educ 21 Con	ical psychologist		
10 CAW 11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 19 Edur 20 Edur 21 Con			
11 Corr 12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Accor 19 Edur 20 Edur 21 Con	MHS worker		
12 Cou 13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Acco 19 Educ 20 Educ 21 Con			
13 Fam 14 Art/ 15 Soci 16 Fam 17 Soci 18 Acco 19 Educ 20 Educ 21 Con	nmunity psychiatric nurse		
14 Art/ 15 Soci 16 Fam 17 Soci 18 Acco 19 Educ 20 Educ 21 Con	Insellor (NHS, school/college or private)		
15 Soci 16 Fam 17 Soci 18 Accor 19 Edur 20 Edur 21 Con	nily therapist		
16 Fam 17 Soci 18 Accor 19 Edur 20 Edur 21 Con	/drama/music/occupational therapy		
17 Soci 18 Acco 19 Educ 20 Educ 21 Con	ial worker		
18 Accord 19 Educ 20 Educ 21 Con	nily support worker		
19 Edu 20 Edu 21 Con	ial services youth worker		
20 Edu 21 Con	ommodation key worker		
21 Con	icational psychologist		
	ication welfare officer		
22 Mon	nexions		
ZZ WEI	ntor		
23 Drug	ig/alcohol support worker		
24 Advi	vice service e.g. CAB, housing association, careers advice		
25 Help	pline e.g. Samaritans, MIND, Childline		
26 NHS	S walk-in		
27 NHS	S Direct		
28 Othe	er – give details		
29 Othe			
30 Othe	er – give details		

Section E: Medication

E1 – Have you been prescribed any medication for mental health problems *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago? Include e.g. medications for depression, anxiety, psychosis, ADHD and sleep problems.

Name of Medication	Date Started	Dose*	Units (use code)	Frequency (use code)	Date Stopped	Continuing at interview?
e.g. Propranalol	01/04/2007	80	1	2	555 - NA	Yes
						Yes/no
						Yes/no
						Yes/no
						Yes/no

* For current medication ask for current dose; for medication no longer taken ask for final dose.

Section F: Criminal Justice Services

F1 – Have you spent any nights in youth custody (*if baseline*) in the last six months <u>related to a crime</u> / (*if follow-up*) since you were last interviewed approximately [six] months ago?

Name/location	Nights in custody	

F3 – Have you been the victim of crime *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [six] months ago?

Crime details	Number of offences	

F4 – Have you committed any crimes (if baseline) in the last six months / (if follow-up) since you w	vere
last interviewed approximately [six] months ago?	

Crime details	Number of offences	

End of interview.

CA-SUS designed by Sarah Byford at the Institute of Psychiatry For further information please contact: Centre for the Economics of Mental Health Box P024 Institute of Psychiatry, De Crespigny Park London SE5 8AF Email: s.byford@kcl.ac.uk