

A3.7 Client Service Receipt Inventory (CSRI)

Part One: Participant Schedule

A. PARTICIPANT ACCOMODATION

1.	Usual place of residence during the <u>last three/six months</u> ?	Owner occupied house/flat	1
		Privately rented house/flat	2
		House/flat rented from housing associated/local authority	3
	<i>(Also complete Question #3)</i>	Sheltered housing/warden control	4
		Residential home	5
		Nursing home	6
		Acute psychiatric ward	7
		Rehabilitation ward	8
		General medical ward	9
		Other: _____	10

2.	Has (<i>participant</i>) lived anywhere else during the <u>last three/six months</u> ?	No	0
		Yes	1
<i>If yes, Accommodation type:</i>		Code	Approximate number of nights spent
1 = Owner occupied house/flat			
2 = Privately rented house/flat			
3 = House/flat rented from housing associated/local authority			
4 = Sheltered housing/warden control			
5 = Residential home			
6 = Nursing home			
7 = Other: _____			

Only complete if Question #1 is coded 4 to 10

3a.	Organisation managing facility	Local authority social services	1
		NHS	2
		Private (for-profit)	3
		Voluntary (non-profit)	4
		Other: _____	5
3b.	(Participant)'s total contribution to weekly charge for facility	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
3c.	Who contributes towards placement <i>(circle all that apply)</i>	DSS	1
		NHS	2
		Local authority	3
		Voluntary organisation	4
		Participant	5
		Participant's family	6
		Insurance policy	7
		Other: _____	8

B. PARTICIPANT SERVICE RECEIPT

4a.	Hospital services used over the <u>last three/six months</u> <i>(include normal accommodation given in Question #1)</i>				
	Service	Name of ward / clinic / hospital / centre	Reason for using service <i>(eg nature of illness, regular respite arrangement)</i>	Unit of measurement	Total number of units received
	Day hospital			Day attendance	<input type="text"/> <input type="text"/>
	Accident & Emergency			Attendance	<input type="text"/> <input type="text"/>
	Outpatient services			Appointment	<input type="text"/> <input type="text"/>
	Psychiatric inpatient ward			Inpatient day	<input type="text"/> <input type="text"/>
	Other inpatient ward			Inpatient day	<input type="text"/> <input type="text"/>
	Other: _____			_____	<input type="text"/> <input type="text"/>

4b.	Day services used over the <u>last three/six months</u> <i>(do not include any day services provided by the accommodation facility in which the participant is currently living)</i>				
	Service	Name of centre / service	Unit of measurement	Number of units received per week	
	Day care:	local authority social services department		Days	<input type="text"/> <input type="text"/>
	Day care:	voluntary organisation		Days	<input type="text"/> <input type="text"/>
	Day care:	NHS <i>(not hospital)</i>		Days	<input type="text"/> <input type="text"/>
	Lunch club			Visits	<input type="text"/> <input type="text"/>
	Social club			Visits	<input type="text"/> <input type="text"/>
	Other: _____			_____	<input type="text"/> <input type="text"/>

4c.	Community – based services used over the <u>last three/six months</u>							Total number of contacts <i>(Round to nearest whole number)</i>	Average duration of each contact (minutes) <i>(Round to nearest whole number)</i>
	<i>(do not include services provided by people employed directly by the accommodation facility in which the participant is currently living)</i>								
	Service <i>(do not include outpatient services)</i>	Type of Visit		Provider Agency					
Domiciliary		Office	Health service	Local authority	Voluntary organisation	Private Organisation			
i)	Geriatrician	0	1	1	2	3	4		
ii)	General practitioner	0	1	1	2	3	4		
iii)	Practice nurse (GP clinic)	0	1	1	2	3	4		
iv)	District nurse	0	1	1	2	3	4		
v)	Health visitor	0	1	1	2	3	4		
vi)	CPN/CMHN	0	1	1	2	3	4		
vii)	Cardiac nurse	0	1	1	2	3	4		
viii)	Incontinence nurse	0	1	1	2	3	4		
ix)	Occupational therapist	0	1	1	2	3	4		
x)	Community psychiatrist	0	1	1	2	3	4		
xi)	Psychologist	0	1	1	2	3	4		
xii)	Care manager	0	1	1	2	3	4		
xiii)	Social worker	0	1	1	2	3	4		
xiv)	Home care worker	0	1	1	2	3	4		
xv)	Carer attendant /	0	1	1	2	3	4		
xvi)	Chiroprapist	0	1	1	2	3	4		
xvii)	Sitting scheme	0	1	1	2	3	4		
xviii)	Self-help group	0	1	1	2	3	4		
xix)	Meals on wheels	0	1	1	2	3	4		
xx)	Laundry service	0	1	1	2	3	4		
xxi)	Dentist	0	1	1	2	3	4		
xxii)	Optician	0	1	1	2	3	4		
xxiii)	Counsellor	0	1	1	2	3	4		
xxiv)	Physiotherapist	0	1	1	2	3	4		
xxv)	Other doctor	0	1	1	2	3	4		
Other community – based services:									
xxvi)	_____	0	1	1	2	3	4		
xxvii)	_____	0	1	1	2	3	4		
xxviii)	_____	0	1	1	2	3	4		
xxix)	_____	0	1	1	2	3	4		

Client Service Receipt Inventory (CSRI)

Part Two: Carer Schedule

All the questions below relate only to the last three/six months.

C. CARER'S EMPLOYMENT

5.	Regular employment status <i>(Circle one only)</i>	Paid employment	1
		Retired	2
		Housewife / husband	3
		Unemployed / Student	4

6.	Cut down on paid work in order to provide care for (<i>participant</i>). <i>(Also complete Question #7 and #8)</i>	No	0
		Reduced hours	1
		Given up work	2
By how many hours per week? <i>(Only if reduced hours or given up work)</i>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Only complete if in "Paid Employment"

7.	Most recent occupation type <i>(State main type if more than one)</i>	Manager / administrator	1
		Professional	2
		Associate professional	3
		Clerical worker / Secretary	4
		Skilled labourer	5
		Services / Sales	6
		Factory worker	7
		Other: _____	8

Only complete if in "Paid Employment" or "Retired"

8.	Total number of paid hours per week <i>(Round to the nearest whole number)</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
----	---	---

D. CARER'S ACCOMODATION

9.	Usual place of residence during the <u>last three months</u> ?	Owner occupied house/flat	1
		Privately rented house/flat	2
		House/flat rented from housing associated/local authority	3
		Sheltered housing/warden control	4
		Residential home	5
		Nursing home	6
		Other: _____	7

E. TIME SPENT WITH PARTICIPANT BY PRINCIPAL CARER (i.e. Informant)

10a.	Normally live with the participant	No	0
		Yes	1
10b.	If No: How many hours are spent giving care to the participant each week? (Round to the nearest whole number)	<input type="text"/> <input type="text"/>	
10c.	If Yes: On a typical day, how much of the time can you leave the participant at home alone?	Less than 25% of the time	1
		Between 25% and 49% of the time	2
		Between 50% and 74% of the time	3
		Between 75% and 100% of the time	4

F. TIME SPENT WITH PARTICIPANT BY OTHER INFORMAL CARERS

11a.	Do any other people (eg friends and relatives) regularly provide help for the participant?	No	0
		Yes	1
11b.	If Yes: In an average/typical week, what is the total number of hours these people spend caring for the participant? (Round to the nearest whole number)	<input type="text"/> <input type="text"/>	
12a.	Have any friends or relatives taken time off paid work (over the past three months) to help with care giving?	No	0
		Yes	1
12b.	If Yes: Estimate the total number of days taken off work? (Round to the nearest whole number)	<input type="text"/> <input type="text"/>	