

PANSS – Re-ordered (includes sample prompts)

a) Patient ID

[][][][]

c) Baseline/ EOT/Follow-up (circle)

b) Assessors signature:

d) Date

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G1 Somatic concern (physical complaints/beliefs about bodily illness or malfunctions)

- How has your physical health been in the last week?
- Do you ever worry that you have something wrong with your body?
- Do you have a physical illness or disease?
- Does your head or body ever feel strange?
- Or do you have a problem with the way your body has been functioning?
- Has your head or body changed in shape or size?

If answer is YES to any of the above:

- How serious is the problem?
- What is causing the problem?

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	Distinctly concerned about health or somatic issues, evidenced by occasional questions or desire for reassurance
4	Complains about poor health/body malfunction, but no delusional conviction, and over-concern can be allayed by reassurance.
5	Patient expresses numerous or frequent complaints about physical illness or bodily malfunction, or reveals 1 or 2 clear cut delusions involving these themes, but is not preoccupied by them.
6	Patient is preoccupied by one or a few clear-cut delusions about physical or organic malfunction, but affect is not fully immersed in these themes, and thoughts can be diverted by the interviewer with some effort.
7	Numerous and frequently reporting somatic delusions, or a few with catastrophic nature. Which dominate affect and thinking.



G2 Anxiety (experiences of nervousness, worry, apprehension, or restlessness)

- **Do you find that you worry about things a lot?**
- **Have you been feeling nervous/tense/afraid within the last week?**
If YES,
- How anxious have you been feeling on a scale of 1 to 10, with 10 being the most anxious you could ever feel?

If answer is YES to any of the above:

- Are you afraid of something/or someone?
- Do you ever get into a state of panic? Or feel shaky/faint/sweaty as a result of feeling anxious?
 - **Definition of panic attack** = a feeling of intense fear and anxiety which usually comes on quite suddenly and lasts for a brief amount of time. During an attack, people usually have unpleasant bodily sensations such as: rapid heart beat, breathing very fast, feeling short of breath, chest pains, feeling faint or dizzy, trembling and sweating.
- Have your worries or nervousness affected your appetite/sleep/ability to work in the last week?

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	Some worry, over-concern or subjective restlessness, but no somatic/behavioural consequences are reported or evident
4	Patient reports distinct symptoms of nervousness, reflected in mild physical manifestations (e.g. fine hand tremors/perspiration)
5	Serious anxiety problems which have significant physical/behavioural consequences (e.g. marked tension, poor concentration, palpitations, impaired sleep)
6	Almost constant fear associated with phobias, marked restlessness or numerous somatic manifestations
7	Life seriously disrupted by anxiety which is present almost constantly, and at times reaches panic proportion or is manifested in actual panic attacks.



G3 Guilt feelings (self-blame for real or imagined misdeeds in the past)

- **Do you tend to blame yourself for things that have happened?**
- **Do you feel guilty about something you may have done in the past?**
- **Do you ever feel like you deserve punishment for something you have done?**

If YES,

- What kind of punishment do you deserve?
- What do you deserve punishment for? Is there a particular incident you have in mind?
- Have you had thoughts of harming yourself as one kind of punishment? Have you ever acted on those thoughts?

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	Questioning elicits a vague sense of guilt/self blame for a minor incident, but is clearly not overly concerned
4	Expresses distinct concern over responsibility for a real incident but is not preoccupied by it, and attitude/behaviour are essentially unaffected.
5	Patient expresses strong sense of guilt associated with self-deprecation or the belief that he/she deserves punishment. The guilt feelings may have a delusional basis and may be volunteered spontaneously, may be a source of pre-occupation and or depressed mood, and cannot be allayed readily by the interviewer.
6	Strong ideas of guilt that take on delusional quality – lead to hopelessness and worthlessness. Patient believes he/she deserves harsh sanctions for the misdeeds, and may regard his/her current life situation as such punishment.
7	Patient's life dominated by unstable delusions of guilt, for which he/she feels deserving of drastic punishment (e.g. imprisonment, torture, death). There may be associated suicidal thoughts or attribution of others' problems to one's own past misdeeds.

G6 **Depression** (feelings of sadness, discouragement, helplessness and pessimism)

- **What has your typical mood been like in the last week?**
- **Are you mostly happy or sad?**
- **Have you had periods of feeling sad and hopeless in the last week?**

If patient is mostly sad:

- How unhappy have you been feeling on a scale of 1 to 10, with 10 being the most unhappy you could feel?
- When do you feel the saddest? How long do these feelings last?
- Do you sometimes cry? How often?
- Has your low mood affected your appetite/sleep/ability to work?
- Do you have less or nearly no interest that you used to in your leisure/social activities or hobbies or things you used to enjoy?
- Have you had thoughts of harming yourself?

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	Expresses some sadness or discouragement only on questioning, but there is no evidence of depression in general

	attitude of demeanour.
4	Distinct feelings of sadness/hopelessness, which may be spontaneously divulged, but depressed mood minimally affects behaviour/social functioning. Can usually be cheered up.
5	Distinct depressed mood associated with obvious sadness, pessimism, loss of social interest, psychomotor retardation, and some interference in appetite or sleep. Patient cannot easily be cheered up.
6	Markedly depressed mood, misery, hopelessness, worthlessness, occasional crying. Major interference with appetite and/or sleep as well as normal motor and social functions. Signs of possible self-neglect.
7	Depressive feelings seriously interfere in most major functions. Frequent crying, pronounced somatic symptoms, impaired concentration, self neglect, social disinterest, possible depressive or nihilistic delusions. Possible suicidal thoughts/actions.



G12 Lack of judgement and insight (impaired awareness/understanding of one's psychiatric condition and life situation. Denial of the need for treatment, inability to recognise psychiatric symptoms, unrealistic short-term and long-term planning)

- **Do you generally feel that you are in need of help and treatment from people such as Dr XXX (patients doctor)**
- **Do you feel you have a psychiatric illness or do you feel you have had one in the past?**
If YES

- What is it?
- How serious do you feel it is on a scale of 1 to 10 (10 being the most serious it could be)
 - **Where do you see yourself/what would you hope to be doing in 1 years time/5 years time?**

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	Recognises psychiatric disorder but underestimates seriousness, implications for treatment or the importance of taking measures to avoid relapse. Future planning may be poorly conceived
4	Vague/shallow recognition of illness. Fluctuations in acknowledgement of being ill or little awareness of major symptoms that are present such as delusions, disorganised thinking, suspiciousness and social withdrawal. May rationalise treatment to relieve lesser symptoms e.g. anxiety, poor sleep etc.
5	Acknowledge past but not present disorder. If challenged, may concede the presence of some unrelated or insignificant symptoms which tend to be explained away by gross misinterpretation or delusional thinking. Need for treatment us unrecognised.
6	Denies ever having a psychiatric disorder, Patient disavows the presence of any psychiatric symptoms in the past or present, and denies the need for treatment/hospitalisation.
7	Emphatic denial of past and present illness with current hospitalisation/treatment given a delusional interpretation (eg. As a punishment for misdeeds, or persecution by tormentors) The patient may refuse to cooperate with therapists, medication or other aspects of treatment.



P1 Delusions (beliefs that are unfounded, unrealistic, and idiosyncratic/peculiar)

Delusions of reference

- **Do you feel at times that others make references or say things with a double meaning?**
- **Do you see messages for yourself in the newspaper or on TV?**
- Do you occasionally feel that some events or incidents have a special meaning particularly for you?

Delusional misinterpretation

- **Do you occasionally see a secret message in the way objects are arranged or in their labelling or colour or in the way things happen?**

Quotation of ideas

- **Do you find that something you have previously thought or discussed is quoted on TV or in the newspapers, or used in some other way to indicate a reference to you?**

Familiar people impersonated

- **Do you feel that the appearance of any people you know well has changed in ways that suggest that someone might be impersonating them?**

Delusions of persecution

- **Does anyone seem to be trying to harm you?**
If YES are they particularly singling you out?
 - How do you experience this?
 - Does there seem to be a plot or a conspiracy behind it?
 - How do you recognise it?

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	1 or 2 delusions that are vague, uncrystallised and not tenaciously held. Delusions do not interfere with thinking, social relations or behaviour
4	Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well formed delusions that occasionally interfere with patients thinking, social relations or behaviour.
5	Numerous well formed delusions that are tenaciously held and occasionally interfere with patients thinking, social relations or behaviour
6	Stable set of delusions that clearly interfere with patients thinking, social relations and behaviour
7	Highly systemised or very numerous stable delusions, that dominate major facets of patients life. Often results in inappropriate/irresponsible action that may jeopardise safety of patient or others.



P5

Grandiosity (exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power and moral righteousness)

- **How do you feel you compare to the average person? Better or worse?**
- **Do you have talents/abilities/special or unusual powers that most people don't have?**
 - For example, do you ever feel you read another person's mind?
- **Do you consider yourself wealthy? Famous? Have you ever appeared on television, radio, movies or stage?**
- **Do you rate higher in terms of your moral standards?**
 - Does this make you special in some respect?
- **Do you have a special mission in life?**
 - How did this come about?
- **Are you a religious person?**
 - What is your relationship with god?
 - Are you closer to god than others are?

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions.
4	Feels Distinctly and unrealistically superior to others. Some poorly formed delusions about special status/abilities may be present but not acted upon.
5	Clear-cut delusions concerning remarkable abilities/status /power that influence patients attitude but not behaviour
6	Clear cut delusions of remarkable superiority involving more than 1 parameter (wealth, fame, knowledge) are expressed, notably influence interactions, and may be acted upon
7	Thinking, interactions and behaviour are dominated by multiple delusions of amazing ability/wealth/knowledge/fame/power/moral stature which may take on a bizarre quality.



P6

Suspiciousness/Persecution (unrealistic/exaggerated ideas of persecution are shown, as reflected in guardedness, a distrustful attitude, suspicious hypervigilance, or delusions that others mean one harm)

- **How do you feel you get along with other people?**
- **Do you like other people? Dislike people?**
 - If patient dislikes people :
 - Do you get particularly annoyed with people?
 - Afraid of people? Why?
- **Do you feel most people like you? Dislike you? Why?**
- **Do you trust most people you know?**
 - Are there some whom you distrust? Who? Why?
- **Do you ever feel some people talk about you behind your back?**
 - What do you think they say? Why?
- **Do you ever feel some people spy on you/plot against you/attempt to harm you/attempt to kill you?**
 - What is the evidence for this?
 - Who is behind all this?

- Why does it happen?

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	Presents a guarded or openly distrustful attitude, but thoughts/interactions/behaviour are minimally affected.
4	Distrustfulness is clearly evident, intrudes on interview and his/her behaviour, but there is no evidence of persecutory delusions. Or loosely formed persecutory delusions which do not seem to affect patients' attitude/interpersonal relations.
5	Patient shows marked distrustfulness, leading to major disruptions in interpersonal relations. Or clear cut delusions that have limited impact on his/her interpersonal relations and behaviour.
6	Clear cut pervasive delusions of persecution which may be systematised and that significantly interfere in patients interpersonal relations
7	A network of systemised persecutory delusions dominates the patients thinking, social relations and behaviour

P7 Hostility (verbal & non-verbal expressions of anger and resentment, including sarcasm, passive-aggressive behaviour, verbal abuse and assaultiveness)

- **How have you been getting along with people lately? (family, co-workers etc)**
If patient hasn't been getting on well with people – why?
- **Have you been irritable or grumpy lately?**
If YES, does this lead to arguments with others even about minor issues, which normally wouldn't bother you?
 - Were you ever so irritable that you would shout out at people or start arguments or fights?

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	Indirect or restrained communication of anger (e.g. sarcasm, disrespect, hostile expressions or occasional irritability)
4	Patient presents an overtly hostile attitude showing frequent irritability and direct expression of anger or resentment
5	Highly irritable and occasionally verbally abusive or threatening
6	Uncooperativeness and verbal abuse or threats notably influence the interview and seriously impact upon patients social relations. Patient may be violent and destructive but not physically assaultive towards others
7	Marked anger results in extreme uncooperativeness precluding other interactions, or in episodes of physical assault towards others.



P3

Hallucinatory behaviour (verbal report or behaviour indicate perceptions that are not generated by external stimuli. May be auditory, visual, olfactory or somatic)

- **Do you ever have strange experiences/hear strange noises or sometimes hear things that others don't hear?**
- **Do you sometimes receive personal communications from the radio or television?**
- **Can you sometimes hear your thoughts aloud in your head? Do they sound like voices?**
If patient hears voices:

- How many are there?
- Do they speak to you, comment about you, or speak to each other?
- What do the voices say?
- Are they good or bad voices?
- Are you afraid of them?
- Do the voices tell you what to do? Give you direct orders?
 - Do you obey the voices' commands? Must you?

- **Do ordinary things ever appear strange or distorted or do you ever have visions or see things others don't?**

If YES,

- How often?
- How clear are these visions?
- Do the visions occur together with the voices or separately?

- **Do you ever smell things that others don't?**
- **Do you ever get strange sensations from within your body or feel something strange inside you?**

If patient reports voices or visions, explore further with:

- What do you make of these voices / visions etc...?
- How did they come about?
- Are they a problem?

1	The definition doesn't apply
2	Questionable pathology; may be at the upper extreme of normal limits
3	1 or 2 clearly formed but infrequent hallucinations or a number of vague abnormal perceptions which do not result in distortions of thinking or behaviour.
4	Hallucinations occur frequently but not continuously, and the patients thinking and behaviour are affected only to a minor extent.
5	Hallucinations are frequent, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behaviour. Patient may have a delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well.
6	Hallucinations are present almost continuously, causing major disruption of thinking and behaviour. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.
7	Patients is almost totally preoccupied with hallucinations, which virtually dominate thinking and behaviour. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioural responses, including obedience to command hallucinations.

G13 **Disturbance of volition** (disturbance in wilful initiation, sustenance, and control of one's thoughts, behaviour, movements and speech).

- **Do you find it difficult to make decisions in your day to day life?**
 - If YES, has this occurred in the last week?
 - Example?
- **Do you find your behaviour is sometimes aimless and disconnected, so that your daily routine is chaotic, because you are unable to plan your actions properly?**
 - If answer YES to any of these, explore further, ask for an example/why do you think this is etc.

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	Some evidence of indecisiveness in conversation and thinking that may impede verbal and cognitive processes to a minor extent
4	The patient is often ambivalent and shows clear difficulty reaching decisions. Conversation may be marred by thinking alteration, and consequently, his or her verbal and cognitive functioning are clearly impaired.
5	Disturbance of volition interferes in behaviour and thinking. Pronounced indecision that impedes the initiation and continuation of social and motor activities, and which may be evidenced in halting speech
6	Execution of simple automatic motor functions (e.g. dressing/grooming) is interfered with, and speech is markedly affected.
7	Almost complete failure of volition is manifested by severe inhibition of movement and speech.

G10 **Disorientation** (lack of awareness of one's relationship to one's surroundings, including persons, places, and time that may be due to confusion or withdrawal)

- Do you know what day it is today?
- Month?
- Year?
- Season?
- Date?
- Where we are?

1	The definition doesn't apply
2	Questionable pathology – patient may be upper extreme of normal limits
3	General orientation is adequate but patient may have difficult with specifics, for example knows their location but not street address, knows hospital staff names but not their function, knows month but confuses day of the week. There may be narrowing of interest evidenced by familiarity with immediate but not extended milieu (ie identifies the staff but not Prime Minister etc).

4	Only partial success in recognising persons, places and time. For example, patient knows they are in a hospital but it's name, knows name of primary therapist but not many other direct care worker, knows year but not sure of month.
5	Considerable failure in recognising persons, places and time, for example has only vague notion of their whereabouts, and unfamiliar with most people in their milieu. May know year but not month, day or season.
6	Marked failure in recognising persons, places and time. (no knowledge of whereabouts, confuses date, can only name 1 or 2 individuals in current life.
7	Complete disorientation with regard to persons, places and time. Gross confusion or total ignorance about location, the current year, and even the most familiar people, such as parents, spouse, therapist etc.



N5 Difficulty in abstract thinking (impairment in abstract-symbolic thinking, as demonstrated by difficulty in classification, forming generalisations, and moving beyond concrete or egocentric thinking in problem solving tasks)

(See appendix I for list)

1	The definition doesn't apply
2	Questionable – patient may be upper extreme of normal limits
3	Tends to give literal or personalised interpretations to the more difficult proverbs, and some problems with concepts that are fairly abstract or remotely related
4	Often utilises concrete mode. Difficulty with most proverbs and some categories. Tends to be distracted by functional aspects and salient features.
5	Patient deals primarily in concrete mode, exhibiting difficulty with most proverbs and many categories.
6	Unable to grasp abstract meaning of proverbs or figurative expressions and can formulate classifications for only the most simple of similarities. Thinking is either vacuous or locked into functional aspects, salient features, and idiosyncratic interpretations.
7	Only uses concrete thinking modes. No comprehension of proverbs, common metaphors or similes and simple categories. Event salient and functional attributes do not serve as a basis for classification. This rating may apply to those who cannot interact even minimally with the interviewer due to marked cognitive impairment.



G9 **Unusual thought content** (thinking is characterised by strange or bizarre ideas, ranging from those that are remote/atypical to those that are distorted and absurd)

Basis for rating: Thought content expressed during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Thought content is somewhat peculiar or idiosyncratic, or familiar ideas are framed in an odd context.
4	Ideas are frequently distorted and occasionally seem quite bizarre.
5	Patient expresses many strange and fantastic thoughts (eg. Being adopted son of a king, being an escapee from death row) or some which are patently absurd (eg. Having hundreds of children, receiving radio messages from space via a tooth filling).
6	Patient expresses many illogical or absurd ideas or some which have a distinctly bizarre quality (eg having 3 heads, being a visitor from another planet).
7	Thinking is replete with absurd, bizarre and grotesque ideas.



N3 **Poor rapport** (lack of interpersonal empathy, openness in conversation, and a sense of closeness, interest, or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and nonverbal communication)

Interpersonal behaviour during the course of interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Conversation is characterised by a stilted, strained, or artificial tone. It may lack emotional depth or tend to remain on an impersonal, intellectual plane.
4	Patient typically is aloof, with interpersonal distance quite evident. Patient may answer questions mechanically, act bored, or express disinterest.
5	Disinvolvement is obvious and clearly impedes the productivity of the interview. Patient may tend to avoid eye or face contact.
6	Patient is highly indifferent, with marked interpersonal distance. Answers are perfunctory, and there is little nonverbal evidence of involvement. Eye and face contact are frequently avoided.
7	Patient is totally uninvolved with the interviewer. Patient appears to be completely indifferent and consistently avoids verbal and nonverbal interactions during the interview.



N2 Emotional withdrawal (lack of interest in, involvement with and affective commitment to life events)

Observation of interpersonal behaviour during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Usually lacks initiative and occasionally may show deficient interest in surrounding events.
4	Patient is generally distanced emotionally from the milieu and its challenges but, with encouragement, can be engaged.
5	Patient is clearly deattached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile, and purposeless but can be involved in communication at least briefly and tends to personal needs, sometimes with assistance.
6	Marked deficiency of interest and emotional commitment results in limited conversation with others and frequent neglect of personal functions, for which the patient requires supervision.
7	Patient is almost totally withdrawn, uncommunicative, and neglectful of personal needs as a result of profound lack of interest and emotional commitment.



N4 Passive/apathetic social withdrawal (diminished interest and initiative in social interactions due to passivity, apathy, anergy or avolition leading to reduced interpersonal involvements and neglect of daily living activities). Reports from others only.

How do you spend your time these days? Do you prefer to be alone?

Do you join in on activities with others?

(if not) Why not?

Do you have many friends?

(If no) do you have any friends?

Do you have any close friends?

How often do you see them?

(if not) Why not?

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Shows occasional interest in social activities but poor initiative. Usually engages with others only when approached first by them.
4	Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.
5	Passively participates in only a minority of activities and shows virtually no interest or initiative. Generally spends little time with others.
6	Tends to be apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs. Has very few spontaneous social contacts.
7	Profoundly apathetic, socially isolated, and personally neglectful.



G16 Active social avoidance (diminished social involvement associated with unwarranted fear, hostility or distrust). Reports from others only.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Patient seems ill at ease in the presence of others and prefers to spend time alone, although she/he participates in social functions when required.
4	The patient begrudgingly attends all or most social activities but may need to be persuaded or may terminate prematurely on account of anxiety, suspiciousness, or hostility.
5	Patient fearfully and angrily keeps away from many social interactions despite others' efforts to engage them. Tends to spend unstructured time alone.
6	Patient participates in very few social activities because of fear, hostility or distrust. When approached, the patient shows a strong tendency to break off interactions, and generally tends to isolate themselves.
7	Patient cannot be engaged in social activities because of pronounced fears, hostility, or persecutory delusions. Avoids all interactions and remains isolated from others.



P2 Conceptual disorganisation (Disorganised process of thinking characterised by disruption of goal-directed sequencing, eg., circumstantiality, tangentiality, loose associations, non-sequiturs, thought block or gross illogicality).

Basis for rating: Cognitive verbal processes observed during the course of interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal, and some loosening of associations may be evidenced under pressure.
4	Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure.
5	Generally has difficulty in organising thoughts, as evidenced by frequent irrelevancies, disconnectedness, or loosening of associations, even when not under pressure.
6	Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which can occur almost constantly.
7	Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which results in total failure of communication, eg., 'word salad', or mutism.



G7 Motor retardation (Reduction in motor activity reflected by the slowing or lessening of movements and speech, diminished responsiveness to stimuli, and reduced body tone).

Basis for rating: manifestations during the course of the interview

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Slight but noticeable diminution in rate of movements and speech; patient may be somewhat unproductive in conversation and gestures.
4	Patient is clearly slow in movements, and speech may be characterised by poor productivity, including long response latency, extended pauses, or slow pace.
5	A marked reduction in motor activity renders communication highly unproductive or delimits functioning in social and occupational situations. Patient can usually be found sitting or lying down.
6	Movements are extremely slow, resulting in a minimum of activity and speech. Essentially the day is spent idly or lying down.
7	Patient is almost completely immobile and virtually unresponsive to external stimuli.

N6 Lack of spontaneity and flow of conversation (reduction in the normal flow of communication associated with apathy, avolition, defensiveness, or cognitive deficit. This is manifested by diminished fluidity and productivity of the verbal-interactive process.

Rating based on cognitive-verbal processes observed during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Conversation shows little initiative. Patients answers tend to be brief and unembellished, requiring direct and leading questions by the interviewer.
4	Conversation lacks free flow and appears uneven or halting. Leading questions are frequently needed to elicit adequate responses and proceed with conversation.
5	Patient shows a marked lack of spontaneity and openness, replying to the interviewers questions with only one or two brief sentences.
6	Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail communication (eg 'I don't know', 'I'm not at liberty to say'). Conversation is seriously impaired as a result, and the interview is highly unproductive.
7	Verbal output is restricted to, at most, an occasional utterance, making conversation not possible.

N7 Stereotyped thinking (decreased fluidity, spontaneity, and flexibility of thinking, as evidenced in rigid, repetitious, or barren thought content)

Rated on cognitive verbal processes observed during the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Some rigidity shown in attitudes or beliefs. Patient may refuse to consider alternative positions or have difficulty in shifting from one idea to another.
4	Conversation revolves around a recurrent theme, resulting in difficulty in shifting to a new topic.
5	Thinking is rigid and repetitious to the point that, despite the interviewers efforts, conversation is limited to only two or three dominating topics.
6	Uncontrolled repetition of demands, statements, ideas, or questions which severely impairs conversation.
7	Thinking, behaviour, and conversation are dominated by constant repetition of fixed ideas or limited phrases, leading to gross rigidity, inappropriateness and restrictiveness of patients communication.

N1 Blunted affect (diminished emotional responsiveness characterised by a reduction in facial expression, modulation of feelings, and communicative gestures).

Observed manifestations of affective tone and emotional responsiveness during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Changes in facial expression and communicative gestures seem to be stilted, forced, artificial, or lacking in modulation.
4	Reduced range of facial expression and few expressive gestures result in a dull appearance.
5	Affect is generally 'flat', with only occasional changes in facial expression and paucity of communicative gestures.
6	Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage, or inappropriate uncontrolled laughter.
7	Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or 'wooden' expression.

P4 Excitement (hyperactivity is reflected in accelerated motor behaviour, heightened responsivity to stimuli, hypervigilance, or excessive mood liability.)

Rating based upon behavioural manifestations during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Tends to be slightly agitated, hypervigilant or mildly overaroused throughout the interview, but without distinct episodes of excitement or marked mood liability. Speech may be slightly pressured.
4	Agitation or overarousal is clearly evident throughout the interview, affecting speech and general mobility or episodic outbursts occur sporadically.
5	Significant hyperactivity or frequent outbursts of motor activity are observed, making it difficult for the patient to sit longer than several minutes at any given time.
6	Marked excitement dominates the interview, delimits attention and to some extent affects personal functions such as eating or sleeping.
7	Marked excitement seriously interferes in eating and sleeping and makes interpersonal interactions virtually impossible. Acceleration of speech and motor activity may result in incoherence and exhaustion.



G5 Mannerisms and posturing (unnatural movements or posture are shown as characterised by an awkward, stilted, disorganised, or bizarre appearance).

Ratings based on the observation of physical manifestations during the course of interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Slight awkwardness in movements or minor rigidity of posture.
4	Movements are notably awkward or disjointed, or an unnatural posture is maintained for brief periods.
5	Occasional bizarre rituals or contorted posture are observed, or an abnormal position is sustained for extended periods.
6	Frequent repetition of bizarre rituals, mannerisms, or stereotyped movements, or a contorted posture is sustained for extended periods.
7	Functioning is seriously impaired by virtually constant involvement in ritualistic, manneristic, or stereotyped movements or by an unnatural fixed posture which is maintained most of the time.



G14 Poor impulse control (there is disordered regulation and control when acting on inner urges, resulting in sudden, unmodulated, arbitrary, or misdirected discharge of tension and emotions without concern about the consequences).

Basis for rating: Behaviour during the course of the interview or else otherwise reported.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse.
4	Patient get angered and verbally aggressive with minimal provocation. May be occasionally threatening, destructive, or have one or two episodes involving physical confrontation or a minor brawl.
5	Patient exhibits repeated impulsive episodes involving verbal abuse, destruction of property, or physical threats. There may be one or two episodes involving serious assault, for which the patient requires isolation, physical restraint, or sedation.
6	Patient frequently is impulsively aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assaultive behaviour and may also be sexually offensive and possibly respond behaviourally to hallucinatory commands.
7	Patient exhibits homicidal attacks, sexual assaults, repeated brutality, or self-destructive behaviour. Requires constant direct supervision or external constraints because of inability to control dangerous impulses.



G4 Tension (There are overt physical manifestations of fear, anxiety, and agitation, such as stiffness, tremors, profuse sweating, and restlessness).

Based upon verbal report attesting to anxiety, and thereupon the severity of physical manifestations of tension observed during the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Posture and movements indicate slight apprehensiveness, such as minor rigidity, occasional restlessness, shifting of position, or rapid hand tremor.
4	A clearly nervous appearance emerges from various manifestations, such as fidgety behaviour, obvious hand tremor, excessive perspiration, or nervous mannerisms.
5	Pronounced tension is evidenced by numerous manifestations, such as nervous shaking, profuse sweating, and restlessness, but conduct in the interview is not significantly affected.
6	Pronounced tension to the point that interpersonal interactions are disrupted. The patient, for example, may be constantly fidgeting, unable to sit still for long, or show hyperventilation.
7	Marked tension is manifested by signs of panic or gross motor acceleration, such as rapid restless pacing an inability to remain seated for longer than a minute, which makes sustained conversation not possible.



G8 Uncooperativeness (active refusal to comply with the will of significant others, including the interviewer, hospital staff, or family, perhaps associated with distrust, defensiveness, stubbornness, negativism, rejection of authority, hostility, or belligerence).

Basis for rating: Interpersonal behaviour observed during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Complies with an attitude of resentment, impatience, or sarcasm. May inoffensively object to sensitive probing during the interview.
4	Occasional outright refusal to comply with normal social demands, such as making own bed, scheduled appointments etc. The patient may project a hostile, defensive, or negative attitude but usually can be worked with.
5	Patient is frequently noncompliant with the demands of his/her milieu and may be characterised by others as an 'outcast' or having a serious 'attitude problem'. Uncooperativeness is reflected in obvious defensiveness or irritability with the interviewer and may be unwilling to address many questions.
6	Patient is highly uncooperative, negativistic, and possibly also belligerent. Refuses to comply with most social demands and may be unwilling to initiate or conclude the full interview.
7	Active resistance seriously impact on virtually all major areas of functioning. Patient may refuse to join in any social activities, tend to personal hygiene, converse with family or staff, and participate even briefly in an interview.



G11 Poor attention (poor focussed alertness is manifested by poor concentration, distractibility from internal and external stimuli, and difficulty in harnessing, sustaining, or shifting focus to new stimuli.)

Basis for rating: Manifestations during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Limited concentration evidenced by occasional vulnerability to distraction or faltering attention toward the end of the interview.
4	Conversation is affected by the tendency to be easily distracted, difficulty in long sustaining concentration on a given topic, or problem shifting attention on to new topics.
5	Conversation is seriously hampered by poor concentration, distractibility, and difficulty in shifting focus appropriately.
6	Patients attention can be harnessed for only brief moments or with great effort, due to marked distraction by internal or external stimuli.
7	Attention is so disrupted that even brief conversation is not possible.



G15 Preoccupation (there is an absorption with internally generated thoughts and feelings or with autistic experiences to the detriment of reality orientation and adaptive behaviour.

Interpersonal behaviour reported during the course of the interview.

1	The definition doesn't apply
2	Questionable pathology; patient may be upper extreme of normal limits
3	Excessive involvement with personal needs or problems, such as that conversation veers back to ego-centric themes and there is diminished concern exhibited toward others.
4	Patients occasionally appears self-absorbed, as if daydreaming or involved with internal experiences, which interferes with communication to a minor extent.
5	Patient often appears to be engaged in autistic experiences, as evidenced by behaviours that significantly intrude on social and communicational functions, such as the presence of a vacant stare, muttering or talking to oneself, or involvement with stereotyped motor patterns.
6	Marked preoccupation with autistic experiences, which seriously delimits concentration, ability to converse, and orientation to the milieu. The patients frequently may be observed smiling, laughing, muttering, talking or shouting to oneself.
7	Gross absorption with autistic experiences, which profoundly affects all major realms of behaviour. The patient constantly may be responding verbally and behaviourally to hallucinations and show little awareness of other people or the external milieu.

Questions for assessing Abstract thinking:

Eligibility assessment	1. How are a ball and orange alike?
Baseline assessment	2. Apple and banana?
EoT assessment	3. Pencil and pen?
6mnth FU assessment	4. Nickel and dime?
Eligibility assessment	5. Table and chair?
Baseline assessment	6. Tiger and elephant?
EoT assessment	7. Hat and shirt?
6mnth FU assessment	8. Bus and train?
Eligibility assessment	9. Arm and leg?
Baseline assessment	10. Rose and tulip?
EoT assessment	11. Uncle and cousin?
6mnth FU assessment	12. The sun and the moon?
Eligibility assessment	13. Painting and poem?
Baseline assessment	14. Hilltop and valley?
EoT assessment	15. Air and water?
6mnth FU assessment	16. Peace and prosperity?

-What does the saying mean?

Eligibility assessment	1. "Plain as the nose on you face"?
Baseline assessment	2. "Carrying a chip on your shoulder"?
EoT assessment	3. "Two heads are better than one"?
6mnth FU assessment	4. "Two many cooks spoil the broth"?
Eligibility assessment	5. "Don't judge a book by its cover"?
Baseline assessment	6. "One man's food is another man's poison"?
EoT assessment	7. "All that glitters is not gold"?
6mnth FU assessment	8. "Don't cross the bridge until you come to it"?
Eligibility assessment	9. "What's good for the goose is good for the gander"?
Baseline assessment	10. "The grass always looks greener on the other side"?
EoT assessment	11. "Don't keep all your eggs in one basket"?
6mnth FU assessment	12. "One swallow does not make a Summer"?
Eligibility assessment	13. "A stitch in time saves nine"?
Baseline assessment	14. "A rolling stone gathers no moss"?
EoT assessment	15. "The acorn never falls far from the tree"?
6mnth FU assessment	16. "People who live in glass houses should not throw stones at others"?

CAINS (v1.0)

ID: _____ DATE: _____ RATER: _____

Overall Introduction: *In this interview, I'll be asking you some questions about things you have been doing over the past week. In the first section, I'm going to ask you some questions about your family, romantic partners, and friends, including how motivated you have been to spend time with them and how you felt when you were around them.*

I. SOCIAL (MOTIVATION & PLEASURE)

ITEM 1: MOTIVATION FOR CLOSE FAMILY/SPOUSE/PARTNER RELATIONSHIPS

[Note: Romantic relationships can be rated in either Item 1 or Item 2 but NOT both. A spouse/ partner relationship in which the couple is living together should be assessed in Item 1. A dating/romantic relationship in which the couple is not living together should be assessed in Item 2.]

The following questions are about your family. This can include relatives like parents, brothers or sisters and other relatives, as well as your spouse [if married] or live-in partner. Have you been in contact with or visited with any family members in the past week (in person, phone, email)? Any contact with a spouse or partner?

IF CONTACT:

- *Who have you been in contact with? Anybody else?*
- *What things have you done with your family?*
- *IF RELEVANT: What things have you done with your spouse/partner?*
- *How much time did you spend together?*

Behavior

- *What have you done to see or contact your [family/spouse/partner] in the past week?*
- *When you were with your [family/spouse/partner] who decided what you would do?*
- *Who started the conversation? Did you start it? Did your [family/spouse/partner]? Were you involved in the conversation?*
- *Did you ever find that you quickly wanted to end your interactions with your [family/spouse/partner]? Did you want them to last longer?*

Motivation & Interest in Closeness

- *Have you been motivated to be around or in touch with your [family/spouse/partner] in the past week? (Why is that?)*
- *What did you talk about? Can you talk about good and bad times with your [family/spouse/partner]?*
- *How close do you feel to your [family/spouse/partner]? What does being close mean for you?*
- *Were there times in the past week when you just didn't want to be around or in touch with your [family/spouse/partner]?*
- *How important is being part of a family to you?*
- *What about that is important to you? Have you felt this way throughout the past week?*

IF NO FAMILY CONTACT:

[NOTE: This section applies when not part of a close family or if available relatives could be contacted but person has chosen not to interact. If the person is not currently in a relationship with a live-in spouse/partner, interest in romantic relationships is assessed in Item 2.]

- *Has your family tried to contact you or visit you in the last week?*
- *Has anything kept you or held you back from being in contact with your family?*
- *Do you wish you were closer to your family? OR Do you wish you were part of a close family?*
- *Did you miss interacting with your family in the past week?*
- *Is having a relationship with your family important to you? What about having a relationship is important to you?*
- *Have you preferred to spend your time alone rather than with your family?*

Item 1 – Motivation for Close Family/Spouse/Partner Relationships

0 = No impairment: VERY INTERESTED in and highly values close family bonds as one of the most important parts of life. Strongly desires and is highly motivated to be in contact with family. Regularly initiates and persists in interactions with family and actively engages in these interactions; good and bad times are openly discussed. Well within normal limits.

1 = Mild deficit: GENERALLY INTERESTED in and values close family bonds though response suggests some minor or questionable reduction. Generally desires and is motivated to maintain contact with family. Has a close relationship with family member(s) in which good and bad times can be discussed. Mild deficit in initiating and persisting in regular interactions with family – generally actively engaged when interactions occur.

2 = Moderate deficit: SOMEWHAT INTERESTED in family relationships and considers them somewhat important. May occasionally miss close connections with family but is only somewhat motivated to seek out interaction with family. Notable deficit in initiating and persistently engaging in interactions; discussion of good and bad times is limited. Interactions with family members may occur but are largely superficial and participation is best characterized as “going through the motions”; interactions are more likely initiated by family with mostly passive involvement of the person.

3 = Moderately severe deficit: LITTLE INTEREST in family relationships (could “take it or leave it”) and does not describe family bonds as important. Describes hardly any motivation and minimal effort to have close family relationships. Rarely has discussion of good and bad times with family members. Contact and engagement with family is superficial and passive with almost all initiation and efforts to engage coming from others.

4 = Severe deficit: NO INTEREST in family relationships and does not consider them at all important. Prefers to be alone and is not at all motivated to be with family. If person does see family, it is done so grudgingly, passively and with no interest.

ITEM 2: MOTIVATION FOR CLOSE FRIENDSHIPS & ROMANTIC RELATIONSHIPS

Let’s talk about friends (and dating or romantic relationships) now. By friends, I mean people who you know and spend time with, anyone you consider a friend, or people you can rely on and count on. Have you had any contact with friends in the last week (in person, phone, email)? IF RELEVANT: have you been in contact with a romantic partner or dating in the last week?

IF CONTACT:

- *In the past week, what have you done with your [friends/partner/dates]?*
- *Tell me about what you did [or what you talked about] during that [visit, activity, conversation]?*
- *How much time did you spend together with [friends/partners/dates]?*

Behavior

- *What steps did you take to see or contact your [friends/partner/dates] in the past week?*
- *When you were with your [friends/partner/dates], who decided what you would do?*
- *When you spoke with your [friends/partner/dates], who started the conversation? Did you?*
- *Did you ever find that you quickly wanted to end your interaction with your [friends/partner/dates]? Did you want them to last longer?*

Motivation & Interest in Closeness

- *Have you been motivated to be around your friends (partner/dates) in the past week? Why is that?*
- *Can you talk about both good times and bad times?*
- *Were there times in the past week when you just didn’t feel like being around your friends (partner/dates)?*
- *How important is having friendships (partner/dates) to you? What about that is important to you?*
- *How close do you feel to your friends (partner/dates)? What does being close mean for you?*

IF NO FRIENDS/ROMANTIC CONTACT:

- *Are you interested in having friends or dating?*
- *Is having friendships [or being in a romantic relationship] important to you? If Yes, what about [specify friendships/romantic partner] is important?*
- *Did you miss these types of relationships in the past week?*
- *Would you like to have friends [or a romantic partner] with whom you could talk about good and bad times?*
- *(If any indication of interest) Have you taken any steps to meet someone who might be a friend (or romantic partner)?*
- *Has anything kept you or held you back from being in contact with your friends?*
- *Would you prefer to have friendships [or a romantic relationship] or would you prefer to be alone?*

Item 2 – Motivation for Close Friendships & Romantic Relationships

0 = No impairment: VERY INTERESTED in and highly values friend/romantic relationships as one of the most important parts of life. Strongly desires and is very motivated to engage in friendships. Regularly initiates and persists in interactions with friends/partner and actively engages in these interactions; good and bad times are openly discussed. Well within normal limits.

1 = Mild deficit: GENERALLY INTERESTED in and values friend/romantic relationships though response suggests some minor or questionable reduction. Generally desires and is motivated to engage in friendships. Has friendships/relationship in which good and bad times can be discussed though this may be less consistent. Mild deficit in initiating or persistently engaging during interactions with friends/partner. If no friends/relationship, misses friend/romantic relationships, is motivated to have friends/relationship, and makes efforts to seek out friends/relationship.

2 = Moderate deficit: SOMEWHAT INTERESTED in friend/romantic relationships and considers them somewhat important. May occasionally miss close connections with friends/partner and is somewhat motivated to have friends/partner. Notable deficit in initiating and persistently engaging in interactions; discussion of good and bad times is limited. Interactions with friends/romantic partner may occur but are largely superficial and participation is best characterized as “going through the motions”; interactions are initiated by others with mostly passive involvement of the person. If no friend/romantic relationships, is only somewhat motivated to have friends/partner and rarely if ever seeks out friends/partner.

3 = Moderately severe deficit: LITTLE INTEREST in friend/romantic relationships (could “take it or leave it”) and does not describe friends/partner as important. Describes hardly any motivation to have friendships, and would just as soon be alone. Contact and engagement with others is superficial and passive with almost all initiation and efforts to engage coming from others.

4 = Severe deficit: NO INTEREST in friend/romantic relationships and does not consider them at all important. Prefers to be alone and is not at all motivated to have friends/partner.

ITEM 3: FREQUENCY OF PLEASURABLE SOCIAL ACTIVITIES – PAST WEEK

[NOTE: Ratings are based on **NUMBER OF DAYS IN THE WEEK** that pleasurable activity with other people is experienced. When there are reports of several different activities occurring, clarify if these happened on same or different days.]

Now, I want to talk to you about how you felt during the times you spent with or were in contact with others during the past week. You can include times with any of the people we have talked about so far or anyone else. Did you have any enjoyable interactions with other people, such as:

- *Family (PAUSE)*
- *Romantic or dating partners (PAUSE)*
- *Friends (PAUSE)*
- *Any other enjoyable social interactions or time spent with people? (PAUSE)*
- *IF NEEDED: Ask about people brought up in other sections **that were described as enjoyable interactions***

IF YES:

- *What about that was enjoyable?*
- *How many days did you enjoy/get pleasure from these interactions [time spent with xx person(s)] (for each)?*
- *[If many (i.e., 5 or 6) days mentioned or if not clear which days of week interactions were enjoyed] Were there any days that you did not have enjoyable interactions with other people?*

Item 3 – Frequency of Pleasurable Social Activities – Past Week

- 0 = No impairment:** Pleasure experienced daily.
- 1 = Mild deficit:** Pleasure experienced 5-6 days.
- 2 = Moderate deficit:** Pleasure experienced 3-4 days.
- 3 = Moderately severe deficit:** Pleasure experienced 1-2 days.
- 4 = Severe deficit:** No pleasure reported

ITEM 4: FREQUENCY OF EXPECTED PLEASURABLE SOCIAL ACTIVITIES – NEXT WEEK

[NOTE: Ratings are based on total NUMBER OF EXPECTED PLEASURABLE ACTIVITIES, regardless of days on which they are expected to occur].

Now I would like you to think ahead to NEXT week (next 7 days), thinking about whom you will spend time with. You can include people you have already talked about or anyone else. What do you think you will enjoy doing in the NEXT week with other people?

FOR EACH ANSWER PROVIDED:

- *What about it do you expect to enjoy?*
- *How often do you think you will enjoy this in the next week?*

FOLLOW UP

- *Are there other experiences with people you think you will enjoy in the next week?*

ITEM 4 – Frequency of Expected Pleasurable Social Activities – Next week

- 0 = No impairment:** Expecting MANY (7 or more) pleasurable experiences.
- 1 = Mild deficit:** Expecting enjoyment from SEVERAL (5-6) pleasurable experiences.
- 2 = Moderate deficit:** Expecting enjoyment from a FEW (3-4) pleasurable experiences.
- 3 = Moderately severe deficit:** Expecting a COUPLE (1-2) pleasurable experiences.
- 4 = Severe deficit:** Expecting NO pleasurable experiences.

II. WORK & SCHOOL (MOTIVATION & PLEASURE)

ITEM 5: MOTIVATION FOR WORK & SCHOOL ACTIVITIES

Now I am going to ask you some questions about work and school, including how motivated you have been for work or school activities and how you felt while doing these things over the past week. Have you been working or going to school over the past week? Any volunteer work? Are you in a work-related treatment program?

IF IN A RELEVANT ROLE:

- *Tell me about what you do in your [insert role here]*
- *How much time has this involved over the past week?*

Behavior

- *Have you been able to complete tasks at [insert role here]?*
- *In the past week has anyone raised any concerns with your [insert role here] performance?*
- *Have you missed any days in the past week? Why?*
- *Does someone need to remind you about [insert role here]? Why is that?*
- *Were there things you meant to do or were supposed to do but just never got around to doing them? Why?*

Motivation

- *How do you feel about [insert role here]?*
- *Have you been motivated to do your [insert role here]?*
- *What motivates you to do your [insert role here]?*
- *Were there times during the past week when you just didn't feel like [insert role here]?*
- *How important is your [insert role here] to you? What about it is important?*

IF NO CURRENT ROLE:

- *Is there a reason why you are not currently (work/school/volunteer)?*
- *Has anything held you back from looking for (work/school/volunteer)?*
- *How do you feel about working or going to school or volunteering?*
- *Have you felt much interest in work/school/volunteer? [Tell me more]*
- *Is working important to you? What about working/going to school/volunteering is important?*
- *Do you miss work/school/volunteer?*
- *Have you tried to take any steps to start working/going to school/volunteering? What steps have you taken? How often have you looked into work/school/volunteer?*

ITEM 5 – Motivation for Work & School Activities

0 = No impairment: Person is VERY MOTIVATED to seek out work or school, or new opportunities in work or school; initiates and persists in work, school, or job-seeking on a regular basis. Well within normal limits.

1 = Mild deficit: Person is GENERALLY MOTIVATED to seek out work or school or new opportunities in work or school; a mild deficit in initiating and persisting; may report instances of initiating, but with moderate persistence.

2 = Moderate deficit: Person is SOMEWHAT MOTIVATED to seek out work or school or new opportunities in work or school; notable deficit in initiating; may have initiated activities, but needed reminders on multiple occasions, and/or not initiated any new activities, and/or not persisted for very long.

3 = Moderately severe deficit: Person is only SLIGHTLY MOTIVATED to seek out work or school or new opportunities in work or school; significant deficit in initiating; may have needed constant reminders, and/or initiated a few activities; did not persist for very long.

4 = Severe deficit: Person is NOT AT ALL MOTIVATED to seek out work / school; nearly total lack of initiation and persistence in work, school, or job seeking.

ITEM 6: FREQUENCY OF EXPECTED PLEASURABLE WORK & SCHOOL ACTIVITIES - NEXT WEEK

[NOTE: Ratings are based on total NUMBER OF EXPECTED PLEASURABLE ACTIVITIES, regardless of days on which they are expected to occur].

Now I would like you to think ahead to NEXT week (next 7 days); thinking about work/volunteer/school.

IF HAS A RELEVANT ROLE:

- *What do you think you will enjoy doing in the NEXT week at work/volunteer/school, etc.*

IF NO RELEVANT ROLE:

- *Do you think you will enjoy anything related to seeking paid or volunteer work, or school?*

FOR EACH ANSWER PROVIDED:

- *What about it do you expect to enjoy?*
- *How often do you think you will enjoy this in the next week?*

FOLLOW UP:

- *Are there other work/school experiences you think you will enjoy in the next week?*

ITEM 6 – Frequency of Expected Pleasurable Work & School Activities – Next Week

- 0 = No impairment:** Expecting MANY (7 or more) pleasurable experiences.
1 = Mild deficit: Expecting enjoyment from SEVERAL (5-6) pleasurable experiences.
2 = Moderate deficit: Expecting enjoyment from a FEW (3-4) pleasurable experiences.
3 = Moderately severe deficit: Expecting a COUPLE (1-2) pleasurable experiences.
4 = Severe deficit: Expecting NO pleasurable experiences.

III. RECREATION (MOTIVATION & PLEASURE)

ITEM 7: MOTIVATION FOR RECREATIONAL ACTIVITIES

In the next section, I am going to ask you some questions about what you do in your free time – any hobbies or recreational activities. I will ask about your motivation and feelings about the things that you have done in your free time over the past week.

- *What have you done in your free time in the past week?*
- *Have you participated in any hobbies or leisure activities such as sports or games, going to church, TV, music, reading, internet, walking or other such activities during the past week?*

IF YES:

Behavior

- *Tell me about (activity). How much time has this involved over the past week? Did you want to do (activity) more than that? Did it last longer than you had hoped? Why did it only last for (xx)?*
- *Did anything get in the way of doing these activities over the past week? What was that?*
- *Who initiated these activities? Did someone need to remind you to participate in these activities?*

Motivation

- *How has your motivation or drive to get involved in these activities been over the past week?*
- *Did you ever feel like you just weren't very interested in these activities?*
- *Are these types of activities important to you? Why? Have you been interested in these activities?*
- *Did you ever feel that you would just as soon do nothing instead of getting involved in these types of activities?*

IF NO:

- *Is there a reason why you haven't gotten involved in any hobbies or recreational activities in the past week?*
- *Have you wanted to or were you motivated to do something with your free time in the past week?*
- *Did anything ever get in the way of doing these types of activities over the past week? What was that?*

ITEM 7 – Motivation for Recreational Activities

- 0 = No impairment:** Person is VERY MOTIVATED to seek out hobbies and recreational activities; initiates and persists in hobbies and recreational activities on a regular basis, well within normal limits.
1 = Mild deficit: Person is GENERALLY MOTIVATED to seek out hobbies and recreational activities; a mild deficit in initiating and persisting; may report initiating hobbies, but with moderate persistence.
2 = Moderate deficit: Person is SOMEWHAT MOTIVATED to seek out hobbies and recreational activities; notable deficit in initiating; may have initiated some activities and/or not persisted for very long. Others were somewhat more likely to initiate hobbies or activities.
3 = Moderately severe deficit: Person is only SLIGHTLY MOTIVATED to seek out hobbies and recreational activities; significant deficit in initiating and persisting; may have initiated a few activities and not persisted for very long. Others were much more likely to initiate hobbies or prompt initiation.
4 = Severe deficit: Person is NOT AT ALL MOTIVATED to seek out hobbies and recreational activities; nearly total lack of initiation and persistence in hobbies or recreational activities.

ITEM 8: FREQUENCY OF PLEASURABLE RECREATIONAL ACTIVITIES – PAST WEEK

[NOTE: Rating is based on both **VARIETY** of pleasurable activities and **DAILY FREQUENCY** that these are experienced. When there are reports of several different activities occurring, need to clarify if these happened on same or different days.]

Did you have any enjoyable (pleasurable) experience from things you did in your free time last week? You can include any of the activities we've talked about so far or any other leisure activities in the past week, including TV, sports or games, going to church, music, reading, internet, walking or other such activities?

- *What about [insert activity here] was enjoyable?*
- *How many days did you enjoy/get pleasure from these experiences?*
- **IF NEEDED:** *Ask about activities brought up in other sections **that were described as enjoyable***

FOLLOW UP:

Any other enjoyable experiences from things you do in your free time or your hobbies?

ITEM 8 - Frequency of Pleasurable Recreational Activities - Past Week

- 0 = No impairment:** At least A FEW (3) different types of pleasurable experiences, experienced daily.
1 = Mild deficit: At least A FEW (3) different types of pleasurable experiences, experienced more days than not.
2 = Moderate deficit: 1 or 2 different types of pleasurable experiences, experienced more days than not.
3 = Moderately severe deficit: 1 type of pleasurable experience, experienced on just a few days.
4 = Severe deficit: No pleasurable experiences.

ITEM 9: FREQUENCY OF EXPECTED PLEASURABLE RECREATIONAL ACTIVITIES - NEXT WEEK

[NOTE: Ratings are based on total **NUMBER OF EXPECTED PLEASURABLE ACTIVITIES**, regardless of days on which they are expected to occur]

Now I would like you to think ahead to NEXT week (next 7 days), thinking about your free time/hobbies/ recreation. You can include any of the activities you have already talked about or anything else. What do you think you will enjoy doing in the NEXT WEEK in your recreational/free time?

FOR EACH ANSWER PROVIDED:

- *What about it do you expect to enjoy?*
- *How often do you think you will enjoy [activity] in the next week?*

FOLLOW UP:

- *Are there other things you do in your free time like hobbies or recreational activities that you think you will enjoy in the next week?*

ITEM 9 - Frequency of Expected Pleasurable Recreational Activities - Next Week

- 0 = No impairment:** Expecting MANY (7 or more) pleasurable experiences.
1 = Mild deficit: Expecting enjoyment from SEVERAL (5-6) pleasurable experiences.
2 = Moderate deficit: Expecting enjoyment from a FEW (3-4) pleasurable experiences.
3 = Moderately severe deficit: Expecting a COUPLE (1-2) pleasurable experiences.
4 = Severe deficit: Expecting NO pleasurable experiences.

IV. EXPRESSION

ITEM 10: FACIAL EXPRESSION

When making the facial expression rating, consider facial movements across all parts of the face, including in the eyes (e.g., raised brows when surprised), mouth (smiling or grimacing), and mid-face (e.g., wrinkled nose when disgusted).

ITEM 10 - Facial Expression

- 0 = No impairment:** WITHIN NORMAL LIMITS; frequent expressions throughout the interview.
- 1 = Mild deficit:** MILD DECREASE in the frequency of facial expressions, with limited facial expressions during a few parts of the interview.
- 2 = Moderate deficit:** NOTABLE DECREASE in the frequency of facial expressions, with diminished facial expressions during several parts of the interview.
- 3 = Moderately severe deficit:** SIGNIFICANT LACK of facial expressions, with only a few changes in facial expression throughout most of the interview.
- 4 = Severe deficit:** NEARLY TOTAL LACK of facial expressions throughout the interview.

ITEM 11: VOCAL EXPRESSION

This item refers to prosodic features of the voice. This item reflects changes in tone during the course of speech. Speech rate, amount, or content of speech is not assessed.

Item 11 - Vocal Expression

- 0 = No impairment:** WITHIN NORMAL LIMITS. Normal variation in vocal intonation across interview. Speech is expressive and animated.
- 1 = Mild deficit:** MILD DECREASE in vocal intonation. Variation in intonation occurs with a limited intonation during a few parts of the interview.
- 2 = Moderate deficit:** NOTABLE DECREASE in vocal intonation. Diminished intonation during several parts of the interview. Much of speech is lacking variability in intonation but prosodic changes occur in several parts of the interview.
- 3 = Moderately severe deficit:** SIGNIFICANT LACK of vocal intonation with only a few changes in intonation throughout most of the interview. Most of speech is flat and lacking variability, only isolated instance of prosodic change.
- 4 = Severe deficit:** NEARLY TOTAL LACK OF change in vocal intonation with characteristic flat or monotone speech throughout the interview.

ITEM 12: EXPRESSIVE GESTURES

Expressive gestures are used to emphasize what is communicated verbally through gestures made with the hands, head (nodding), shoulders (shrugging), and trunk (leaning forward, leaning back).

ITEM - 12 Expressive Gestures

- 0 = No impairment:** WITHIN NORMAL LIMITS; uses frequent gestures throughout the interview.
- 1 = Mild deficit:** MILD DECREASE in the frequency of expressive gestures, with limited gestures in a few parts of the interview.
- 2 = Moderate deficit:** NOTABLE DECREASE in the frequency of expressive gestures, with lack of gestures during several parts of the interview.
- 3 = Moderately severe deficit:** SIGNIFICANT LACK of expressive gestures, with only a few gestures throughout most of the interview.
- 4 = Severe deficit:** NEARLY TOTAL LACK of expressive gestures.

ITEM 13: QUANTITY OF SPEECH

This item refers to the quantity of words spoken. Other speech abnormalities, such as disorganization, neologisms, or psychotic content are not rated here. For instance, a disorganized person may produce a large quantity of speech and have a low (normal) score on this item.

ITEM - 13 Quantity of speech

0 = No impairment: NORMAL AMOUNT of speech throughout the interview. Replies provide sufficient information with frequent spontaneous elaboration.

1 = Mild deficit: MILD DECREASE in the quantity of speech, with brief responses during a few parts of the interview.

2 = Moderate deficit: NOTABLE DECREASE in speech output, with brief responses during several parts of the interview.

3 = Moderately severe deficit: SIGNIFICANT LACK of speech, with very brief answers (only several words) in responses throughout most of the interview.

4 = Severe deficit: All or nearly all replies are one or two words throughout the entire interview.

The Manchester Short Assessment of Quality of Life (MANSA)

Date of birth

Gender 1=Male, 2=Female

Ethnic origin

1=White

2=Black Caribbean

3=Black African

4=Black other

9=Other

5=Indian

6=Pakistani

7=Bangladeshi

8=Chinese

Diagnosis Use ICD 10

Section 2

In a first interview, ask all questions 1 to 9. In a repeat interview, ask first, whether there have been any changes in the respondent's circumstances as assessed in Section 2. If the answer is yes, complete questions 1 to 9. If the answer is no, go straight to Section 3.

1. Age at leaving full time education

2. Employment status:

1=In paid employment

4=Unemployed

2=In sheltered employment

5=Retired

3=Training/education is main occupation

6=Other

If employed, ask questions 3 and 4, otherwise go straight to question 5

3. What is your occupation? _____

4. How many hours a week do you work?

5. What is your total monthly income after tax?

6. Which if any state benefits do you receive? _____

7. How many children (if any) do you have?

8. Who else (if anybody) do you live with?

1=Live alone

4=With child/children under 18

2=With partner

5= With child/children over 18

3=With parents

6=Other (please specify) _____

9. Type of residence do you currently live?

01=House/flat (owner occupied)

06=Sheltered housing

02=House/flat (Housing association)

07=Residential home

03=House/flat (private rent)

09=Hospital ward

04=Boarding out (incl. B+B)

10=No fixed abode

05=Hostel, supported/group home

MANSA

Please estimate how satisfied are you with different aspects of your life that are listed below (accommodation, friendships, financial situation etc.) Use this scale below ranging from 1 to 7.

Satisfaction Scale

1	2	3	4	5	6	7
Couldn't be worse	Displeased	Mostly dissatisfied	Mixed	Mostly Satisfied	Pleased	Couldn't be better

mansa01	How satisfied are you with your life as a whole today?	
mansa02	How satisfied are you with your job (or training/education as your main occupation)? <i>or if unemployed or retired</i> How satisfied are you with being unemployed / retired?	
mansa03	How satisfied are you with your financial situation?	
mansa04	Do you have anyone who you would call a "close friend"?	0=NO 1=YES
mansa05	In the last week have you seen a friend? (visited a friend, been visited by a friend, or met a friend outside both your home and work)	0=NO 1=YES
mansa06	How satisfied are you with the number and quality of your friendships?	
mansa07	How satisfied are you with your leisure activities?	
mansa08	How satisfied are you with your accommodation?	
mansa09	In the past year have you been accused of a crime?	0=NO 1=YES
mansa10	In the past year have you been a victim of physical violence?	0=NO 1=YES
mansa11	How satisfied are you with your personal safety?	

mansa12	How satisfied are you with the people that you live with? <i>or if you live alone</i> How satisfied are you with living alone?	
mansa13	How satisfied are you with your sex life?	
mansa14	How satisfied are you with your relationship with your family	
mansa15	How satisfied are you with your physical health?	
mansa16	How satisfied are you with your mental health?	

Social Network Schedule - REVISED

WHO DID YOU SEE OR SPEAK TO (PHONE/EMAIL ETC) IN THE LAST WEEK? For each contact record how many times the participant saw/spoke to them.

Who you saw (ie Friend, Family member)		Number of contacts (#)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

SIX

1. Employment

- 0 none
- 1 voluntary/ protected/ sheltered work
- 2 regular employment

2. Accommodation

- 0 homeless or 24hr supervised
- 1 sheltered or supported accommodation
- 2 independent accommodation

3. Partnership/Family

- 0 living alone
- 1 living with a partner or family

4. Friendship

- 0 not meeting a friend within the last week
- 1 meeting a friend within the last week

TIME USE SURVEY- LEISURE ACTIVITIES

I am now going to ask some questions about things that some people do in their spare time. For each activity that I mention could you please tell me whether or not you have done this in the last month, AND how often?

ACTIVITY	NUMBER OF TIMES	AMOUNT OF TIME
Been out to eat or drink at a café, restaurant, pub or wine bar		
Been to a shopping centre, or mall, apart from regular shopping for food and household items		
Been to some other place of entertainment (e.g. dance, club, bingo, casino)		
Been on any other outdoor trips (including going to places of natural beauty, picnics, going for a drive or going to the beach)		

How much time do you spend socialising? How many occasions in the last month have you seen friends, either visiting them or receiving visitors? How much time did you tend to spend socialising on each occasion on average?

Details:

--

Simpson Angus Scale

1. Gait: The patient is examined as he walks into the examining room, his gait, the swing of his arms, his general posture, all form the basis for an overall score for this item. This is rated as follows:

- 0= Normal
- 1= Diminution in swing while the patient is walking
- 2= Marked diminution in swing with obvious rigidity in the arm
- 3= Stiff gait with arms held rigidly before the abdomen
- 4= Stopped shuffling gait with propulsion and retropulsion

2. Arm Dropping: The patient and the examiner both raise their arms to shoulder height and let them fall to their sides. In a normal subject, a stout slap is heard as the arms hit the sides. In the patient with extreme Parkinson's syndrome, the arms fall very slowly:

- 0= Normal, free fall with loud slap and rebound
- 1= Fall slowed slightly with less audible contact and little rebound
- 2= Fall slowed, no rebound
- 3= Marked slowing, no slap at all
- 4= Arms fall as though against resistance; as though through glue

3. Shoulder Shaking: The subject's arms are bent at a right angle at the elbow and are taken one at a time by the examiner who grasps one hand and also clasps the other around the patient's elbow. The subject's upper arm is pushed to and fro and the humerus is externally rotated. The degree of resistance from normal to extreme rigidity is scored as follows:

- 0= Normal
- 1= Slight stiffness and resistance
- 2= Moderate stiffness and resistance
- 3= Marked rigidity with difficulty in passive movement
- 4= Extreme stiffness and rigidity with almost a frozen shoulder

4. Elbow Rigidity: The elbow joints are separately bent at right angles and passively extended and flexed, with the subject's biceps observed and simultaneously palpated. The resistance to this procedure is rated. (The presence of cogwheel rigidity is noted separately.)

- 0= Normal
- 1= Slight stiffness and resistance
- 2= Moderate stiffness and resistance
- 3= Marked rigidity with difficulty in passive movement
- 4= Extreme stiffness and rigidity with almost a frozen elbow

5. Wrist Rigidity or Fixation of Position: The wrist is held in one hand and the fingers held by the examiner's other hand, with the wrist moved to extension, flexion and ulnar and radial deviation:

- 0= Normal
- 1= Slight stiffness and resistance
- 2= Moderate stiffness and resistance
- 3= Marked rigidity with difficulty in passive movement
- 4= Extreme stiffness and rigidity with almost frozen wrist

6. Leg Pendulousness: The patient sits on a table with his legs hanging down and swinging free. The ankle is grasped by the examiner and raised until the knee is partially extended. It is then allowed to fall. The resistance to falling and the lack of swinging form the basis for the score on this item:

- 0= The legs swing freely
- 1= Slight diminution in the swing of the legs
- 2= Moderate resistance to swing
- 3= Marked resistance and damping of swing
- 4= Complete absence of swing

7. Head Dropping: The patient lies on a well-padded examining table and his head is raised by the examiner's hand. The hand is then withdrawn and the head allowed to drop. In the normal subject the head will fall upon the table. The movement is delayed in extrapyramidal system disorder, and in extreme parkinsonism it is absent. The neck muscles are rigid and the head does not reach the examining table. Scoring is as follows:

- 0= The head falls completely with a good thump as it hits the table
- 1= Slight slowing in fall, mainly noted by lack of slap as head meets the table
- 2= Moderate slowing in the fall quite noticeable to the eye
- 3= Head falls stiffly and slowly
- 4= Head does not reach the examining table

8. Glabella Tap: Subject is told to open eyes wide and not to blink. The glabella region is tapped at a steady, rapid speed. The number of times patient blinks in succession is noted:

- 0= 0-5 blinks
- 1= 6-10 blinks
- 2= 11-15 blinks
- 3= 16-20 blinks
- 4= 21 and more blinks

9. Tremor: Patient is observed walking into examining room and is then re-examined for this item:

- 0= Normal
- 1= Mild finger tremor, obvious to sight and touch
- 2= Tremor of hand or arm occurring spasmodically
- 3= Persistent tremor of one or more limbs
- 4= Whole body tremor

10. Salivation: Patient is observed while talking and then asked to open his mouth and elevate his tongue. The following ratings are given:

- 0= Normal
- 1= Excess salivation to the extent that pooling takes place
- 2= When excess salivation is present and might occasionally result in difficulty speaking
- 3= Speaking with difficulty because of excess salivation
- 4= Frank drooling

CALGARY Depression Scale

Interviewer: Ask the first question as written. Use follow up probes or qualifiers at your discretion. Time frame refers to last two weeks unless stipulated. 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 others? 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 or 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.

CLIENT SERVICE RECEIPT INVENTORY (CSRI)

A. Community Health Care Services

At the baseline ask for the past 3 months. Otherwise, ask for past month.

Healthcare provider		(circle)	<i>Number of contacts</i>	<i>Average duration per contact</i>
				1 0-5 minutes 2 6-15 minutes 3 16-30 minutes 4 31-45 minutes 5 46-60 minutes 6 over 60 minutes
<i>csriAa</i>	A General practitioner	csriAa1 No Yes	csriAa2	csriAa3
<i>csriAb</i>	B Primary care nurse	csriAb1 No Yes	csriAb2	csriAb3
<i>csriAc</i>	C. Social worker	csriAc1 No Yes	csriAc2	csriAc3
<i>csriAd</i>	D Counsellor	csriAd1 No Yes	csriAd2	csriAd3
<i>csriAe</i>	Aeother E Other: _____	csriAe1 No Yes	csriAe2	csriAe3

B.Specialized Services Speciality		<i>In-patient stay</i>	<i>Number of nights in hospital</i>	<i>Hospital out-patient contact</i>	<i>Number of out- patient contacts</i>	<i>Out-patient contacts out of hospital</i>	<i>Number of out-patient contacts out of hospital</i>
csriBa	Psychiatry	csriBa1 No Yes	csriBa2	csriBa3 day hosp No Yes	csriBa4 days in day hosp	csriBa5 No Yes	csriBa6
csriBb	Psychologist	■■■■ ■■■■■	■■■■	csriBb3 No Yes	csriBb4	csriBb5 No Yes	csriBb6
csriBc	Other psychotherapist (not psychiatrist or psychologist)	■■■■ ■■■■■	■■■■	csriBc3 No Yes	csriBc4	csriBc5 No Yes	csriBc6
csriBd	Cardiology	csriBd1 No Yes	csriBd2	csriBd3 No Yes	csriBd4	csriBd5 No Yes	csriBd6
csriBe	Neurology	csriBe1 No Yes	csriBe2	csriBe3 No Yes	csriBe4	csriBe5 No Yes	csriBe6
csriBf	Dermatology	csriBf1 No Yes	csriBf2	csriBf3 No Yes	csriBf4	csriBf5 No Yes	csriBf6
csriBg	Internal medicine/Internist	csriBg1 No Yes	csriBg2	csriBg3 No Yes	csriBg4	csriBg5 No Yes	csriBg6
csriBh	Gastroenterology	csriBh1 No Yes	csriBh2	csriBh3 No Yes	csriBh4	csriBh5 No Yes	csriBh6
csriBi	Radiology	csriBi1 No Yes	csriBi2	csriBi3 No Yes	csriBi4	csriBi5 No Yes	csriBi6
csriBj	Otorhinolaryngologist Ear, nose, throat specialist	csriBj1 No Yes	csriBj2	csriBj3 No Yes	csriBj4	csriBj5 No Yes	csriBj6
csriBk	Surgery	csriBk1 No Yes	csriBk2	csriBk3 No Yes	csriBk4	csriBk5 No Yes	csriBk6
csriBl	Haematology	csriBl1 No Yes	csriBl2	csriBl3 No Yes	csriBl4	csriBl5 No Yes	csriBl6
csriBm	Endocrinology	csriBm1 No Yes	csriBm2	csriBm3 No Yes	csriBm4	csriBm5 No Yes	csriBm6
csriBn	Gynaecologist	csriBn1 No Yes	csriBn2	csriBn3 No Yes	csriBn4	csriBn5 No Yes	csriBn6
csriBo	Urology	csriBo1 No Yes	csriBo2	csriBo3 No Yes	csriBo4	csriBo5 No Yes	csriBo6

C. Medication

csriBp	Dentist	csriBp1 No Yes	csriBp2	csriBp3 No Yes	csriBp4	csriBp5 No Yes	csriBp6
csriBr	Eye specialist/oculist	csriBr1 No Yes	csriBr2	csriBr3 No Yes	csriBr4	csriBr5 No Yes	csriBr6
csriBs	Other (please specify) Bsother_____	csriBs1 No Yes	csriBs2	csriBs3 No Yes	csriBs4	csriBs5 No Yes	csriBs6

csriC	C1. In the <u>last 12 months (baseline)/ in the last 2 months (follow-ups)</u> have you been taking medication for any health problems?			0=No 1=Yes
	<u>If yes</u> : what are the names of the drugs you take (if known), dosage (if known) and what do you take them for? (NB. Include both mental and physical health medication)			
		Name:	Dose (mg/day):	What is it for:
csriCa	Drug 1:	csriCa1	csriCa2.	csriCa3
csriCb	Drug 2:	csriCb1	csriCb2	csriCb3
csriCc	Drug 3:	csriCc1	csriCc2	csriCc3
csriCd	Drug 4:	csriCd1	csriCd2	csriCd3
csriCe	Drug 5:	csriCe1	csriCe2	csriCe3
csriCf	Drug 6:	csriCf1	csriCf2	csriCf3
<i>(If you take more than 6 drugs, please record the details on the back of this form)</i>				

E. Your Employment

csriE1	If participant currently employed, ask:: How many days off work over the last <u>12 months (baseline)/ in the last 2 months (follow-ups)</u> because of health reasons?	
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EQ-5D-5L: 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

MECCA - The Client Satisfaction Questionnaire

Please help us to improve our service by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

CIRCLE YOUR ANSWER:

1. How would you rate the quality of the service you have received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No Definitely not	No, Not really	Yes, generally	Yes, definitely

3. To what extent has this service met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend this service to him/her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Most satisfied	Very satisfied

6. Have the services you have received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. Overall, how satisfied are you with the service you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to this service?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes definitely