Participant Trial ID ☐☐ / ☐☐☐

Participant Initials ☐☐☐

CMHT RECORD CHECK: MENTAL HEALTH SERVICE CONTACTS

Review Date ☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)

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Service Type	Date of First Contact	No. of Contacts*	Discharge Date	Reason for Discharge
☐☐ If other, specify: ________	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or before trial entry ☐	☐☐☐ No. DNA ☐☐☐	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or ongoing ☐	☐ Planned ☐ Unplanned ☐ N/K Details (if relevant): ________
☐☐ If other, specify: ________	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or before trial entry ☐	☐☐☐ No. DNA ☐☐☐	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or ongoing ☐	☐ Planned ☐ Unplanned ☐ N/K Details (if relevant): ________
☐☐ If other, specify: ________	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or before trial entry ☐	☐☐☐ No. DNA ☐☐☐	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or ongoing ☐	☐ Planned ☐ Unplanned ☐ N/K Details (if relevant): ________
☐☐ If other, specify: ________	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or before trial entry ☐	☐☐☐ No. DNA ☐☐☐	☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) Or ongoing ☐	☐ Planned ☐ Unplanned ☐ N/K Details (if relevant): ________

Service Type:

1 = Community mental health team
2 = Psychology / psychotherapy service
3 = Psychiatrist (outpatient)
4 = Day hospital
5 = Crisis resolution
6 = Home treatment
7 = Drug and alcohol services
8 = Specialist PD service
9 = Rehab / recovery team
10 = Assertive outreach service
11 = Intensive Community Support / Community Support Service
12 = Assessment and Brief Treatment / Primary Care Liaison Team / Access Teams
13 = A&E liaison / Liaison Psychiatry
14 = Eating disorders services
15 = Learning disabilities services
16 = Psychosis service
17 = Other, specify.

** Record contacts since entry to the trial only.*

Participant Trial ID [ ][ ] / [ ][ ][ ]

Participant Initials [ ][ ][ ]

PEPS

GP RECORD CHECK: HOSPITAL OUTPATIENTS

Review Date [ ][ ] / [ ][ ][ ] / [2][0][ ][ ]
D D M M M Y Y Y Y

Page [ ][ ] of [ ][ ]

Since entry to the trial has the participant had a hospital outpatient appointment? Yes [ ] No [ ]

Record the details of each hospital outpatient appointment since entry to the trial.

Date of Appointment	Medical Specialty	Reason *(tick all that apply)*	Attended?
[ ][ ] / [ ][ ][ ] / [2][0][ ][ ] D D M M M Y Y Y Y	[ ][ ] If other, specify: ____________________	[ ] Medical care [ ] Mental health care [ ] Screening or assessment [ ] Routine review or follow-up [ ] Other (specify) ________________	[ ] Yes [ ] No [ ] Not Known
[ ][ ] / [ ][ ][ ] / [2][0][ ][ ] D D M M M Y Y Y Y	[ ][ ] If other, specify: ____________________	[ ] Medical care [ ] Mental health care [ ] Screening or assessment [ ] Routine review or follow-up [ ] Other (specify) ________________	[ ] Yes [ ] No [ ] Not Known
[ ][ ] / [ ][ ][ ] / [2][0][ ][ ] D D M M M Y Y Y Y	[ ][ ] If other, specify: ____________________	[ ] Medical care [ ] Mental health care [ ] Screening or assessment [ ] Routine review or follow-up [ ] Other (specify) ________________	[ ] Yes [ ] No [ ] Not Known

Medical Speciality
1 = Audiology
2 = Acute / Emergency Medicine
3 = Cardiology
4 = Dermatology
5 = Gastroenterology
6 = Genitourinary Medicine
7 = Oncology
8 = Ophthalmology
9 = Neurology
10 = Respiratory
11 = Obstetrics & Gynaecology
12 = Other, specify

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Participant Initials ☐☐☐

GP RECORD CHECK: HOSPITAL ADMISSIONS

Review Date ☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)   Page ☐☐ of ☐☐

Since entry to the trial has the participant been admitted to hospital as an inpatient? Yes ☐ No ☐

Include both general and psychiatric hospital admissions and any secure hospital stays.

Record the details of each admission since entry to the trial.

Date of Admission	Reason *(tick all that apply)*	Length of Stay (Nights)	Planned Admission?
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)	☐ Medical care ☐ Mental health care ☐ Social care / respite ☐ Self-harm / overdose ☐ Other (specify) __________ __________	☐☐☐	☐ Yes ☐ No ☐ Not Known
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)	☐ Medical care ☐ Mental health care ☐ Social care / respite ☐ Self-harm / overdose ☐ Other (specify) __________ __________	☐☐☐	☐ Yes ☐ No ☐ Not Known
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)	☐ Medical care ☐ Mental health care ☐ Social care / respite ☐ Self-harm / overdose ☐ Other (specify) __________ __________	☐☐☐	☐ Yes ☐ No ☐ Not Known

Participant Trial ID ☐☐ / ☐☐☐

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PEPS

GP RECORD CHECK: GP CONTACTS

Review Date ☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y)

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Since entry to the trial has the participant attended an appointment at the GP surgery (including telephone contacts)? Yes ☐ No ☐

Record the details of each GP attendance or contact since entry to the trial.

Date of Attendance or Contact	Reason *(tick all that apply)*	Scheduled / Pre-Booked Appointment?
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) ☐ Tick if telephone contact	☐ Medical care ☐ Mental health care ☐ Screening or assessment ☐ Routine review or follow-up ☐ Attendance with / for other ☐ Other (specify) __________ __________	☐ Yes ☐ No ☐ Not Known
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) ☐ Tick if telephone contact	☐ Medical care ☐ Mental health care ☐ Screening or assessment ☐ Routine review or follow-up ☐ Attendance with / for other ☐ Other (specify) __________ __________	☐ Yes ☐ No ☐ Not Known
☐☐ / ☐☐☐ / 2 0 ☐☐ (D D / M M M / Y Y Y Y) ☐ Tick if telephone contact	☐ Medical care ☐ Mental health care ☐ Screening or assessment ☐ Routine review or follow-up ☐ Attendance with / for other ☐ Other (specify) __________ __________	☐ Yes ☐ No ☐ Not Known

Participant Trial ID [|] / [| |]

Participant Initials [| |]

PEPS

GP RECORD CHECK: EMERGENCY DEPARTMENT CONTACTS

Review Date [D | D] / [M | M | M] / [2 | 0 | Y | Y] Page [|] of [|]

Since entry to the trial has the participant used Emergency Department services? Yes ☐ No ☐

Record the date of each contact since entry to the trial and the reason.

Date of Contact	Reason *(tick all that apply)*
__ __ / __ __ __ / 2 0 __ __ (D D / M M M / Y Y Y Y)	☐ Medical emergency ☐ Self-harm ☐ Psychiatric crisis ☐ Drug or alcohol use ☐ Other (specify) ________
__ __ / __ __ __ / 2 0 __ __ (D D / M M M / Y Y Y Y)	☐ Medical emergency ☐ Self-harm ☐ Psychiatric crisis ☐ Drug or alcohol use ☐ Other (specify) ________
__ __ / __ __ __ / 2 0 __ __ (D D / M M M / Y Y Y Y)	☐ Medical emergency ☐ Self-harm ☐ Psychiatric crisis ☐ Drug or alcohol use ☐ Other (specify) ________
__ __ / __ __ __ / 2 0 __ __ (D D / M M M / Y Y Y Y)	☐ Medical emergency ☐ Self-harm ☐ Psychiatric crisis ☐ Drug or alcohol use ☐ Other (specify) ________
__ __ / __ __ __ / 2 0 __ __ (D D / M M M / Y Y Y Y)	☐ Medical emergency ☐ Self-harm ☐ Psychiatric crisis ☐ Drug or alcohol use ☐ Other (specify) ________