

fiat

financial incentives
for adherence
to treatment

Patient Participants

Data Collection Date

••

dd • mmm • yy

Participant ID

Team ID

This booklet is not complete **until all boxes are filled.**
For data entry, **only enter information contained within the boxes.**

CONTENT

Section		Page
1	Administrative Data	3
2	Quality of Life Questionnaire	5
3	Socio –Demographic Characteristics	8
4	Accommodation	9
5	Living Situation	10
6	Education and Training	11
7	Employment	12
8	Benefits	13
9	Adverse Events	15
10	Psychiatric Diagnoses	17
11	Depot Medication	18
12	Oral Medication	22
13	Received Depots	27
14	Substance Misuse	31
15	Service Use	33
16	Inpatient Treatment	35
17	Outpatient Treatment	41
18	CTOs	32
19	Clinical Global Impression (CGI)	43
	Appendix 1 Common Psychiatric Medication Codes	44

Some instructions for data collection and data entry:

Please collect all data **for the intervention period only**. The first date of the intervention is the starting point for the intervention period and it is the 7 days after the randomisation day. (e.g. if the randomisation was on 1st April 2010 the first day of the intervention will be on 8th April 2010).

The intervention period end date is 12 months after the intervention start date and it is the last day of the intervention. (e.g. if the intervention start date was on 8th April 2010 the last day of the intervention (the intervention end date) will be on 7th April 2011).

‘...AT THE END OF THE INTERVENTION’ = data should be collected for the last day of the intervention (if the intervention end date’ was on 8 April 2011 data ‘at the end of the intervention’ will be collected for that day.)

If a section or an item **does not apply** to the participant, please strike through and write 555 in the margins. An example might be if a participant has not been in hospital or on a CTO in the time period that we are interested in.

For **unknown data** (such as medical records or depot cards that have been confirmed as having been lost, depot cards that could not be found after several visits), please strike through and record 333 in the margins.

For **missing data**, i.e. items and/ or sections of the form that have not been completed and where no explanation is given by the researcher as to why this is the case, then please enter 888 in the database.

Codes for missing data are inserted for each variable in blue colour. If there is no code for missing data no missing data is permitted for that variable.

For **text**, please enter exactly as written on the data collection form, using lower case letters only.

- **Throughout the booklet:** Compulsory questions are those in **bold**. Collect data for everyone for these questions.
- The remaining questions will only be applicable to some patients.
- If possible please contact the patient’s clinicians for data you cannot find in patient’s medical record.

Note! When entering string variables please do not use any capital letters.

1. Administrative Data

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>intstart</i>	Intervention start date (7 days after randomisation) <i>(e.g. if the randomisation was on Friday 1 April, the intervention will be considered to commence on Friday, 8 April.)</i>	dd•mmm•yy	□□•□□□•□□
<i>intdate</i>	Intervention end date (12 months after the intervention start date) <i>(e.g. if the intervention start date was 8 April 2010, the intervention end date will be on 7 April 2011.)</i>	dd•mmm•yy	□□•□□□•□□
<i>recorddate_t2</i>	Date of collection from medical record	dd•mmm•yy	□□•□□□•□□
<i>datacol_t2</i>	Name of data collector	1 = AF 6 = SW 2 = KB 7 = other 3 = CA (pls specify 4 = KY below) 5 = HM 8=LK	<input type="checkbox"/>
<i>datacols_p_t2</i>	<i>If 7 above, please enter interviewer's name here:</i>		
<i>datasource</i>	Source of data	1=electronic medical record only 2=paper notes only 3=both electronic & paper notes 4= electronic & clinician 5=paper notes & clinician 6= electronic & paper notes & clinician	<input type="checkbox"/>
<i>clinserv_t2</i>	Clinical Service at the end of intervention	1=AOT 2=CMHT	<input type="checkbox"/>
<i>teamid_t2</i>	Team ID at the end of intervention		□□□□
<i>mini_t2</i>	MINI score at the end of intervention		□.□□□
<i>withdrawal</i>	Has patient withdrawn consent	0=no 1=yes	<input type="checkbox"/>
<i>protocolviol</i>	<i>If in the intervention arm:</i> Were the incentives consistently provided throughout intervention period?	0=no 1=yes 555= not applicable	<input type="checkbox"/>
<i>reason</i>	<i>If no:</i> What was the reason for protocol violation:	1=Patient hospitalised and cc stopped with FI for the rest of the study 2= CC stopped with FI during patient's hospitalisation only	□□

	<p>3= Patient imprisoned 4= patient died 5= Depots discontinued 6= Depots discontinued and oral medication prescribed 7= Clinician stopped FI without consulting the research team 8= Patient transferred to a non-participating team 9= Money for FI was not available in time 10= Patient has new cc who did not consent to Fiat 11= FI was provided by someone else (e.g. researcher) and FI was not always provided immediately after received depot 555= not applicable</p>	
--	--	--

INTERVENTION PERIOD = *period between the intervention start date (inclusive) and the intervention end date (inclusive).*

2. Quality of Life Questionnaire – FIAT End of Intervention

Instructions for completing this together with the participant:

The following questions are about your satisfaction with different aspects of your life and possible help you need in those areas. We will use the satisfaction scale to answer the questions [show the response card]. This is numbered from 1 (couldn't be worse) to 7 (couldn't be better). Some questions may seem personal, so please tell me if you feel it is difficult to answer them.

Please ask the following questions for each item:

1. How satisfied are you with your (*life domain or treatment aspect*) at the moment?
2. Do you need any additional help in this area?
3. If so, what additional help do you need (please give a clue)?

Instructions for data entry:

For yes/ no answers, please enter '1' for yes, and '0' for no.

For the string variable about additional or different help, please enter text using lower case only.

<i>qolagreed_t2</i> Did participant agree to complete the questionnaire? 0=no, 1=yes		<input type="checkbox"/>	
<i>goldate_t2</i> Date of QoL assessment dd•mmm•yy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		555= notapplicable	
Please indicate the number that is most appropriate			
Couldn't be worse	Displeased	Mostly Dissatisfied	Mixed
Mostly Satisfied	Pleased	Couldn't be better	
1 _____	2 _____	3 _____	4 _____
5 _____	6 _____	7 _____	
Domain	Score	Do you need additional/ different help in this area?	What additional/different help do you need?
Mental health (e.g. anxiety, depression, hallucination)	<input type="checkbox"/> <i>888=missing</i> <i>mh1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>mh2_t2</i>	<i>888=missing</i> <i>mh3_t2</i>
Physical health (somatic health problems)	<input type="checkbox"/> <i>888=missing</i> <i>phealth1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>phealth2_t2</i>	<i>888=missing</i> <i>phealth3_t2</i>
Job situation (including being unemployed or in education)	<input type="checkbox"/> <i>888=missing</i> <i>jobsit1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>jobsit2_t2</i>	<i>888=missing</i> <i>jobsit3_t2</i>

Please indicate the number that is most appropriate			
Couldn't be worse	Displeased	Mostly Dissatisfied	Mixed
Mostly Satisfied	Pleased	Couldn't be better	
1 _____	2 _____	3 _____	4 _____
5 _____	6 _____	7 _____	
Accommodation (living situation)	<input type="checkbox"/> <i>888=missing</i> <i>acc1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>acc2_t2</i>	<i>888=missing</i> <i>acc3_t2</i>

Leisure activities (going out, movies, visiting friends and whilst at home)	<input type="checkbox"/> <i>888=missing</i> <i>la1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>la2_t2</i>	<i>888=missing</i> <i>la3_t2</i>
Friendships (number & quality of contacts)	<input type="checkbox"/> <i>888=missing</i> <i>friendship1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>friendship2_t2</i>	<i>888=missing</i> <i>friendship3_t2</i>
Relationship with your partner/ family (quality of relationships)	<input type="checkbox"/> <i>888=missing</i> <i>rel1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>rel2_t2</i>	<i>888=missing</i> <i>rel3_t2</i>
Personal safety (how safe do you feel)	<input type="checkbox"/> <i>888=missing</i> <i>safety1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>safety2_t2</i>	<i>888=missing</i> <i>safety3_t2</i>
Your medication (e.g. type of medication, dosage, side-effects)	<input type="checkbox"/> <i>888=missing</i> <i>medic1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>medic2_t2</i>	<i>888=missing</i> <i>medic3_t2</i>
<p>Couldn't be worse Displeased Mostly Dissatisfied Mixed Mostly Satisfied Pleased Couldn't be better</p> <p>1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7</p>			
The practical help you receive (e.g. self care, housing, finances)	<input type="checkbox"/> <i>888=missing</i> <i>help1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>help2_t2</i>	<i>888=missing</i> <i>help3_t2</i>
Talks with mental health professionals (e.g. keyworker, doctor)	<input type="checkbox"/> <i>888=missing</i> <i>talk1_t2</i>	Y / N <input type="checkbox"/> <i>888=missing</i> <i>talk2_t2</i>	<i>888=missing</i> <i>talk3_t2</i>
<i>golcontact_t2</i>	How was the questionnaire completed ?	1=Face-to -face contact 2=Telephone 555= Not applicable	<input type="checkbox"/>

3. Patient demographics at the end of the intervention period

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>marital_t2</i>	Marital status (at time of data collection)	1 = Single 2 = Married 3 = Cohabiting 4 = Widowed 5 = Divorced	<input type="checkbox"/>
<i>children_t2</i>	Does the participant have children?	Y = 1 N = 0	<input type="checkbox"/>
<i>children1_t2</i>	Does the participant have children under the age of 18?	Y = 1 N = 0 555= not applicable	<input type="checkbox"/>
<i>children2_t2</i>	Does the participant live with children under 18 in the same household?	Y = 1 N = 0 555= not applicable	<input type="checkbox"/>
<i>carer_t2</i>	Named carer – Does the participant currently have a named informal carer?	Y = 1 N = 0	<input type="checkbox"/>

4. Accommodation

VARIABLE NAME	VARIABLE DATA ENTRY
<i>accom_t2</i>	Accommodation at the end of the intervention period (please enter code in the box on the right-hand side):
	1 = Independent accommodation (flat or house owned or rented (privately or from housing association)) 2 = Sheltered /supported housing scheme (not 24 hours staffed) 3 = Sheltered/supported (24 hours staffed) 4= B&B/hostel 5= Homeless 333= unknown <div style="text-align: right;"><input type="checkbox"/></div>
<i>provider_t2</i>	If sheltered or supported accommodation ('2' or '3') please specify provider: (please enter code in the box on the right-hand side):
	1 = Local authority (e.g. council, council funded/run, covered by benefits) 2 = NHS (e.g. respite accommodation) 3 = Voluntary Organisation (e.g. Mind, church) 4 = Private Sector organisation (e.g. private health insurance, paid by patient or patient's family) 333= unknown 555= not applicable <div style="text-align: right;"><input type="checkbox"/></div> <p>If known, please provide the name of the provider, even if you are certain about the type of community accommodation.</p> <p>FOR PAPER RECORDS ONLY – NOT TO BE ENTERED ON TO DATABASE</p> <hr/> <hr/>

5. Current living situation at the end of the intervention period

If participant lives in independent accommodation:

VARIABLE NAME	VARIABLE DATA ENTRY
<i>livingwith_t2</i>	What is the participant's current living situation?
	1 = Living alone 2 = Living with relatives (e.g. partner, parents, siblings, children or other relatives) 3 = Living with others (e.g. friends or flat mates) 555= not applicable <div style="text-align: right;"><input type="checkbox"/></div>
<i>adults_t2</i>	How many adults live in the household, including the client? 555= not applicable
	<input type="checkbox"/>

6. Education and Training

What further education or vocational training has the patient completed or doing <u>at the end of the intervention period</u> ?			
VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>edulevel_t2</i>	Highest level of education at the end of the intervention period?	1= Left education prior to GCSE 2= GCSE or equivalent 3= A Level or equivalent 4= NVQ or equivalent 5= Diploma 6= Degree 333=unknown	<input type="checkbox"/>

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>trainingint_t2</i>	Any vocational or other trainings/workshops undertaken <u>during the intervention period</u>?	1= Yes 0= No	<input type="checkbox"/>

If yes:

<i>trainingtype_t2</i>	1= vocational course of 1 year or less 2= vocational course longer than 1 year 3= degree course – undergraduate 4= degree course – postgraduate 333= unknown 555= not applicable	<input type="checkbox"/>
------------------------	---	--------------------------

If known, please provide the name of the qualification or course being taken (e.g. "NVQ in...", "BTEC in...", "apprenticeship in...")

FOR PAPER RECORDS ONLY – NOT TO BE ENTERED ON TO DATABASE

7. Employment

VARIABLE NAME	VARIABLE	
<i>employment_t2</i>	What was the participant's employment status at the end of the intervention period? (please enter code as appropriate)	
	1 = Paid employment (any) 2 = Supported/sheltered employment (sheltered workshop, voluntary activities) ^{1, 2, 3} 3 = Unemployed 4 = Other (student, retired, housewife) 333 = unknown	DATA ENTRY <input type="checkbox"/>
<i>othermemploy_t2</i>	Other (please specify) 555=not applicable	
<i>If employed:</i>		
<i>occupation_t2</i>	Please state patients occupation 555=not applicable	_____
<i>workhours_t2</i>	1 = part time 2 = full time 333 = unknown 555=not applicable	<input type="checkbox"/>
<i>employday_t2</i>	How many days of employment the participant had during the intervention period? (if different employments (jobs) please record all employment days in total) 333 = unknown 555=not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

¹ (Any occupational project, paid or unpaid, in which participants are brought into contact mainly with other people with mental health problems and staff members)

¹ (Clients are engaged in work activities in a sheltered setting and due to a variety of factors do not receive a wage at the going rate for a job, but might receive Permitted Earnings (formerly, Therapeutic Earnings).

¹ (Clients are in competitive employment earning a wage or salary with support from a mental health professional, job coach or vocational specialist/ therapist)

If sheltered or supported employment please provide the name of the provider organisation:

FOR PAPER RECORDS ONLY – NOT TO BE ENTERED ON TO DATABASE

8. Benefits currently being received at the end of the intervention period

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>benefits_t2</i>	Did the client receive any benefits at the end of the intervention period?	y = 1 n = 0 333=unknown	<input type="checkbox"/>
What benefits the participant has been receiving at the end of the intervention period?			
<i>attendanc_t2e</i>	Attendance allowance	y = 1 n = 0	<input type="checkbox"/>
<i>childben_t2</i>	Child benefit	y = 1 n = 0	<input type="checkbox"/>
<i>cold_t2</i>	Cold weather payment	y = 1 n = 0	<input type="checkbox"/>
<i>counciltax_t2</i>	Council Tax Benefit (discount)	y = 1 n = 0	<input type="checkbox"/>
<i>socialpay_t2</i>	Direct payments from Social Services	y = 1 n = 0	<input type="checkbox"/>
<i>housingben_t2</i>	Housing benefit	y = 1 n = 0	<input type="checkbox"/>
<i>incomeben_t2</i>	Income support/ Minimum income guarantee	y = 1 n = 0	<input type="checkbox"/>
<i>incapacity_t2</i>	Incapacity Benefit	y = 1 n = 0	<input type="checkbox"/>
<i>independent_t2</i>	Independent living fund payments	y = 1 n = 0	<input type="checkbox"/>
<i>invalidcare_t2</i>	Invalid care allowance	y = 1 n = 0	<input type="checkbox"/>
<i>jsa_t2</i>	Job Seekers Allowance	y = 1 n = 0	<input type="checkbox"/>
<i>pensioncred_t2</i>	Pension Credit	y = 1 n = 0	<input type="checkbox"/>
<i>disablement_t2</i>	Severe Disablement Allowance	y = 1 n = 0	<input type="checkbox"/>
<i>pension_t2</i>	State Retirement (old age) Pension	y = 1 n = 0	<input type="checkbox"/>
VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>taxcredit_t2</i>	Work Tax Credit	y = 1 n = 0	<input type="checkbox"/>
<i>dlac_t2</i>	Disability Living Allowance Care Component	y = 1 n = 0	<input type="checkbox"/>
<i>dlarate_t2</i>	If yes for the Disability Living Allowance Care Component please provide rate:	1= high rate 2= mid rate 3= low rate 333= unknown 555=not applicable	<input type="checkbox"/>
<i>dlam_t2</i>	Disability Living Allowance Mobility Component	y = 1 n = 0	<input type="checkbox"/>

<i>dla</i> rate_t2	If yes for the <i>Disability Living Allowance Mobility Component</i> please provide rate:	1= high rate 2= mid rate 3= low rate 333= unknown 555=not applicable	<input type="checkbox"/>
<i>otherben</i> _t2	Any other state benefit not listed?	y = 1 n = 0	<input type="checkbox"/>
	If yes, please specify: 555=not applicable	_____ _____ _____ <i>otherbensp</i> _t2	<input type="checkbox"/> <input type="checkbox"/> <i>otherben</i> code _t2

<i>financguard</i> _t2	Does the participant have appointee ship at the end of the intervention period?	y = 1 n = 0	<input type="checkbox"/>
------------------------	--	----------------	--------------------------

9. Adverse events during the intervention period

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>contactcrim_t2</i>	Has the participant had contact with the criminal justice service?	y = 1 n = 0	<input type="checkbox"/>
If yes: (if no contacts with the criminal justice service please enter 0 for each question on this page).			
<i>police_t2</i>	Number of contacts with the police? (not including informal talks with policemen)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>policearrest_t2</i>	Number of contacts with the police not resulting in arrest?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>arest_t2</i>	Number of arrests?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>charges_t2</i>	Number of arrests resulting in charges?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>convictions_t2</i>	Number of charges resulting in conviction?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Number of periods of:			
<i>prison_t2</i>	Prison		<input type="checkbox"/> <input type="checkbox"/>
<i>probation_t2</i>	Probation		<input type="checkbox"/> <input type="checkbox"/>
<i>conviction_t2</i>	Conviction		<input type="checkbox"/> <input type="checkbox"/>
<i>court_t2</i>	Court appearances		<input type="checkbox"/> <input type="checkbox"/>

Imprisonment and release

If participant was in prison please record dates of imprisonment and release **during the intervention period**:

VARIABLE NAME	VARIABLE	DATA ENTRY
<i>imprisonment1_t2</i>	Date of Imprisonment <i>555-n/a</i>	□□/□□□/□□
<i>release1_t2</i>	Date of Release <i>555-n/a</i>	□□/□□□/□□

VARIABLE NAME	VARIABLE	DATA ENTRY
<i>imprisonment2_t2</i>	Date of Imprisonment <i>555-n/a</i>	□□/□□□/□□
<i>release2_t2</i>	Date of Release <i>555-n/a</i>	□□/□□□/□□

VARIABLE NAME	VARIABLE	DATA ENTRY
<i>imprisonment3_t2</i>	Date of Imprisonment <i>555-n/a</i>	□□/□□□/□□
<i>release3_t2</i>	Date of Release <i>555-n/a</i>	□□/□□□/□□

VARIABLE NAME	VARIABLE	DATA ENTRY
<i>imprisonment4_t2</i>	Date of Imprisonment <i>555-n/a</i>	□□/□□□/□□
<i>release4_t2</i>	Date of Release <i>555-n/a</i>	□□/□□□/□□

Violence and suicide during the intervention period

<i>violence_t2</i>	Number of incidents of physical violence?	□□
<i>suicidthre_t2</i>	Number of suicide threats? (if multiple threats on same day, score this as one instance)	□□
<i>suicid_t2e</i>	Number of suicide attempts?	□□
<i>suicideout_t2</i>	If the participant had a suicide attempt what was the outcome?	1=hospital treatment 2=no health professional treatment needed (helped by a member of family or friend) 3=death <i>333=unknown; 555=n/a</i>

10. Psychiatric diagnoses at the end of the intervention period

Current diagnosis/ diagnoses as recorded in medical records (please record ICD-10 code and date when diagnosis was given, where possible)		
<i>diagnosis1_t2</i>	Primary diagnosis (in words)	
<i>icd1_t2</i>	ICD-10 code	F□□.□
<i>diadate1_t2</i>	Date when last time recorded: 333=unknown	□□/□□□/□□ dd/mmm/ yy
<i>diagnosis2_t2</i>	Secondary diagnosis (in words) 555=not applicable	
<i>icd2_t2</i>	ICD-10 code 555=not applicable	F□□.□
<i>diadate2_t2</i>	Date when last time recorded: 555=not applicable 333=unknown	□□/□□□/□□ Dd/mmm/yy
<i>diagnosis3_t2</i>	Tertiary diagnosis (in words) 555=not applicable	
<i>code3_t2</i>	ICD-10 code 555=not applicable	F□□.□
<i>diadate3_t2</i>	Date when last time recorded: 555=not applicable 333=unknown	□□/□□□/□□ dd/mmm yy

11. Psychiatric depot medication

Please list all psychiatric depot medication prescribed **during the intervention period**. Please record prescribed dosages and any changes in dosage or frequency. **Please start data record with the first day of intervention and forward for 12 months to the last day of intervention.**

Treatment cycle codes: **1** = 1/52 **2** = 2/52 **3** = 3/52 **4** = 4/52 **5** = 5/52 **6** = 6/52

Depot medication 1

<i>depot1name_t2</i>	Generic name of depot (see Appendix 2)	<input style="width: 100%; height: 20px;" type="text"/>
<i>depot1code_t2</i>	Depot code (see Appendix 2)	M□□□
<i>treatcyc1_t2</i>	Treatment cycle code (as above)	<input type="checkbox"/>
<i>depotdose11_t2</i>	Dose	□□□□.□mg
<i>depotstart1_t2</i>	Start date if available 333=unknown	□□/□□□/□□ DD/MMM/YY
<i>depotend1_t2</i>	End date if applicable 333=unknown	□□/□□□/□□ DD/MMM/YY

Depot medication 2

<i>depot2name_t2</i>	Generic name of depot (see Appendix 2) 555=not applicable 333=unknown	<input style="width: 100%; height: 20px;" type="text"/>
<i>depot2code</i>	Depot code (see Appendix 2) 555=not applicable	M□□□
<i>treatcyc2_t2</i>	Treatment cycle code (as above) 555=not applicable	<input type="checkbox"/>
<i>depotdose2_t2</i>	Dose 555=not applicable	□□□□.□mg
<i>depotsatr2_t2</i>	Start date if available 555=not applicable 333=unknown	□□/□□□/□□ DD/MMM/YY
<i>depotend2_t2</i>	End date if applicable 555=not applicable 333=unknown	□□/□□□/□□ DD/MMM/YY

12. Psychiatric oral medication during the intervention period

Please start data record with the first day of intervention and forward for 12 months to the last day of intervention.

VARIABLE DATE	VARIABLE	CODE	DATA ENTRY
<i>oralmed_t2</i>	Is the patient prescribed any regular oral psychiatric medication at the end of the intervention period	1=yes 0=no	<input type="checkbox"/>

If yes:

Please fill in the form below, using the medication unit and medication frequency codes below and adding extra sheets where required. Please complete for all regular oral psychiatric medication during the intervention period (excluding PRN).

Medication unit codes

1	mg	6	Inhalers
2	microgram	7	Bottles
3	g	8	Packs
4	ml	9	Other – give details
5	Tubs/tubes		

medication frequency codes

1	Once daily
2	Twice daily
3	Three times daily
4	Four times daily
5	Once weekly
6	Once per fortnight

Oral medication 1

<i>oralname1_t2</i>	Generic name (see Appendix 2) 555=not applicable 333=unknown	<input style="width: 500px; height: 20px;" type="text"/>
<i>oralcode1_t2</i>	Medication code (see Appendix 2) 555=not applicable	M□□□
<i>oralunit1_t2</i>	Medication Unit Code 555=not applicable 333=unknown	<input type="checkbox"/>
<i>oraldose1_t2</i>	Dose 555=not applicable 333=unknown	□□□□□
<i>oralfreq1_t2</i>	Frequency Code 555=not applicable 333=unknown	□□

Current PRN medication

Please report any psychiatric PRN medication which is currently prescribed.

Frequency codes for PRN medication

Code	Frequency
7	about three times a week
8	about twice a week
9	about once a week
10	about once a fortnight
11	about once a month
12	other – give details

PRN medication 1

<i>prnname1_t2</i>	Generic name (see Appendix 2) 555=not applicable 333=unknown	<input style="width: 100%; height: 20px;" type="text"/>
<i>prncode1_t2</i>	Medication code (see Appendix 2) 555=not applicable	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>prnunit1_t2</i>	Medication Unit Code 555=not applicable 333=unknown	<input type="checkbox"/>
<i>prndose1_t2</i>	Dose 555=not applicable 333=unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>prnfreq1_t2</i>	Frequency Code 555=not applicable 333=unknown	<input type="checkbox"/> <input type="checkbox"/>

PRN medication 2

<i>prnname2_t2</i>	Generic name (see Appendix 2) 555=not applicable 333=unknown	<input style="width: 100%; height: 20px;" type="text"/>
<i>prncode2_t2</i>	Medication code (see Appendix 2) 555=not applicable	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>prnunit2_t2</i>	Medication Unit Code 555=not applicable 333=unknown	<input type="checkbox"/>
<i>prndose_t22</i>	Dose 555=not applicable 333=unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>prnlfreq2_t2</i>	Frequency Code 555=not applicable 333=unknown	<input type="checkbox"/> <input type="checkbox"/>

13. Depot dates during the intervention period

Please complete the following section by entering the recorded dates of depot injection

Please start data record with the first day of intervention and forward for 12 months to the last day of intervention.

Record both the date that the depot has been **due** and the date that the depot has been **received**.

<i>Variable name</i>	Due Date (dd/mmm/yy)	<i>Variable name</i>	Date Received (dd/mmm/yy)
<i>dep1d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep1r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep2d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep2r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep3d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep3r_t2</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep4d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep4_t2r</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep5d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep5r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep6d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep6r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep7d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep7r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep8d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep8r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep9d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep9r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep10d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep10r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep11d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep11r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy
<i>dep12d_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy	<i>dep12r_t2</i> 555=n/a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd/ mmm/ yy

14. Substance misuse during the intervention period

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>drugs</i>	Has the patient taken any recreational drugs during the intervention period	1=yes 0=no 333= unknown	<input type="checkbox"/>

If yes, please record all used drugs from the list below.

If used drug is not specified please code questions below as **333=unknown**.

If no drugs have been used please code questions below as **555=not applicable**.

If only one drug from one (or each) class was used please complete the first row for that class and enter code 555 (not applicable) for other possible drugs for that drug class.

Which substances are recorded as having been used in the past 12 months? (please record all codes that apply)		
Class A	VARIABLE NAME	DATA ENTRY
1= Cocaine	<i>drugsclassa1_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
2= Crack		
3= Crystal Meth	<i>drugsclassa2_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
4= Ecstasy		
5= Heroin		
6= LSD (acid)	<i>drugsclassa3_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
7= Magic Mushrooms		
8= Methadone		
9= Opium	<i>drugsclassa_t24</i>	<input type="checkbox"/> <input type="checkbox"/>
10= Other		
333=unknown (if you know that patient has taken a drug but you don't know the name of a drug)	<i>drugsclassa5_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
555=not applicable	<i>drugsclassa6_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
If other, please specify 555=not applicable	<i>otehrclassa_t2</i>	
Class B		
11= Amphetamines (speed)	<i>drugsclassb1_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
12= Barbiturates		
13= Cannabis	<i>drugsclassb2_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
14= Codeine		
15 = Other		
333=unknown (if you know that patient has taken a drug but you don't know the name of a drug)	<i>drugsclassb3_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
555=not applicable		
If other, please specify 555=not applicable	<i>otherclassb_t2</i>	

Class C 16= Ketamine 17= Steroids 18= Other 333=unknown (if you know that patient has taken a drug but you don't know the name of a drug) 555=not applicable	<i>drugsclass1_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
	<i>drugsclass2_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
	<i>drugsclass3_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
If other, please specify 555=not applicable	<i>otherclass_t2</i>	
Legal substances 19= Alcohol 20= Over-the-counter drugs 21= Other 333=unknown (if you know that patient has taken a drug but you don't know the name of a drug) 555=not applicable	<i>legaldrugs1_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
	<i>legaldrugs2_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
	<i>legaldrugs3_t2</i>	<input type="checkbox"/> <input type="checkbox"/>
If other, please specify 555=not applicable	<i>otherlegal_t2</i>	

15. CMHT/AOT service use during the intervention period

Please complete the following section as fully as possible. It may be best to talk to the patient's care co-ordinator for some of the information.

Please record information for **NHS service use ONLY**

Please only record data relevant to contacts or DNAs during the intervention period.

For average time spent per face-to-face contact if there is sufficient data on duration of contacts please calculate an average duration. If there is no data on duration please code **333=unknown**.

If name of professional is known but not his/her occupation please obtain data on occupation from his/her team members.

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>team_t2</i>	Type of team	1=AOT 2=CMHT	<input type="checkbox"/>

Staff member	Number of accomplished face-to-face contacts in service setting	Number of accomplished face-to-face contacts in community	Number of DNAs	Average time spent per face-to-face contact in minutes <i>333=unknown; 555n/a for all variables in this column</i>
Social worker	<input type="checkbox"/> <input type="checkbox"/> <i>sw_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>swcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>swdna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>swduration_t2</i>
Community psychiatric nurse	<input type="checkbox"/> <input type="checkbox"/> <i>cpn_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>cpnecon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>cpndna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>cpnduration_t2</i>
Mental health support worker/ Community Outreach worker (i.e. Band ¾ Support staff)	<input type="checkbox"/> <input type="checkbox"/> <i>support_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>supportcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>supportdna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>supportduration_t2</i>
Psychiatrist	<input type="checkbox"/> <input type="checkbox"/> <i>psychia_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>psychiacon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>psychiadna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>psychiaduration_t2</i>
Psychologist	<input type="checkbox"/> <input type="checkbox"/> <i>psycholo_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>psycholocon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>psycholodna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>psycholoduration_t2</i>
Occupational therapist	<input type="checkbox"/> <input type="checkbox"/> <i>ot_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>otcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>otdna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>otduration_t2n</i>
GP (at clients home)	n/a	<input type="checkbox"/> <input type="checkbox"/> <i>dphomecon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>dphomedna_t2_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>gphomeduration</i>
Staff member	Number of accomplished face-to-face contacts in service setting	Number of accomplished face-to-face contacts in community	Number of DNAs	Average time spent per face-to-face contact in minutes
GP (at surgery)	<input type="checkbox"/> <input type="checkbox"/> <i>gpsurg_t2</i>	n/a	<input type="checkbox"/> <input type="checkbox"/> <i>gpsurgdna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>gpsurgduration_t2</i>
Individual counselling/therapy	<input type="checkbox"/> <input type="checkbox"/> <i>therapy_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>therapycon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>therapydna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>therapyduration_t2</i>
Speech therapist	<input type="checkbox"/> <input type="checkbox"/> <i>speech_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>speechcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>speechdna_t2</i>	<i>333;555</i> <input type="checkbox"/> <input type="checkbox"/> <i>speechduration_t2</i>

Home support worker (helping with cooking, cleaning, shopping)	<input type="checkbox"/> <input type="checkbox"/> <i>home_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>homecon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>homedna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>homeduration_t2</i>
Vocational worker (employment worker)	<input type="checkbox"/> <input type="checkbox"/> <i>vo_t2c</i>	<input type="checkbox"/> <input type="checkbox"/> <i>voccon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>vocdna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>vocduration_t2</i>
Family support worker (helping family to sort out practical issues, house etc.)	<input type="checkbox"/> <input type="checkbox"/> <i>family_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>familycon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>familydna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>familyduration_t2</i>
Student nurse	<input type="checkbox"/> <input type="checkbox"/> <i>student_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>studentcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>studentdna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>studentduration_t2</i>
Substance misuse worker	<input type="checkbox"/> <input type="checkbox"/> <i>substancew_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>substancewcon_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>substancewdna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>substancewduration_t2</i>
Other (please describe) _____	<input type="checkbox"/> <input type="checkbox"/> <i>other1_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other1con_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other1dna_t2</i>	333;555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>other1duration_t2</i>
<i>other1spec 555= not applicable</i>				
Other (please describe) _____	<input type="checkbox"/> <input type="checkbox"/> <i>other2_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other2con_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other2dna_t2</i>	555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>other2duration_t2</i>
<i>other2spec 555= not applicable</i>				
Other (please describe) _____	<input type="checkbox"/> <input type="checkbox"/> <i>other3_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other3com_t2</i>	<input type="checkbox"/> <input type="checkbox"/> <i>other3dna_t2</i>	555 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>other3duration_t2</i>
<i>other3spec 555= not applicable</i>				

16. Inpatient treatment during the intervention period

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>pasthosp12</i> <i>t2</i>	Has the participant had any (psychiatric and non-psychiatric) inpatient treatment during the <u>intervention period</u>? (if no, please go to section 17)	y = 1 n = 0	<input type="checkbox"/>

Please specify length and type of inpatient treatment in the box below.

Below is a list of service settings that you may come across to help you code services correctly.

Please note down the name of the service in the Service Setting Code box so that the type of service can be established later on.

If participant is transferred please record as a new admission and state '*transfer*' as 'Reason'.

Names, addresses and postcodes must not be entered in the database, however.

Service setting codes

1 = Acute psychiatric ward

2 = Psychiatric rehabilitation ward

3 = Long-stay ward

4 = Emergency/ Crisis Centre

5 = Secure/ Semi-secure unit (non-forensic)

6= Secure/ Semi-secure unit (forensic)

7= PICU

8 = General Medical Ward

9 = Specialist assessment or treatment facility

10 = Other (please note down code '8' and the name of the service)

11= Not sure

Psychiatric inpatient treatment

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>admission1_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>discharge1_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>legal1_t2</i>	Legal Status	1 = Voluntary 2 = Detained	<input type="checkbox"/>
<i>service1_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>wardname1_t2</i>	Ward name	555=not applicable 333=unknown	
<i>wardtype1_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>reason1_t2</i>	Reason	555=not applicable 333=unknown	

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>admission2_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>discharge2_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>legal2_t2</i>	Legal Status	1 = Voluntary 2 = Detained	<input type="checkbox"/>
<i>service2_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>wardname2_t2</i>	Ward name	555=not applicable 333=unknown	
<i>wardtype2_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>reason2_t2</i>	Reason	555=not applicable 333=unknown	

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>admission3_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>discharge3_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>legal3_t2</i>	Legal Status	1 = Voluntary 2 = Detained	<input type="checkbox"/>
<i>service3_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>wardname3_t2</i>	Ward name	555=not applicable 333=unknown	
<i>wardtype3_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>reason3_t2</i>	Reason	555=not applicable 333=unknown	

General medical inpatient treatment

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>genadmission1_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>gendischarge1_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>genservice1_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>genwardname1_t2</i>	Ward name	555=not applicable 333=unknown	
<i>genwardtype1_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>genreason1_t2</i>	Reason	555=not applicable 333=unknown	

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>genadmission2_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>gendischarge2_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>genservice2_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>genwardname2_t2</i>	Ward name	555=not applicable 333=unknown	
<i>genwardtype2_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>genreason2_t2</i>	Reason	555=not applicable 333=unknown	

VARIABLE NAME	VARIABLE	MISSING DATA CODES	DATA ENTRY
<i>genadmission3_t2</i>	Date of Admission	555=not applicable	□□/□□□/□□
<i>gendischarge3_t2</i>	Date of Discharge	555=not applicable	□□/□□□/□□
<i>genservice3_t2</i>	Hospital:	555=not applicable 333=unknown	
<i>genwardname3_t2</i>	Ward name	555=not applicable 333=unknown	
<i>genwardtype3_t2</i>	Type of Ward	555=not applicable 333=unknown	□□
<i>genreason3_t2</i>	Reason	555=not applicable 333=unknown	

17. Outpatient Hospital Treatment

<i>outpatient_t2</i>	Has the participant had any <u>non-psychiatric</u> outpatient hospital treatment during the intervention period? (if no, please go to <i>psychiatric outpatient hospital treatment</i> question below)	y = 1 n = 0	<input type="checkbox"/>
----------------------	--	----------------	--------------------------

If yes, please list any use of **outpatient hospital services** during the intervention period.

	Service	Unit of Measurement	Number of appointments attended
<i>hospout_t2</i>	Other hospital outpatient visit	Appointment <i>555=not applicable</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>a&eout_t2</i>	A&E Visit	Attendance <i>555=not applicable</i>	<input type="checkbox"/> <input type="checkbox"/>

<i>outhosppsyh_t2</i>	Has the participant had any <u>psychiatric</u> outpatient hospital treatment during the intervention period? If no, please go to section 18. If yes, please list any use of outpatient hospital services during the intervention period.	y = 1 n = 0	<input type="checkbox"/>
-----------------------	--	----------------	--------------------------

<i>dayhospout_t2</i>	Day Hospital	Day Attendance <i>555=not applicable</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>aepsyhc_t2</i>	A&E psychiatric outpatient visit	Attendance <i>555=not applicable</i>	<input type="checkbox"/> <input type="checkbox"/>
	If other, please specify:		
<i>otherout_t2</i>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
	<i>555=not applicable</i>	_____	
		<i>555=not applicable</i>	

Name of Service
For each of the services above, please record below in numerical order (1, 2, 3 etc.):
 a) type of service (as above)
 b) name of services (as recorded in the medical records) (e.g. Asthma clinic, family planning clinic, dermatology etc..)
(FOR PAPER RECORDS ONLY – NOT TO BE ENTERED ON TO DATABASE):

18. Community Treatment Order (CTO)

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>cto_t2</i>	Was the participant on a CTO on the first day of the intervention period?	y = 1 n = 0	<input type="checkbox"/>
<i>cto_t2</i>	Was the participant put on a CTO during the intervention period?	y = 1 n = 0	<input type="checkbox"/>

If yes:

When was the participant on a CTO during the intervention period? Please include ongoing CTO at the time of randomisation but start with the first date of the intervention period.			
From (dd/mmm/yy)		To (dd/mmm/yy)	
<i>ctostart1_t2</i>	□□/□□□/□□ 555=not applicable	<i>ctoend1</i>	□□/□□□/□□ 555=not applicable
<i>ctoend2_t2</i>	□□/□□□/□□ 555=not applicable	<i>ctoend2</i>	□□/□□□/□□ 555=not applicable
<i>ctostart3_t2</i>	□□/□□□/□□ 555=not applicable	<i>ctoend3</i>	□□/□□□/□□ 555=not applicable

19. Clinical Global Impression (CGI)

Reproduced from Guy W, editor. ECDEU Assessment Manual for Psychopharmacology. 1976. Rockville, MD, U.S. Department of Health, Education, and Welfare.

VARIABLE NAME	VARIABLE	CODE	DATA ENTRY
<i>cgisever</i>	<p>Severity of illness</p> <p>Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?</p>	<p>0 = Not assessed 1 = Normal, not at all ill 2 = Borderline mentally ill 3 = Mildly ill 4 = Moderately ill 5 = Markedly ill 6 = Severely ill 7 = Among the most extremely ill patients</p> <p><i>888= missing data</i></p>	□
<i>cgimp</i>	<p>Global improvement</p> <p><i>Rate total improvement whether or not, in your judgement, it is due entirely to drug treatment.</i></p> <p>Compared to his condition at admission to the project, how much has he changed?</p>	<p>0 = Not assessed 1 = Very much improved 2 = Much improved 3 = Minimally improved 4 = No change 5 = Minimally worse 6 = Much worse 7 = Very much worse</p> <p><i>888= missing data</i></p>	□

CRF APPENDIX 1 Common Psychiatric Medication Codes

A

Abilify – aripiprazole	Atypical antipsychotic	M001
agomelatine	Antidepressant	M002
Allegron –nortriptyline	tricyclic	M003
alprazolam	Benzodiazepine	M004
amisulpride	Atypical antipsychotic	M005
amitriptyline HCl	Tricyclic	M006
Anafranil – clomipramine	Tricyclic	M007
Aricept – donepezil	dementia drug	M008
aripiprazole	Atypical antipsychotic	M009
Arpicolin – procyclidine	Anti-Parkinson’s drug	M010
Atomoxetine	non-stimulant drug for ADHD	M011

B

benperidol	Antipsychotic	M012
Benquil – benperidol	Antipsychotic	M013
benzatropine mesilate	Anti-Parkinson’s drug	M014
benhexol HCl – trihexyphenidyl	Anti-Parkinson’s drug	M015
benzatropine mesylate – benzatropine mesilate	Anti-Parkinson’s drug	M016
Biorphen – orphenadrine	Anti-Parkinson’s drug	M017
Broflex – trihexyphenidyl	Anti-Parkinson’s drug	M018
Buspar – buspirone	Sleeping Pills	M019
buspirone HCl	Sleeping Pills	M020

C

Camcolit – lithium	Lithium	M021
Carbagen – carbamazepine	Mood Stabiliser	M022
carbamazepine	Mood Stabiliser	M023
chloral hydrate	Mood Stabiliser	M024
chlordiazepoxide	Benzodiazepine	M025
chlorpromazine	Antipsychotic	M026
Cipralext – escitalopram	SSRI	M027
Cipramil – citalopram	SSRI	M028
Circadin – melatonin	natural hormone, used for sleep	M029
citalopram	SSRI	M030
clomethiazole	Mood Stabiliser	M031
clomipramine	Tricyclic (anti-depressant)	M032
clobazam	Benzodiazepine Mood Stabiliser	M034

Clopixol Acuphase – zuclopenthixol acetate	Antipsychotic	M035
Clopixol – zuclopenthixol diHCl	Antipsychotic	M036
clorazepate	Benzodiazepine	M037
clozapine	Atypical antipsychotic	M038
Concerta XL – methylphenidate	stimulant drug for ADHD	M030
Cymbalta – duloxetine	SNRI Antidepressant.	M040

D

Dalmane – flurazepam	Benzodiazepine sleeping pill	M041
Denzapine – clozapine	Antipsychotic	M042
Depakote – valproic acid	Mood Stabiliser	M043
Depixol –flupentixol	Antipsychotic	M044
dexamfetamine (dexamphetamine)	stimulant drug for ADHD	M045
Dexedrine (dexamfetamine)	stimulant drug for ADHD	M046
diazepam	Benzodiazepine	M047
diphenhydramine	antihistamine used as sleeping pill	M048
Disipal – orphenadrine	Anti-Parkinson’s drug	M049
Dolmatil – sulphiride	Antipsychotic	M050
donepezil	dementia drug	M051
dosulepin	Tricyclic	M052
dothiepin – dosulepin	Tricyclic	M053
doxepin	tricyclic	M054
Dozic – haloperidol	Antipsychotic	M055
Dreemon – diphenhydramine	antihistamine used as sleeping pill	M056
duloxetine	SNRI antidepressant	M057

E

Ebixa – memantine	dementia drug	M058
Edronax – reboxetine	NARI	M059
Efexor – venlafaxine	SNRI antidepressant	M060
Efexor XL – venlafaxine	modified release SNRI	M061
Epilim – valproate; sodium valproate	Mood Stabiliser	M062
Equagesic – meprobamate	Tranquiliser	M063
Equasym / Equasym XL – methylphenidate	stimulant drug for ADHD	M064
escitalopram	SSRI (anti-depressant)	M065
Exelon – rivastigmine	dementia drug	M066

F

Faverin – fluvoxamine	SSRI (anti-depressant)	M067
-----------------------	------------------------	------

Fentazin – perphenazine	Antipsychotic	M068
Fluanxol – flupentixol	Anti-psychotic/anti-depressant	M069
flunitrazepam	Benzodiazepine (tranquiliser)	M070
fluoxetine	SSRI (Anti-depressant)	M071
flupentixol (flupenthixol)	Anti-psychotic/anti-depressant	M072
flupentixol decanoate	Antipsychotic DEPOT	M073
fluphenazine	discontinued antipsychotic	M074
fluphenazine decanoate	Antipsychotic DEPOT	M075
flurazepam	Sleeping Pill	M076
fluvoxamine maleate	SSRI (anti-depressant)	M077
Foraven XL – venlafaxine	modified release SNRI (anti-depressant)	M078

G

galantamine	dementia drug	M079
Gamanil – lofepramine	Tricyclic antidepressant. No longer available under trade name.	M080

H

Haldol – haloperidol	Antipsychotic	M081
haloperidol	Antipsychotic	M082
haloperidol decanoate	Anti-psychotic DEPOT	M083
Heminevrin – clomethiazole	Sleeping Pill	M084

I

imipramine HCl	Tricyclic (anti-depressant)	M085
Invega (paliperidone)	antipsychotic (active metabolite of risperidone)	M086
isocarboxazid	MAOI (anti-depressant)	M087

K

Kemadrin – procyclidine	Anti-Parkinson's drug	M088
-------------------------	-----------------------	------

L

Lamictal – lamotrigine	Mood Stabilisers	M089
lamotrigine	Mood Stabiliser	M090
Largactil – chlorpromazine	Antipsychotic	M091

levomepromazine	Antipsychotic	M092
liothyronine	Thyroid drug. Specialist use for treatment resistant depression.	M093
Liskonum – lithium	Lithium	M094
lithium	Lithium	M095
lofepramine	Tricyclic (anti-depressant)	M096
loprazolam	Benzodiazepine sleeping pill	M097
lorazepam	Benzodiazepine sleeping pill	M098
lormetazepam	Benzodiazepine sleeping pill	M099
Lustral – sertraline	SSRI (anti-depressant)	M100
Lyrica (pregabalin)	anti-anxiety.	M101

M

Manerix –moclobemide	Reversible MAOI (RIMA) (anti-depressant)	M101
maprotiline HCl	antidepressant – discontinued	M102
Medinex – diphenhydramine	antihistamine used as sleeping pill	M013
melatonin	natural hormone, used for sleep.	M104
memantine	dementia drug	M105
meprobamate	Sleeping pills	M106
methotrimeprazine – levomepromazine	Antipsychotic	M107
methylphenidate	stimulant drug for ADHD	M108
mianserin HCl	Chemically similar to tricyclics (anti-depressant)	M109
mirtazapine	NaSSA (anti-depressant)	M110
moclobemide	Reversible MAOI (RIMA) (anti-depressant)	M111
Modecate – fluphenazine decanoate	Anti-psychotic DEPOT	M112
Moditen –fluphenazine	discontinued antipsychotic	M113
Mogadon – nitrazepam	Benzodiazepine sleeping pill	M114
Molipaxin –trazodone	Tricyclic-related (anti-depressant)	M115
Motival – fluphenazine + nortriptyline	compound drug – discontinued	M116

N

Nardil –phenelzine	MAOI (anti-depressant)	M117
Neulactil – pericyazine	Antipsychotic	M118
Night-calm – diphenhydramine	antihistamine used as sleeping pill	M119
Nighttime – promethazine	antihistamine used as sleeping pill	M120
nitrazepam	Benzodiazepine sleeping pill	M121
nortriptyline	Tricyclic see (anti-depressants)	M123
Nozinan – levomepromazine	Antipsychotic	M124
Nytol – diphenhydramine	antihistamine used as sleeping pill	M125

O

olanzapine	Atypical antipsychotic	M126
Orap – pimozide	Antipsychotic	M127
orphenadrine HCl	Anti-Parkinson's drug	M128
Oxactin – fluoxetine	SSRI (anti-depressant)	M128
oxazepam	Benzodiazepine (sleeping pill)	M129

P

paliperidone	Atypical antipsychotic (active metabolite of risperidone)	M130
Panadol Night – diphenhydramine + paracetamol	antihistamine with painkiller used as sleeping pill	M131
paroxetine HCl	SSRI (anti-depressant)	M132
pericyazine	Antipsychotic	M133
perphenazine	Antipsychotic	M134
phenelzine	MAOI (anti-depressant)	M135
Phenergan – promethazine	antihistamine used as sleeping pill	M136
pimozide	Antipsychotic	M137
Piportil – pipotiazine palmitate	Anti-psychotic DEPOT	M138
pipothiazine palmitate – pipotiazine	Anti-psychotic DEPOT	M139
pipotiazine	Anti-psychotic DEPOT	M140
pregabalin	anti anxiety.	M141
Priadel –lithium	Lithium	M142
prochlorperazine	Antipsychotic	M143
procyclidine HCl	Anti-Parkinson's drug	M144
promazine HCl	Antipsychotic	M145
propranolol	beta blocker, sometimes given for the physical symptoms of anxiety (not a psychiatric drug)	M146
promethazine	anti-histamine used as sleeping pill	M147
Prothiaden – dothiepin	Tricyclic (anti-depressant)	M148
Prozac – fluoxetine	SSRI (anti-depressant)	M149

Q

quetiapine	Atypical antipsychotic	M150
------------	------------------------	------

R

reboxetine	NARI (anti-depressant)	M151
Reminyl – galantamine	dementia drug	M152
Remnos – nitrazepam	Benzodiazepine sleeping pill	M153
Risperdal – Consta	Antipsychotic	M154

Risperdal – risperidone	Atypical antipsychotic	M155
Ritalin – methylphenidate	stimulant drug for ADHD	M156
rivastigmine	dementia drug	M157
Rohypnol – flunitrazepam (taken off market)	Benzodiazepine sleeping pill	M158

S

Serdolect – sertindole	Atypical antipsychotic	M159
Serenace – haloperidol	Antipsychotic	M160
Seroquel – quetiapine	Atypical antipsychotic	M161
sertindole	Atypical antipsychotic	M162
sertraline	SSRI (anti-depressant)	M163
Seroxat – paroxetine	SSRI (anti-depressant)	M164
Sinepen – doxepin	Tricyclic (anti-depressant)	M165
Solian – amisulpiride	Atypical antipsychotic	M166
Sominex – promethazine	antihistamine used as sleeping pill	M167
Somnite – nitrazepam	Benzodiazepine sleeping pill	M168
Stelazine – trifluoperazine	Antipsychotic	M169
Stemetil – prochlorperazine	Antipsychotic	M170
Stilnoct – zolpidem hemitartrate	Sleeping pill	M171
Strattera – atomoxetine	non-stimulant drug for ADHD	M172
sulpiride	Antipsychotic	M173
Sulpitil – sulpiride	Antipsychotic	M174
Sulpor – sulpiride	Antipsychotic	M175
Surmontil – trimipramine	Tricyclic (anti-depressant)	M176

T

Tegretol – carbamazepine	Mood Stabiliser	M177
temazepam	Benzodiazepine sleeping pill	M178
Teril retard – carbamazepine	Mood Stabiliser	M179
thioridazine	Antipsychotic	M180
Tifaxin XL – venlafaxine	modified release SNRI (anti-depressant)	M181
Tofranil – imipramine	Tricyclic (anti-depressant)	M182
Tranxene – clorazepate	Benzodiazepine (sleeping pill)	M183
tranylcypromine	MAOI (anti-depressant)	M184
trazodone HCl	Tricyclic-related (anti-depressant)	M185
triclofos sodium	Sleeping Pill	M186
trifluoperazine	Antipsychotic	M187
trimipramine	Tricyclic (anti-depressant)	M188
Triptafen – amitriptyline + perphenazine	Combination/compound drug (anti-depressant)	M189
tryptophan	Amino acid (anti-depressant)	M190

V

Valdoxan (agomelatine)	Antidepressant (new 2009).	M191
valproate (semisodium valproate)	Mood Stabiliser	M192
valproic acid	Mood Stabiliser	M193
		M194
Venaxx XL – venlafaxine	modified release SNRI (anti-depressant)	
venlafaxine	SSRI related antidepressant	M195
		M196
Venlalic XL – venlafaxine	modified release SNRI (anti-depressant)	

W

Welldorm – chloral hydrate	Sleeping Pills	M197
----------------------------	----------------	------

X

Xanax – alprazolam	Benzodiazepine (Sleeping pills)	M198
--------------------	---------------------------------	------

Z

zaleplon	(Sleeping pills)	M199
Zaponex (clozapine)	Atypical antipsychotic	M200
Zimovane – zopiclone	(Sleeping pills)	M201
Zispin – mirtazapine	NaSSA (anti-depressant)	M202
zolpidem tartrate	(Sleeping pills)	M203
Zoleptil - zotepine	Atypical antipsychotic	M204
zopiclone	(Sleeping pills)	M205
zotepine	Atypical antipsychotic	M206
zuclopthixol acetate	Antipsychotic	M207
zuclopthixol decanoate	Anti-psychotic DEPOT	M208
zuclopthixol diHCl	Antipsychotic	M209
Zyprexa - olanzapine	Atypical antipsychotic	M210