

CLIENT SERVICE RECEIPT INVENTORY: ENDEAVOR STUDY

1. In the last 6 months, what face-to-face contacts have you had with these professionals?

(Note: only record one-to-one contacts here; see next questions for group activities and inpatient care)

<i>Care provider</i>	<i>Have you had contact?</i>		<i>Usual location</i> 1 = GP 2 = Community centre 3 = Hospital OPD 4 = Own home	<i>No. of contacts in last 6 months</i>	<i>Average duration (minutes)</i>
	<i>No</i>	<i>Yes</i>			
A. General practitioner (GP)	<i>No</i>	<i>Yes</i>			
B. Psychiatrist	<i>No</i>	<i>Yes</i>			
C. <u>Other</u> doctor	<i>No</i>	<i>Yes</i>			
D. Psychologist	<i>No</i>	<i>Yes</i>			
E. Drug & alcohol advisor	<i>No</i>	<i>Yes</i>			
F. <u>Other</u> counsellor / therapist	<i>No</i>	<i>Yes</i>			
G. Home treatment / crisis team member	<i>No</i>	<i>Yes</i>			
H. Assertive outreach team member	<i>No</i>	<i>Yes</i>			
I. Early intervention team member	<i>No</i>	<i>Yes</i>			
J. Social worker	<i>No</i>	<i>Yes</i>			
K. Mental health nurse	<i>No</i>	<i>Yes</i>			
L. Occupational therapist	<i>No</i>	<i>Yes</i>			

2. In the last 6 months, have you used any day care services *over and above* the contacts identified above (e.g. group activities, attending a drop-in centre etc.)?

<i>Care provider</i>	<i>Have you Had contact?</i>		<i>Name of centre or facility</i>	<i>No. of attendances in last 6 months</i>	<i>Average Duration (hours)</i>
	<i>No</i>	<i>Yes</i>			
A. Drug / alcohol service	<i>No</i>	<i>Yes</i>			
B. Community MH centre	<i>No</i>	<i>Yes</i>			
C. Day care centre / day hospital	<i>No</i>	<i>Yes</i>			
D. Drop-in centre	<i>No</i>	<i>Yes</i>			
E. Self-help / support group	<i>No</i>	<i>Yes</i>			

F. Class/group at a leisure centre	No	Yes			
G. Adult education class	No	Yes			
H. Other day care activity provided by team (specify)	No	Yes			

3. In the last 6 months, have you been admitted to hospital as an inpatient? Yes or No
 (Note: please include any secure hospital stays) (please circle)

If yes:

Name of hospital and ward	Reason for admission	If admitted under Mental Health Act state section	Dates		Total days
			Admission	Discharge	

- 3a. Have you been on a Community Treatment Order (CTO) in the last 6 months? Yes or No

4. In the last 6 months, have you had contact with criminal justice services? Yes or No

If yes:

Care provider	Have you had contact? (circle)	No. of contacts in last 6 months	Average duration (minutes)
A. Police	No Yes		
B. Probation officer	No Yes		
C. Court attendance	No Yes		
D. Solicitor	No Yes		
E. Police cell	No Yes	nights	
F. Prison	No Yes	nights	

5. Please list below use of any medications taken over the last 6 months

<i>Name of drug</i>	<i>Dosage (if known)</i>	<i>Dose frequency (e.g. daily)</i>	<i>For how long have you taken this drug?</i>
1.	mg		
2.	mg		
3.	mg		
4.	mg		
5.	mg		
6.	mg		
7.	mg		

6. Are you a student/pupil at school or college? Yes or No

If yes, please give the name of the school or college _____

How many days (if any) have you had off from school or college in the last 6 months as a consequence of health problems? _____

7. Are you in employment? Yes or No

If yes, please give the name of the place where you work? _____

Are you employed full-time or part-time? _____

How many days (if any) have you had off work in the last 6 months as a consequence of health problems? _____

8. What state benefits (if any) have you received in the last 6 months and for how long?

<i>Benefit</i>	<i>Have you received this?</i>	<i>For how many weeks did you receive it in the last 6-months (max 26)</i>
Employment and Support Allowance	Yes / No	
Income Support	Yes / No	
Disability Premium (Income Support)	Yes / No	
Incapacity Benefit	Yes / No	
Jobseeker's Allowance	Yes / No	
Council Tax Benefit	Yes / No	
Council Tax Reduction	Yes / No	
Housing Benefit	Yes / No	
Personal Independence Payment	Yes / No	
Disability Living Allowance (care component)	Yes / No	
Disability Living Allowance (mobility component)	Yes / No	
Severe Disablement Allowance	Yes / No	
Statutory Sick Pay	Yes / No	
Child Tax Credit	Yes / No	
Working Tax Credit	Yes / No	
Return to Work Credit	Yes / No	
In Work Credit	Yes / No	
Attendance Allowance	Yes / No	
Reduced Earnings Allowance	Yes / No	
State retirement pension	Yes / No	
Pension Credit	Yes / No	
Other	Yes / No	

THANK YOU FOR YOUR TIME