

CLIENT SERVICE RECEIPT INVENTORY (CSRI)

Care Programme approach and 10 year follow-up of the CinC Initiative

Client Time period Date of interview //
d d m m y y

1. SOCIODEMOGRAPHIC INFORMATION

1.1 Date of birth //
d d m m y y

1.2 Sex
 1 Female
 2 Male

1.3 Marital status
(from a legal perspective)
 1 Single/unmarried
 2 Married
 3 Separated
 4 Divorced
 5 Widow/widower
 9 Not known

1.4 What is your ethnic group?
(Refer to manual for assistance)
 Ethnic group _____

1.5 Country of birth
(Refer to coding sheet)
 Country

1.6 Mother tongue
 1 National language
 2 Other language (but having good knowledge of national language)
 3 Other language (and having poor or no knowledge of national language)

1.7 Number of years of schooling
 in general education Number of years schooling

1.8 Highest completed level of education
 1 Primary education or less
 2 Secondary education
 3 Tertiary / further education
 4 Other general education
 9 Not known

1.9 What further education or vocational training have you completed or are doing now?
(Tick all boxes that apply)

Specific vocational training (< 1 year)

Specific vocational training (> 1 year)

Tertiary level qualification /diploma

University degree (undergraduate)

University higher degree (postgraduate)

Other vocational training

1.10 What is the client's diagnosis? _____

1.11 What is the client's current legal status? _____

1.12 How much time, in total, has the client spent in long-stay hospitals? /
years / months

1.13 How many times, in total, has the client been compulsory admitted?

2. USUAL LIVING SITUATION

2.1 What is your usual/normal living situation now?

- 1 Living alone (+/- children)
- 2 Living with husband/wife (+/- children)
- 3 Living together as a couple
- 4 Living with parents
- 5 Living with other relatives
- 6 Living with others
- 9 Not known

2.2 What kind of accommodation is it?
(Refer to manual for definitions)

Domestic / family

- 1 Owner occupied flat or house
- 2 Privately rented flat or house
- 3 Rented from local authority or housing association/co-operative

Community (non-hospital)

- 4 Residential or nursing home
- 5 Hostel
- 6 Sheltered housing
- 7 Staffed group home
- 8 Unstaffed group home
- 9 Foster care

Hospital

- 10 Supported lodging
- 11 Independent living
- 12 Acute psychiatric ward
- 13 Rehabilitation psychiatric ward
- 14 Long-stay psychiatric ward
- 15 General medical ward

16 Homeless / roofless

17 Other _____

2.3 **If client lives in domestic accommodation:**

How many rooms are in this accommodation?

How many of these rooms are bedrooms?

How many adults live there?
(over the age of 18) Number of adults

And how many children?
(under the age of 18) Number of children

2.4 Have s/he lived anywhere else in the last 3 months? Yes = 1; No = 2

If yes: please complete table:

Accommodation type <small>(see Q. 2.2 for code)</small>	Number of days in last 3 months

3. EMPLOYMENT AND INCOME

3.1 What is his/her employment status?

- 1 Paid or self employment
- 2 Voluntary work
- 3 Sheltered employment
- 4 Supported employment
(TEP, vocational rehabilitation)
- 5 Unemployed
- 6 Student
- 7 Housewife/husband
- 8 Retired
- 9 Exempt through disability
- 10 Other _____

3.2 **If employed:** state occupation _____

How many hours per week does client work?

How many days has client been absent from work owing to illness within the last 3 months?
Days absent from work

3.3 **If unemployed:**

Number of weeks unemployed
within the last 3 months*

Number of weeks

* Assume 13 weeks = 3 months

3.4 Does the client receive any state benefits? Yes = 1; No = 2

If yes: What benefits are received? (Please tick all boxes that apply)

- | | |
|--------------------------------|--------------------------|
| Income support | <input type="checkbox"/> |
| plus disability premium | <input type="checkbox"/> |
| plus severe disability premium | <input type="checkbox"/> |
| Jobseeker's allowance | <input type="checkbox"/> |
| Disability working allowance | <input type="checkbox"/> |
| Disability living allowance | |
| care component | <input type="checkbox"/> |
| mobility component | <input type="checkbox"/> |
| Attendance allowance | <input type="checkbox"/> |
| Statutory sick pay | <input type="checkbox"/> |
| Housing benefit | <input type="checkbox"/> |
| Council tax benefit | <input type="checkbox"/> |
| State retirement pension | <input type="checkbox"/> |
| Child benefit | <input type="checkbox"/> |
| Family credit | <input type="checkbox"/> |
| One parent benefit | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

3.5 What is your total personal gross income from all sources?

(*Note: if gross income not known, please give net income, i.e. after tax and other deductions*)

Code net income per week OR Code gross income per week

- | | |
|---------------|------------------|
| 1 Under £149 | 4 £280 - £392 |
| 2 £150 - £204 | 5 More than £393 |
| 3 £205 - £279 | |

4. SERVICE RECEIPT

4.1 What **inpatient services** has s/he used over the last 3 months?

(*Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Name of facility	Number of admissions	Total number of inpatient days)
Special hospital (e.g. Rampton)			
Secure/semi-secure unit			
Specialist assessment and/or treatment facility			
Acute psychiatric ward			
Rehabilitation ward/facility			
Long-stay ward			
Emergency / crisis centre			
General medical ward			
Other (describe)			
Other (describe)			
Other (describe)			

4.2 What **outpatient services** has s/he used over the last 3 months?

(*Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Name of facility	Unit of measurement	No. of units received
Psychiatric outpatient visit		Appointment	
Special unit outpatient visit		Appointment	
Other hospital outpatient visit (incl. A&E)		Appointment	
Day hospital (excl. regular day activities)		Days attended	
Other (describe)			
Other (describe)			
Other (describe)			

4.3 What day activity services has s/he used over the last 3 months?*(Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions)*

Service	Name of facility	Number of attendances	Average duration of attendance
Community mental health centre			
NHS day activity facility			
LASSD day activity facility			
Vol. org. day activity facility			
Social club			
Sheltered workshop			
Education classes			
Other (describe)			
Other (describe)			

4.4 What community care services has s/he used over the last 3 months?*Do not include services provided by staff in the accommodation facility**Note 1: please enter '0' if service has not been used*

Service	Provider sector*	Total number of contacts	Average contact time (hours)
CPA key worker			
Case manager			
Community mental health team member			
Community learning difficulty team member			
Challenging behaviour team member			
Older persons community team member			

* 1=NHS, 2=social services department, 3=voluntary organisation, 4=private

4.5 Excluding contact with the professionals and team members noted above, what other **community care services** has s/he used over the last 3 months?

Do not include services provided by staff in the accommodation facility

Note 1: please enter '0' if service has not been used

Service	Provider sector*	Total number of contacts	Average contact time (hours)
Psychiatry/learning difficulty: Consultant			
Psychiatry/learning difficulty: Senior Reg.			
Psychologist			
Community psychiatric nurse			
Community learning difficulty nurse			
Other nursing services			
Social worker			
Occupational therapist			
Physiotherapist			
Speech therapist			
Chiropodist			
Individual counselling / therapy			
Group counselling / therapy			
Home help / home care worker			
Outreach worker / family support			
General practitioner			
Dentist			
Optician			
Other _____			
Other _____			

* 1=NHS, 2=social services department, 3=voluntary organisation, 4=private

4.6 Over the last 3 months, has the patient been in contact with the **criminal justice services**? Yes = 1, No = 2

If yes: How many contacts with the police Contacts
(Note: contact = interview or stay of some hours, but not overnight)

How many nights spent in a police cell or prison? Nights

How many psychiatric assessments whilst in custody? Assessments

How many (criminal or civil) court appearances? Criminal courts
 Civil courts

Apart from the above, how many times has the client been detained in police custody or prison?

5. MEDICATION PROFILE

5.1 Please list below use of any drugs taken over the last one month.

Name of drug	Dosage (if known)	Dosage frequency	Depot (1 = Yes; 0 = No)
1.			
2.			
3.			
4.			
5.			

5.2 What is his/her medication prescribed for? _____

THANK YOU