

CONFIDENTIAL INFORMATION

The North-West Balance of Care Study
Service User Interview Part 6 - SERVICE RECEIPT (CMHT)

Service user ID number

I would now like to ask you some questions about the help you get from health and social care services.

Thinking about the last 4 months:

6.1. Have you been in a hospital ward overnight? Yes No (Go to 6.2.)

If yes How many different times?

		Mental health related?
How long did you stay in hospital for?	Admission 1 days	<input type="checkbox"/>
	Admission 2 days	<input type="checkbox"/>
	Admission 3 days	<input type="checkbox"/>
	Admission 4 days	<input type="checkbox"/>
	Admission 5 days	<input type="checkbox"/>

Still thinking about the last 4 months:

	Yes	How often	No	Don't know
6.2. Have you been to Accident & Emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3. Have you used an ambulance?				
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4. Have you been to hospital as an outpatient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of these, how many relating to a mental health problem			
6.5. Have you seen your GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | How often | No | Don't know |
|--|--------------------------|-----------|--------------------------|--------------------------|
| 6.6. Have you seen a district nurse or health visitor? | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7. Have you seen any other health worker? | | | | |
| (specify) | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| (specify) | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

I would now like to ask about what other care services you get.

- | | Yes | How often | No | Don't know |
|--|--------------------------|------------------------------|-----------------------------|--------------------------|
| 6.8. Does a social worker visit you? | <input type="checkbox"/> | per | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.9. Do you have home care? | <input type="checkbox"/> | per | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.10. Do you receive meals-on-wheels or similar? | <input type="checkbox"/> | per | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.11. Do you go to a day centre? | <input type="checkbox"/> | per | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.12. Have you used respite care <u>in the past year</u> ? | <input type="checkbox"/> | weeks per year | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.13. Do you receive any other help <u>in</u> your home? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If yes, specify what and how often

.....

.....

- 6.14. Do you receive any other help outside your home? Yes No

If yes, specify what and how often

.....

.....

- 6.15. Do you pay for any of the above services yourself? Yes No

If yes, specify which (state question number)

.....

.....

- 6.16. Do you pay towards any of the services the council provides? Yes No

If yes, specify which (state question number)

.....

Name of medication

Name of medication

A carer or other person answered, or was involved in answering, these questions

Interviewer rating: confident not confident variable

6.20. Thank you very much for your time. Would you like to know about the findings of our study? If so, we will keep your name and address details so that we can send you a summary of what we find at the end of the project.

Yes No