CONFIDENTIAL INFORMATION

The North-West Balance of Care Study

Service User Interview Part 6 - SERVICE RECEIPT (CMHT)

Servi	ce user ID number				
l wou servic	d now like to ask you some questions about the	e help yo	ou get from hea	ith and	social care
Think	ing 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?	Admi	ssion 1	days	
		Admi	ssion 2	days	
		Admi	ssion 3	days	
		Admission 4 days		days	
		Admi	ssion 5	days	
Still th	ninking about the last 4 months:				
		Yes	How often	No	Don't know
6.2.	Have you been to Accident & Emergency?		******		
6.3.	Have you used an ambulance?				
	Emergency		********		
	Routine transport		******		
6.4.	Have you been to hospital as an outpatient?		******		
	Of these, how many relating to a mental health pro	oblem	*********		
6.5.	Have you seen your GP?		******		

		Yes	How often	No	Don't know
6.6.	Have you seen a district nurse or health visitor?				
6.7.	Have you seen any other health worker?				
	(specify)		******		
	(specify)		*******		
l wou	ld now like to ask about what other care services y	ou g	et.		
		Yes	How often	No	Don't know
6.8.	Does a social worker visit you?		per		
6.9.	Do you have home care?		per		
6.10.	Do you receive meals-on-wheels or similar?		per		
6.11.	Do you go to a day centre?		per		
6.12.	Have you used respite care in the past year?		weeks per year		
6.13.	Do you receive any other help in your home?		Yes	☐ No	
	If yes, specify what and how often				
6.14.	Do you receive any other help <u>outside</u> your home		☐ Yes	□ No	******
	If yes, specify what and how often				*******
6.15.	Do you pay for any of the above services yourse If yes, specify which (state question number)	lf?	☐ Yes	□ No	
	ii yes, specify which (state question number)				
6.16.	Do you pay towards any of the services the coun	□ No			

6.17. Have you received any adaptations or equipment to help you to live independently?

[Read list] - Note: This is NOT restricted to the past four months!

equipment an	nd products	Type of adaptation or equipment (list a				Who/what organisation paid for this?
Alterations to your home e.g. putting in shower cubicle, downstairs toilet, wash room, stair lift						
Equipment						
i.18. Do you	ı receive any	of the following ben	efits or	paymen	ts?	
			Yes	No	Don't kno	ow
Attendance a	llowance					[Tick if higher rate]
nvalid care a	llowance for v	vorking age carers				
lousing bene	efits					
Council tax b	enefits					
35. 1000.000 00		sed to fund?				
What is the dir	rect payment us	sed to fund?	ed by a	doctor?	□ Ye	s 🗆 No
.19. Do you	rect payment us	nedicines prescribe		fi		not known, enter what
.19. Do you	rect payment us	nedicines prescribe	************	fi th	f names are	not known, enter what
i.19. Do you f yes Name Name	rect payment us u receive any re of medication of medication	nedicines prescribe		fr th	f names are	not known, enter what
i.19. Do you Name Name	of medication of medication	medicines prescribe		th	f names are	not known, enter what
5.19. Do you Name Name Name	rect payment us u receive any re of medication of medication of medication of medication	medicines prescribe		fi	f names are	not known, enter what
5.19. Do you f yes Name Name Name Name	rect payment us receive any re of medication of medication of medication of medication of medication	medicines prescribe		th	f names are	not known, enter what

Name of medication				
Name of medication				
carer or other	person answered, or was involved in answering, these questions			
	g: confident not confident variable			
terviewer 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			