CONFIDENTIAL INFORMATION

The North-West Balance of Care Study

Social services teams survey - data collection form

Guidelines

Section 1 of this form should be completed for each identified service user. The answers you give in this section will determine whether you need to complete the rest of the form.

If you do, please complete the form as fully and as accurately as you can. In order to maintain anonymity, no 'identifiable' data is being collected (e.g. names or addresses) and all responses will be treated confidentially.

Please describe how the individual presented when you last assessed/reviewed them by ticking/ completing the appropriate box(es). We do appreciate that a short questionnaire like this cannot capture everybody's precise circumstances. If none of the given options for a particular item fully reflects the person's situation therefore, please tick the option that most closely reflects their position. If you do not know the answer to a question, please indicate this in one of the comments boxes, rather than just leaving the question blank. It is important that you do not involve the service user in this process, but rather draw on your own knowledge of the individual, that of other staff and any existing documentation.

If you have any further questions about this data collection form, please do not hesitate to contact Sue Tucker at [redacted] (tel: [redacted]) or Christian Brand at [redacted] (tel: [redacted]).

When you have completed this form, please send it to…. (removed for purposes of anonymity)
Many thanks.

SECTION 1: SCREENING QUESTIONS

Study number (PSSRU use):X/Y/Z/... ... ...
Pseudonymised case number (to be added by LA support officer before return to PSSRU): ... .

Date of most recent assessment/review (dd/mm/yyyy): ☐☐ / ☐☐ / ☐☐☐☐

Does the service user currently receive input from the specialist mental health service?

☐ Yes – **you do not need to complete the rest of this form**
☐ No – **please complete the rest of this screening section**

Does the service user:

Have a known mental health problem?	☐ Yes	☐ No	
Take psychiatric medication e.g. antidepressants?	☐ Yes	☐ No	☐ Don't know
Often appear down, depressed or hopeless?	☐ Yes	☐ No	
Show little interest or pleasure in doing things?	☐ Yes	☐ No	
Often experience anxiety or panic?	☐ Yes	☐ No	
Have memory problems (difficulty with recall after 5 minutes)?	☐ Yes	☐ No	

If you have ticked ANY of the blue boxes in this section, please complete the rest of this form. If not, you do not need to complete the rest of this form.

Comments:

SECTION 2: BACKGROUND

Gender: ☐ Male ☐ Female

Year of birth: ☐☐☐☐

Ethnicity: ☐ White ☐ Mixed ☐ Asian or Asian British ☐ Black or Black British ☐ Chinese or other

Usual place of residence:

☐ Private household, lives alone (rented or owner occupied)
☐ Private household, lives with spouse (rented or owner occupied)
☐ Private household, lives with other, please specify: ....
☐ Other, please specify: ....

Comments:

SECTION 3: INFORMAL CARE

Estimated hours of informal care received per week:
☐ **None, go to section 4**
☐ 1-7 hours
☐ 8-20 hours
☐ 21 hours or more

Main informal carer lives with service user: ☐ Yes ☐ No

Relationship of main informal carer to service user:
☐ Spouse
☐ Son / daughter (including in-laws)
☐ Other, please specify: ....

Nature of support provided by informal carers: ....

....

Comments:

SECTION 4: FORMAL SUPPORT

Mental health care

Mental health inpatient admissions (excluding respite), number in past six months: ☐

Social care

Personal care	Approximate number of hours per week	☐☐
Domestic help/shopping	Approximate number of hours per week	☐☐
Sitting service	Approximate number of hours per week	☐☐
Meals	Number per week	☐☐
Day care (generic)	Number of days per week	☐
Day care (specialist mental health)	Number of days per week	☐
Respite care	Number of weeks per year	☐☐

Social worker input: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Less often ☐ None

Comments:

SECTION 5: PHYSICAL HEALTH

Physical health status: Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐

General hospital inpatient admissions, number in past six months: ☐☐

Known major physical health problems (state if none): ....

....

Comments:

SECTION 6: DAILY FUNCTIONING

Please indicate how much help the service user receives with each of the following activities from other people:

	No help	Minor help	Major help	Full help
Grooming (hair/teeth/shave etc)	☐	☐	☐	☐
Bathing / showering	☐	☐	☐	☐
Dressing	☐	☐	☐	☐
Use of toilet	☐	☐	☐	☐
Transfer from bed to chair	☐	☐	☐	☐
Stairs	☐	☐	☐	☐

	Alone easily	Alone but hard	With help	Not at all
Making a hot snack	☐	☐	☐	☐
Shopping	☐	☐	☐	☐
Using phone	☐	☐	☐	☐
Travelling by car/ public transport	☐	☐	☐	☐
Administering own medication	☐	☐	☐	☐

Continence:
Urinary - continent/manages catheter alone ☐ Occasional accidents ☐ Incontinent/helped with catheter ☐
Faecal - continent ☐ Occasional accidents ☐ Incontinent/needs to be given enemas ☐

Mobility on level surfaces: Independent ☐ Walks with help ☐ Wheelchair independent ☐ Immobile ☐

Eating: Independent ☐ Needs supervision ☐ Needs limited help ☐ Needs major help ☐ Needs full help ☐

Comments:

SECTION 7: MENTAL HEALTH AND RISKS

Communication:

Understood	☐
Usually understood (occasional word-finding difficulties or need for prompts)	☐
Sometimes understood (limited ability, but can express basic needs)	☐
Rarely/never understood	☐

Everyday decision-making (e.g. what to wear or eat):

Independent, decisions reasonable and consistent	☐
Occasional problems, difficulty in new situations	☐
Moderate problems, needs reminders / cues / supervision	☐
Severe problems, rarely/never makes decisions	☐

Behaviour:	Not at all	Occasionally	Often
Wanders away from home/caregiver	☐	☐	☐
Agitated or restless	☐	☐	☐
Uncooperative/hostile/resistant to engaging with services	☐	☐	☐
Passive/dependent	☐	☐	☐
Physically aggressive towards people or objects	☐	☐	☐
Displays delusions/hallucinations/paranoia	☐	☐	☐
Disturbed at night	☐	☐	☐

Risks:	Low	Medium	High
Falls	☐	☐	☐
Self-neglect	☐	☐	☐
Self-harm (deliberate)	☐	☐	☐
Self-harm (accidental)	☐	☐	☐
Abuse by others	☐	☐	☐
Harm to others	☐	☐	☐

Mini Mental State Examination (MMSE) score (if conducted in last 6 months): ☐☐

Formal psychiatric diagnosis (state if none):……………………………………………………………………

Comments:

MANY THANKS FOR YOUR ASSISTANCE