

CONFIDENTIAL INFORMATION

**COMMUNITY MENTAL HEALTH TEAMS FOR OLDER
PEOPLE**
A study of the outcomes from different ways of working
SERVICE USER INTERVIEW

Service user ID number

Date of interview

Interviewer name

- Participants
- Service user only
 - Service user and informal carer
 - Service user and professional

- Record of consent One of these two boxes **MUST** be ticked before starting the interview
- Service user has signed consent form
 - Consultee has signed "Consultee Declaration" form, and no objections have been noted.

Preliminary questions

What year were you born in?

What was the last job you did before you retired?

Note: If interviewee is still working, ask for current job. If interviewee did not work, but spouse did, ask for previous occupation of spouse.

- How would you rate your health in general at the moment?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

- Do you have any problems with the following?
Tick all that apply
- Memory
 - Low mood
 - Worry

If respondent does not believe that they have any of these difficulties, gently discuss other mental health problems that they may have

Other mental health problem

PART 1: DAILY FUNCTIONING

1.1 I'd like to start by asking you some questions about the things you do in your everyday life. Please tell me how much help you get from other people with the following activities?

Interviewer instructions:

- The answers should record of what the older person does, not what s/he could do.
- The help referred to should be from other people, and may include prompts and supervision, as well as physical assistance. If someone uses equipment but otherwise does an activity unassisted, then they do NOT receive any help.

	I don't get any help	I get a little bit of help	I get quite a lot of help	Someone does it all for me
Grooming such as brushing your hair and teeth, shaving / putting on make-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or showering yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving from your bed to a chair beside your bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Do you use a wheelchair to get around? Yes No

1.3 Do you use any other mobility aid to get around? Yes No

1.4 Can you manage to get around on a flat surface? Choose appropriate SHOWCARDS

Wheelchair user

- Yes, I can use my wheelchair on my own
 Yes, but someone helps me to use my wheelchair

Everyone else

- Yes, I walk without help from anyone else
 Yes, I walk but someone helps me
 No, I can't

1.5 Can you walk up and down stairs? Yes, without any help
 Yes, but someone helps me
 No, I can't

Interviewer note: if they use a stairlift, and they use it independently, tick "yes, without any help"

1.6 Now, please think about the following activities. USE SHOWCARD

	I can easily do it on my own	I can do it on my own, but with difficulty	I need help to do it	I can't do it at all
Making a hot snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the 'phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by car or public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking my medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.7 Some older people have problems going to the toilet. Do you sometimes have problems?

Interviewer: sensitively seek information on continence as follows:

Bladder

- Continent (or manages catheter alone)
 Occasional accidents (one or twice a week)
 Incontinent (or needs help with catheter)

Bowels

- Continent
 Occasional accidents (one or twice a week)
 Incontinent

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

Interviewer rating: confident not confident variable

PART 2: MEMORY

Interviewer note: have ready a blank piece of paper, the sheet saying "CLOSE YOUR EYES", the showcard with the diagram on it; a wristwatch, pencil and a clipboard. Instructions to the interviewer are in italics, questions or instructions to read to the interviewee are in bold.

If you are in any doubt about how to score any of the answers, please write down verbatim what the interviewee said / did, and do not score the item.

PLEASE ENSURE THAT ANY CARER / FRIEND SUPPORTING THE INTERVIEW DOES NOT HELP IN ANSWERING THESE QUESTIONS.

I'm going to ask you some questions and give you some problems to solve. Please try to answer as best you can

Score 1 for each answer correctly given. Allow 10 seconds for each question.

		Score	Max
2.1	What year is it? (accept exact answer only)	.....	(1)
2.2	What season is it? (during the last week of the old season or the first week of the new season, accept either)	.....	(1)
2.3	What month of the year is it? (on the first day of a month, also accept previous month or on last day of month, also accept next month)	.....	(1)
2.4	What is today's date? (also accept previous or next date)	.....	(1)
2.5	What day of the week is it? (accept exact answer only)	.....	(1)
2.6	Can you tell me your full address? Prompt each line if necessary		
	House number / name [or care home name]		
	Street name [or floor in a care home]		
	Town		
	County		
	Country	(score 1 for each line correctly answered)	(5)

2.7 I am going to name 3 objects. After I have said all three objects I want you to repeat them.

Say slowly at 1 second intervals

BALL CAR MAN

Please repeat the three items for me

Allow 20 seconds for reply.

Score Max

(score 1 for each word remembered at the first attempt, in any order) (3)

Note: If the interviewee does not repeat all three, repeat all the items again until learned, or up to a maximum of 5 times.

Please remember these objects because I am going to ask you what they were again in a short while.

2.8a Spell the word "WORLD"

You may help the interviewee to spell 'world' correctly.

Now spell it backwards, please

Allow 30 seconds to spell D - L - R - O - W. To help you score this question, write down the answer you receive in the box below

Score Max

(score 1 for each letter in correct order when spelt backwards) (5)

NOTE: If they do not score all 5 points, ask the following question. Otherwise move to Q2.9

2.8b Subtract 7 from 100 and then keep taking 7 away from the answer you get

Do not correct any errors and stop the service user after 5 subtractions. To help you score this question, write down the answer you receive in the box below

Score Max

(score 1 for each correct subtraction of 7) (5)

2.9 Now what were the 3 objects that I asked you to remember?

Score Max

(score 1 for each object named, in any order) (3)

2.10	Show wristwatch. What is this called?	Score	Max
	Allow 10 seconds (score 1 for watch, wristwatch, but 0 for clock, time)	.....	(1)
2.11	Show pencil. What is this called?	Score	Max
	Allow 10 seconds (score 1 for correct answer)	.....	(1)
2.12	I would like you to repeat a phrase after me: "NO IFS ANDS OR BUTS"	Score	Max
	Allow 10 seconds (score 1 for exact answer only)	.....	(1)
2.13	Please read the words on this page and then do what it says Show the sheet with "CLOSE YOUR EYES" written on it Allow 10 seconds. Repeat the question a maximum of three times	Score	Max
	(score 1 if interviewee closes eyes)	.....	(1)
2.14	Are you left or right handed? If right handed: Take this piece of paper in your LEFT hand, fold it in half once, and put the paper down on the floor If left handed replace LEFT with RIGHT. Do not prompt / remind of any stages after exercise begins. If restricted mobility, replace "down on the floor" with "your lap". Allow 30 seconds	Score	Max
	(score 1 point each for: takes paper in correct hand; folds it in half; puts it on the floor)	.....	(3)
2.15	Hand interviewee a pencil and piece of paper. Please write any complete sentence on that piece of paper Allow 30 seconds. Do not offer any prompts.	Score	Max
	(score 1 point for a sentence with a subject and verb, which makes sense. Ignore spelling errors)	.....	(1)
2.16	Place the paper with two shapes in front of the interviewee with a pencil, rubber and blank piece of paper. Please copy this design Allow multiple attempts, up to 1 minute	Score	Max
	(score 1 point for drawing two 5-sided shapes crossing to form a 4-sided shape in-between)	.....	(1)

PART 3: MOOD

AS WITH PART 2, PLEASE ENSURE THAT ANY CARER / FRIEND SUPPORTING THE INTERVIEW DOES NOT HELP IN ANSWERING THESE QUESTIONS.

Now I'd like to ask you some questions about how you have been feeling in the last week

The answers are all either "Yes" or "No"

		Yes	No	No answer
3.1	Are you basically satisfied with your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Have you dropped many of your activities and interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Do you feel that your life is empty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Do you often get bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Are you in good spirits most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Are you afraid something bad is going to happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Do you feel happy most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Do you often feel helpless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Do you prefer staying in, rather than going out and doing new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Do you feel that you have more problems with your memory than most?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11	Do you think that it is wonderful to be alive now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12	Do you feel pretty worthless the way you are now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13	Do you feel full of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.14	Do you feel your situation is hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15	Do you think that most people are better off than you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer rating: confident not confident variable

PART 4: SERVICE RECEIPT

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:

4.1 Have you been in a hospital ward overnight? Yes No (Go to next question)

If yes How many different times?

Mental health related?

How long did you stay in hospital for? Admission 1 days

Admission 2 days

Admission 3 days

Thank you. Still thinking about the last 4 months:

	Yes	How often	No	d/k
4.2 Have you been to Accident & Emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3 Have you used an ambulance?

Emergency

Routine transport

4.4 Have you been to hospital as an outpatient?

Of these, how many relating to a mental health problem

4.5 Have you seen your GP?

4.6 Have you seen a district nurse or health visitor?

4.7 Have you seen a social worker?

4.8 Have you seen any other health worker?

(specify)

(specify)

IF SERVICE USER IS IN A CARE HOME, GO TO Q 4.15

I'd now like to ask about what other care services you get

	Yes	How often	No	d/k
4.9 Do you have home care?	<input type="checkbox"/> per	<input type="checkbox"/>	<input type="checkbox"/>

4.10 Do you receive meals-on-wheels or similar? per

4.11 Do you go to a day centre? per

4.12 In the last year, have you used respite care? weeks

4.13 Do you receive any other help in your home? Yes No

If yes, specify what and how often

.....

4.14 Do you receive any other help outside your home? Yes No

If yes, specify what and how often

.....

4.15 Have you received any adaptations or equipment to help you to live independently? [Read examples] *Note: These do not have to have been recently installed, as long as they are being used.*

Adaptations, equipment and products	Type of adaptation or equipment (<i>list all</i>)	Who / what organisation paid for this?
Alterations to your home <i>e.g. putting in shower cubicle, downstairs toilet, wash room, stair lift</i>
Equipment <i>(e.g. grab rails, raised toilet)</i>

4.16 Do you receive any medicines prescribed by a doctor? Yes No

If yes Name of medication *If names are not known, enter what the medication is for*

Name of medication

Name of medication

Name of medication

Name of medication

Name of medication

Name of medication

Name of medication

Name of medication

Name of medication

A carer or other person answered, or was involved in answering, these questions <input type="checkbox"/>
Interviewer rating: confident <input type="checkbox"/> not confident <input type="checkbox"/> variable <input type="checkbox"/>

PART 5. QUALITY OF LIFE

PLEASE ENSURE THAT ANY CARER / FRIEND SUPPORTING THE INTERVIEW DOES NOT HELP IN ANSWERING THESE QUESTIONS

I'd now like to ask you some questions about your quality of life. When you think about your life, there are different aspects, like your health, energy, family, money, and other things. We want you to say how you feel about your current situation in each area using one of these four words:

Show *SHOWCARD* to interviewee "poor, fair, good, or excellent"

If you're not sure about what a question means you can ask me about it. If you have difficulty answering a question, give the first answer that comes to mind.

5.1 How do you feel about your physical health? Would you say it was:

Poor Fair Good Excellent

5.2 How do you feel about your energy level? Do you think it is:

Poor Fair Good Excellent

Note: if the participant says that some days are better than others, ask him/her to rate how (s)he has been feeling most of the time lately.

5.3 How has your mood been lately? Have your spirits been good, or have you been feeling down? Would you rate your mood as:

Poor Fair Good Excellent

5.4 How about your living situation? How do you feel about the place you live in now? Would you say it is:

Poor Fair Good Excellent

5.5 How about your memory? Would you say it is:

Poor Fair Good Excellent

5.6 How about your family and your relationship with family members? Would you describe it as:

Poor Fair Good Excellent

Note: If respondent says they have no family, ask about brothers, sisters, children, nieces, nephews.

5.7 How do you feel about your marriage? How is your relationship with [him / her]? Do you feel it's:

Poor Fair Good Excellent

Note: Some participants will be single, widowed, divorced. If so, ask how they feel about the person with whom they have the closest relationship, whether it's a family members or friend. If there is a family caregiver, ask about their relationships with this person. If there is no one appropriate, or the participant is unsure, record this item as missing.

5.8 How would you describe your current relationship with your friends? Would you say it's:

Poor Fair Good Excellent

Note: If respondent answers that they have no friends, or all their friends have died, probe further. Do you have anyone you enjoy being with besides your family? Would you call that person a friend? If they still say they have no friends, ask how they feel about having no friends.

5.9 How do you feel about yourself? When you think of your whole self and all the different things about you, would you say:

Poor Fair Good Excellent

5.10 How do you feel about your ability to do things like chores around the house or other things you need to do? Would you say it's:

Poor Fair Good Excellent

For people in care homes, omit "around the house"

5.11 How about your ability to do things for fun that you enjoy? Would you say it's:

Poor Fair Good Excellent

5.12 How do you feel about your current situation with money? Your financial situation? Do you feel it's:

Poor Fair Good Excellent

NOTE: If the respondent hesitates explain that you don't want to know what their situation is (as in the amount of money) just what they feel about it.

5.13 How would you describe your life as a whole. When you think about your life as a whole, everything together, how do you feel about your life? Would you say it's:

Poor Fair Good Excellent

Interviewer rating: confident not confident variable

PART 6. SATISFACTION WITH SERVICES

You mentioned that you had some problem with [memory / mood / other]. I'd like you to think about the help you get from health and social services to help you with that problem. That help might be from doctors, nurses, social workers or other providers. Please don't include help you get from your family or friends.

6.1 Please tell me how much you agree or disagree with the following statements

	I completely agree	I agree	I disagree	I completely disagree
I get as much care as I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough information about my [memory / mood / other] problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to wait too long to get the help I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The care that I get has helped me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The different people who help me work well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to give the same information to too many different people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to contact if I need to speak with someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. Is there someone who regularly visits you to help you with your [memory / mood / other] problem, such as a doctor, nurse or social worker? They may have talked to you in some detail about your problem, or arranged other people to help you.

6.2 Who is that person [or those people]?

Record any response, e.g. name or person, job title etc.

6.3 Now can you tell me how much you agree or disagree with the following sentences

	I completely agree	I agree	I disagree	I completely disagree
[Person] listens carefully to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Person] treats me with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Person] is usually in a rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a choice over when [person] comes to visit me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in [person]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can confide in [person]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. Thinking about the help you get overall with your [memory / mood / other] problem

6.4 Overall how much does the care that you get help you?

- A lot
- A little
- Not at all

6.5 Overall, how satisfied are you with the care that you are getting?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

6.6 What is the worst thing about the care that you are getting?

6.7 What is the best thing about the care that you are getting?

A carer or other person answered, or was involved in answering, these questions <input type="checkbox"/>
Interviewer rating: confident <input type="checkbox"/> not confident <input type="checkbox"/> variable <input type="checkbox"/>

If not already clear, please ask:

6.8 Do you have any friends, relatives or other unpaid carers who assist you with personal care or tasks in and around the home, because you find them difficult to do yourself?

- Yes
- No

If yes, who is the person that helps you most?.....

If yes, please leave a carer questionnaire – with the service user's ID number written on the top – marked for the attention of this person.

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

- Yes
- No

COMMENTS <i>Please record any comments for the research team here.</i>
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