

**CLIENT SOCIODEMOGRAPHIC AND SERVICE  
RECEIPT INVENTORY (CSSRI - EU)**

**EU BIOMED study: Schizophrenia needs and costs**

Centre  Patient study number  Date //  
d d m m y y

**1. SOCIODEMOGRAPHIC INFORMATION**

1.1	Date of birth	Date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
		<small>d d m m y y</small>	
1.2	Sex	1 Female	<input type="checkbox"/>
		2 Male	<input type="checkbox"/>
1.3	Marital status <i>(from a legal perspective)</i>	1 Single/unmarried	
		2 Married	
		3 Separated	
		4 Divorced	
		5 Widow/widower	
		9 Not known	<input type="checkbox"/>
1.4	What is your ethnic group? <i>(Refer to manual for assistance)</i>	Ethnic group	_____
1.5	Country of birth <i>(Refer to coding sheet)</i>	Country	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.6	Mother tongue	1 National language	
		2 Other language (but having <u>good</u> knowledge of national language)	
		3 Other language (and having <u>poor</u> or <u>no</u> knowledge of national language)	<input type="checkbox"/>
1.7	Number of years of schooling in <u>general</u> education	Number of years schooling	<input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/>
1.9	What <u>further</u> education or vocational training have you completed or are doing now? <i>(Tick all boxes that apply)</i>	Specific vocational training (< 1 year)	<input type="checkbox"/>
		Specific vocational training (> 1 year)	<input type="checkbox"/>
		Tertiary level qualification /diploma	<input type="checkbox"/>
		University degree (undergraduate)	<input type="checkbox"/>
		University higher degree (postgraduate)	<input type="checkbox"/>
		Other vocational training	<input type="checkbox"/>

**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/municipality or housing association/co-operative

Community (non-hospital)

4 Overnight facility, 24-hour staffed  
 5 Overnight facility, staffed (not 24-hour)  
 6 Overnight facility, unstaffed at all times

Hospital

7 Acute psychiatric ward  
 8 Rehabilitation psychiatric ward  
 9 Long-stay psychiatric ward  
 10 General medical ward

11 Homeless / roofless

12 Other \_\_\_\_\_

2.3 ***If domestic accommodation:***

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                     

**Note:** *If hospital or community accommodation:*

Complete the final sheet of the schedule after finishing this interview.

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

***If yes:*** please complete table:

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

**3. EMPLOYMENT AND INCOME**

3.1 What is your employment status?

<p>1 Paid or self employment</p> <p>2 Voluntary employment</p> <p>3 Sheltered employment</p> <p>4 Unemployed</p> <p>5 Student</p> <p>6 Housewife/husband</p> <p>7 Retired</p> <p>8 Other _____</p>	<input type="checkbox"/>
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3.2 **If employed:** state occupation:  
(Refer to manual for definitions)

<p>1 Manager/administrator</p> <p>2 Professional (eg health, teaching, legal)</p> <p>3 Associate professional (eg technical, nursing)</p> <p>4 Clerical worker /secretary</p> <p>5 Skilled labourer (eg building, electrical etc.)</p> <p>6 Services/sales (eg retail)</p> <p>7 Factory worker</p> <p>8 Other _____</p>	<input type="checkbox"/>
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How many days have you 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

3.4 Do you receive any state benefits? Yes = 1; No = 2

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

<i>International categories</i>	<i>National variants</i>	
<u>Unemployment /income support</u>	Income support	<input type="checkbox"/>
	Jobseeker's allowance	<input type="checkbox"/>
<u>Sickness/disability</u>	Disability living allowance	<input type="checkbox"/>
	Statutory sick pay	<input type="checkbox"/>
<u>Housing</u>	Housing benefit	<input type="checkbox"/>
<u>Other benefits</u>	State pension	<input type="checkbox"/>
	Child benefit	<input type="checkbox"/>

3.5 What is your main income source?

<p>1 Salary/Wage</p> <p>2 State benefits</p> <p>3 Pension</p> <p>4 Family support (e.g. from spouse)</p> <p>5 Other _____</p>	<input type="checkbox"/>
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3.6 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)

<u>Weekly</u>	or	<u>Monthly</u>	or	<u>Yearly</u>	
1 Under £149		1 Less than £649		1 Less than £7,785	
2 £150 - £204		2 £650 - £885		2 £7,786 - £10,635	
3 £205 - £279		3 £886 - £1,208		3 £10,636 - £14,504	gross income <input type="checkbox"/>
4 £280 - £392		4 £1,209 - £1,699		4 £14,505 - £20,394	or net income <input type="checkbox"/>
5 More than £393		5 More than £1,700		5 More than £20,395	

#### 4. SERVICE RECEIPT

4.1 Please list any use of **inpatient hospital services** over the last 3 months  
(*Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Admissions	Total number of inpatient days (over the last 3 months)
Acute psychiatric ward		
Psychiatric rehabilitation ward		
Long-stay ward		
Emergency / crisis centre		
General medical ward		
Other _____		

4.2 Please list any use of **outpatient hospital services** over the last 3 months  
(*Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Unit of measurement	Number of units received (over the last 3 months)
Psychiatric outpatient visit	Appointment	
Other hospital outpatient visit (incl. A&E)	Appointment	
Day hospital	Day attendance	
Other _____		

4.3 Please list any use of **community-based day services** over the last 3 months  
(*Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Number of attendances	Average duration of attendance
Community mental health centre		
Day care centre		
Group therapy		
Sheltered workshop		
Specialist education		
Other _____		

4.4 Please list any other **primary and community care contacts** over the last 3 months  
(*Note 1: enter '0' if service has not been used; Note 2: see manual for definitions*)

Service	Sector (1 = govt; 2 = vol 3 = private)	Total number of contacts over the last 3 months	Average contact time (hours)
Psychiatrist			
Psychologist			
Primary care physician			
District nurse			
Community psychiatric nurse / case manager			
Social worker			
Occupational therapist			
Home help / care worker			
Other _____			
Other _____			

4.5 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

## 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.			

**THANK YOU**

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**HOSPITAL OR COMMUNITY ACCOMMODATION DETAILS**

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**Note:** This sheet should be completed as soon as possible after the patient face-to-face interview. The best source of information is likely to be a key worker or facility manager.

1. How many beds/places in the hospital ward or residential facility are currently available and b) occupied? Available beds/places   
 Occupied beds/places

2. Please complete the following staffing table (see manual for assistance):

Care staff category <i>(Note: only one category per staff member)</i>	Number of 'full-time equivalent' posts	Total annual cost of care staff category
Staff with a medical qualification		
Staff with a psychology qualification		
Staff with a nursing qualification		
Staff with a social care qualification		
Staff with no care qualification		
Vacant care staff positions		
<b>All care staff categories (total)</b>		

3. What is the annual recurrent cost of the facility, excluding care staff?, Total cost per year £ \_\_\_\_\_  
*(Include catering, cleaning, etc., but exclude rent and capital costs; See manual)*

4. What is the average weekly charge or fee per resident place/bed? Charge per week £   
*(See manual for definition)*

5. Who contributes towards the full cost of this accommodation?

National government (health service/insurance fund)	<input type="checkbox"/>	<i>(Tick all boxes that apply)</i>
Local government	<input type="checkbox"/>	
Voluntary organisation/charity	<input type="checkbox"/>	
Private organisation/company	<input type="checkbox"/>	
Private individual	<input type="checkbox"/>	