	-1-	
	NORTH EAST THAMES REGIONAL HEALTH AUTHORITY Client Service Receipt Interview (2)	For Office Use Only
To b	be completed by the research team	□□1-2
BACK	KCROUND INFORMATION	
1.1	Name of Client	3-8
1.2	Date form completed	000009-14
1.3	Name of Informant	15-16
1.4	Title of Job	17-19
1.5	Do you have a professional qualification in any of the following? If $\underline{\text{YES}}$ - specify.	20
	Social work	
	Residential Care	21
	Nursing	_
	Other	(BI.ANK)
CLIE	NT INFORMATION	22-23
2.1	Date of birth	24-29
2.2	Male / Female. (CIRCLE ANSWER) M F	30
2.3	Is s/he part of the Reprovision Scheme? Yes (CIRCLE ANSWER)	31
2.4	Date of last admission to hospital	32-37
2.5	Date of last discharge from hospital	38-43
2.6	Total number of admissions	44-46
2.7	Total time spent in hospital: Years(approximately)	
2.8	Months Has there been any history of imprisonment, over the Yes last 5 years? (CIRCLE ANSWER) No	47-49 50
	If YES: Total time spent in prison: Years(approximately) Months	51-53

ACCOMMODATION STATUS 3.1 Client's present address. Name of Establishment No. and road or street Borough and District 3.2 Approximate date s/he moved here 3.3 a) What type of establishment is this? (SEE CARD 3.3) 3.3 b) What agency is the establishment managed by? (CIRCLE NUMBER OF RESPONSE) National Health Service Social Services Department Voluntary Organization Private Agency Other (specify) 3.3 c) How many clients live in this establishment? Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Time Day-Tim	(BLANK) 1-11 (BLANK) 1-11 (BLANK) 1-2-14 (BLANK) 1-2-14
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National Health Service Social Services Department Voluntary Organization Private Agency Other (specify) 3.3 c) How many clients live in this establishment? Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	23-26
National Health Service Social Services Department Voluntary Organization Private Agency Other (specify) 3.3 c) How many clients live in this establishment? Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	
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Private Agency Other (specify) 3.3 c) How many clients live in this establishment? Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	☐ 27
Other (specify) 3.3 c) How many clients live in this establishment? 3.4 a) In total how many care staff work in this establishment? Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	U "'
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Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	28-30
Full-Time Part-Time Volunteers b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	31-32
b) How many staff are usually on duty at one time? (incl. Volunteers) Night-Time Day-Time	33-34
Night-Time Day-Time	35-36
	37-38
c) Are the night staff - Waking 1	39-40
(CIRCLE NUMBER OF RESPONSE) Sleeping-In 2	—
On Call 3 Other 4	<u> </u>
Not Provided 5	
 d) During the day, (6 am to midnight) how many hours are covered by staff? (0 - 18 Hours) 	
WeekdaysWeekends	42-43

					RECORD III
2 5	Transport (1)		-3-		(BLANK) (1-14)
3.3	Council Rent Privately Rente Board and Lodg Housing Associa Owner / Occupie Residential Nur Adult fostering	ed ing ation ed rsing Home	OF RESPONSE)	1 2 3 4 5 6	15
3.6	Not Applicable a) Amount s/he pa b) What services c) Source of paym	does this payment	cover?		DDD 16-2
			Own resources DHSS Both efit or rate reduc	1 2 3 tion? Yes 1 No 2	21
	Is the accommodat (CIRCLE NUMBER OF	RESPONSE)	Furnished Unfurnished	1 2	☐ 22
3.8	What facilities a	1			
	Facility Bedroom/Bedsit	Whether Availab	le Number that sha	are	
	Living-room				23-2
	Bathroom				26-28
	Separate Toilet				29-31
	Laundry				32-34
	Kitchen				35-37
	Other (specify)				38-40
	Other (specify)				41-43
	Other (specify)				44-46
.9 1	Has s/he lived any	where else over t	he last twelve mon	ths.	47-49 50
	(CIRCLE ANSWER)	rm hospital stays	?	Yes No	51
, T	If YES:				
1	Type of Residence	Appro	ximate Length of Stay		
1					52-54
					55-57
1		ı	I	1	58-60

			-4-			(BLANK)
FINA	MCES					1-14
4.1		yed - including r schemes? (CIR		ployment	Yes No	15
	If YES: a) What type	of job is s/he	doing			16
	b) When did s	/he start this	job			17·
	c) Approximat	ely how much do	es s/he earn p	per week		23-
4.2		eive any Social) (CIRCLE ANSWE		efits.	Yes No	□28
	Benefit	Amount	Benefit	Amount	7	
	•	Per Week		Per Wee	k	
			 		-	
			ļ		4	
					_	
		Total Bonofit				
		Total Benefit	per week =			 - - - -
4.3		ived any other ? (CIRCLE ANSWE)	benefits over	Amount	Yes No	34
4.3	twelve months	ived any other? (CIRCLE ANSWE	benefits over			
4.3	twelve months	ived any other ? (CIRCLE ANSWE)	benefits over	Amount		
. 3	twelve months	ived any other ? (CIRCLE ANSWE)	benefits over	Amount		34
4.3	twelve months	ived any other ? (CIRCLE ANSWE)	benefits over	Amount		34
	Benefit	ived any other ? (CIRCLE ANSWE) Amount Per Week	benefits over R) Benefit	Amount		34
	Has s/he any (CIRCLE ANSWEI	ived any other ? (CIRCLE ANSWE) Amount Per Week	benefits over R) Benefit f income?	Amount	No Yes	34
4.4	Has s/he any (CIRCIE ANSWEI	ived any other ? (CIRCLE ANSWE) Amount Per Week other sources of R)	benefits over R) Benefit f income?	Amount Per Week	No Yes	34
4.4	Has s/he any (CIRCLE ANSWEI If YES: Approximately	other sources of R) how much in total any regular out.	benefits over R) Benefit f income? tal per week_	Amount Per Week	No Yes	34
4.4	Has s/he any (CIRCLE ANS WEI If YES: Approximately Has s/he have cost) e.g. H. or debts. (CII If YES:	Amount Per Week other sources of R) how much in total any regular out P., maintenance RCLE ANSWER)	benefits over R) Benefit f income? tal per week_ tgoings (exclu	Amount Per Week	Yes No	34 35 40 46
4.4	Has s/he any (CIRCLE ANS WEI If YES: Approximately Has s/he have cost) e.g. H. or debts. (CII If YES:	other sources of R) how much in total any regular out.	benefits over R) Benefit f income? tal per week_ tgoings (exclu	Amount Per Week	Yes No	34 35 40 41 46
4.4	Has s/he any (CIRCLE ANS WEI If YES: Approximately Has s/he have cost) e.g. H. or debts. (CII If YES:	Amount Per Week other sources of R) how much in total any regular out P., maintenance RCLE ANSWER)	benefits over R) Benefit f income? tal per week_ tgoings (exclu	Amount Per Week	Yes No	34 35 40 41 46
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5.1 Has s/he used any of these services over the last month? (SER. CR.D 5.1) (CR.CF. ASWER.)

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of	T]	1	T	1	T	T	T
Amount of Charge Made								
Travel - Mode/Time Spent								
Actual Hours Attended								
Average Time Per Week								
Duration of Attendance								
Prequency of Attendance								
Professional Involvement								
Type and Agency for Establishment								
Name of Establishment								

(1. Agency - N.H.S., S.S.D., Voluntary, Private Organization or Other - specify) (2. Mode of Travel - Transport provided, Rublic Transport, Taxi, Other - specify)

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5.2 Has s/he used any of these services over the last twelve months, not including those already mentioned? (SEE CARD 5.1) (CIRCLE ANGURE)

Yes

Name of Establishment	Type and Agency for Establishment	Professional Involvement	Period of of Use (weeks)	Prequency of Attendance	Duration of Attendance	Average Time Per Week	Actual Hours Attended	Travel - Mode/Time Spent	Amount of Charge Made
,									
									_

(1. Agency - N.H.S., S.S.D., Voluntary, Private Organization or Other - specify) (2. Mode of Travel - Transport provided, Public Transport, Taxi, Other - specify)

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6.1 Has s/he received any domiciliary services during the last month? (SEE CARD 6.1) (CRCLE ANSWER)

Yes No

	Who service is		Duration		Total No.	Amount of
(8ee	below)	Visit	or Visit	Per Week	Sharing	Oarge Made

(Service Provided by - N.H.S., S.S.D., Voluntary, Private Organization, or Other - specify)

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Yes No

6.2 Has s/he received any of these services during the last twelve months, not including those already mentioned? (SEE CARD 6.1) (CRCUE ANSWER)

Amount of Charge Made				
Total No. Sharing Service				
Average Time Per Week				
Duration of Wisit				
Frequency of Visit				
Period of Use (weeks)				
Who service is Provided by (see below)				
Service				

(Service Provided by - N.H.S., S.S.D., Voluntary, Private or Other - specify)

•	V ()			- 9-			RECORD V (BLANK) 1-14	
3	(SEE Card 6.3	aids or adap 3) (CIRCLE AN	SWER)	his/her own us		Yes No		15
	Description	n Supp	lier P	aid for by	Cost			
							2 2 2 3 3 3 4 4	16-1 20-2 24-2 28-3 32-3 36-3 40-4
4	Do any friend or are visite	ds/neighbours ed by the cli	ent on a reg	isit the clies ular basis E ANSWER).	nt, Y N	es o	☐ ⁴⁸	3
	Relationship	Frequency	Duration	Average tim	70 1 40	tivity		
	to Client	of Visits	of Visits	Per Week		e below)		9-53
				-				
				 				4-58 9-63
					_			-68
					_			9-73
	(Activiti	es - Shoppin Personal ca	g, Housework re, Laundry,	, Providing to Other - speci	ransport	,	05 79	
	How many hour	RECORD VI 1-14 (BLANK)						
	client (inclu	sive of trav	elling time)	:				
	a) Over the	last month.	••					5-18
	b) Over the	last twelve	months				19	-22
	admin	ngs, finding	accommodatio cord keeping	r activities ron, telephone g, visiting re	calls,			
	a) Over the	last month.					23	3-26
	b) Over the	last twelve	months				27	-30
							1	

6.7	In working with average adminis (SEE CARD 6.7)	this client has the tration or manageria (CIRCLE ANSWER)	re bee l invo	en any a olvement	above t:	Yes No	31
	If <u>YES</u> : a) At what leve	1					
	b) Approximatel	y how much time					
6.8	are you with the	the services that you availibility and qua (CIRCLE APPROPRIATE F	litv	of thes	eceives se provi	how satisfied sions?	
	a) Psychiatrist.	••					
	-	Availability	1	2	3	4	32
		Quality of Contact	1	2	3	4	33
	b) Community Psy	chiatric Nurse					
		Availability	1	2	3	4	34
		Quality of Contact	1	2	3	4	35
	c) Field Social	Worker					
		Availability	1	2	3	4	36
		Quality of Contact	1	2	3	4	37
	d) General Pract:	itioner					
		Availability	1	2	3	4	□ 38
		Quality of Contact	1	2	3	4	H 39
	e) Other - Specis	ξv					
	.,	Availability	1	2	3	4	
		Quality of Contact	1	2	3	4	40
	() ()	_					41
	f) Other - Specif			_			
		Availability	1	2	3	4	42
		Quality of Contact	1	2	3	4	i F-1
	g) Other - Specif	y					L 43
	•	Availability	1	2	3	4	Г
		Quality of Contact	1	2	3	4	44
6 Q	Are there are					}	L., 45
.,,	that you think a	vices which s/he is	not re	eceiving	g		
	and you think a	re needed? (CIRCLE A	NSWER)	,		Yes	Г
	If YES- specify					No	L 46