

APPENDIX 1a: MIDATA-2 BASELINE ASSESSMENT

Client ID number	Date of referral to this EIS	Date assessment completed

DEMOGRAPHICS			
1. Sex: Male / Female	2. Date of birth: (DD/MM/YYYY)		
3. Born in the UK? Yes / No / Not known			
4. Ethnicity <i>Select one option</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> A. White 1. British 2. Irish 3. Other White _____ B. Mixed 4. White & Black Caribbean 5. White & Black African 6. White & Asian 7. Any other Mixed _____ 99. NOT KNOWN </td> <td style="width: 50%; vertical-align: top;"> C. Asian or Asian British 8. Indian 9. Pakistani 10. Bangladeshi 11. Other Asian background _____ D. Black or Black British 13. Caribbean 14. African 15. Other Black _____ E. Chinese or Other Ethnic Group 16. Chinese 17. Other _____ </td> </tr> </table>	A. White 1. British 2. Irish 3. Other White _____ B. Mixed 4. White & Black Caribbean 5. White & Black African 6. White & Asian 7. Any other Mixed _____ 99. NOT KNOWN	C. Asian or Asian British 8. Indian 9. Pakistani 10. Bangladeshi 11. Other Asian background _____ D. Black or Black British 13. Caribbean 14. African 15. Other Black _____ E. Chinese or Other Ethnic Group 16. Chinese 17. Other _____
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VOCATIONAL INFORMATION					
1a. Has client EVER undertaken any work? Yes / No / Not known					
1b. If yes, what type of work was it? Voluntary / Paid / Both / Not known					
1c. Has the client been in work during the past 6 months? Yes / No / Not known					
1d. Please specify what their current or last job is/was: _____					
1d. If currently employed, what are the hours of employment? Full-time / Part-time / Not known					
2a. What is the client's highest qualification? <i>Select one option</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> 1. Some school but no qualifications. 2. GCSEs, A-levels, GNVQs, NVQ levels 1-3, BTEC levels 1-3, or other school/college leaving exams. 3. Higher national diploma (HND) or professional qualification other than degree. 4. Degree, NVQ level 4, BTEC levels 4-7, or higher qualification. 5. If other or in doubt which of these applies, please record details: </td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">99. NOT KNOWN</td> </tr> </table>	1. Some school but no qualifications. 2. GCSEs, A-levels, GNVQs, NVQ levels 1-3, BTEC levels 1-3, or other school/college leaving exams. 3. Higher national diploma (HND) or professional qualification other than degree. 4. Degree, NVQ level 4, BTEC levels 4-7, or higher qualification. 5. If other or in doubt which of these applies, please record details:		99. NOT KNOWN	
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99. NOT KNOWN					

2b. Is client currently in education/training?	Yes / No / Not known
2c. If yes, currently studying for nationally recognised qualification/exam?	Yes / No / Not known
2c. If currently studying, please specify what their course is: _____	

LIVING SITUATION

1. Who is the client currently living with? <i>Select all that apply</i>	1. Living alone 2. Living with children under 18 3. Living with partner 4. Living with parents 5. Living with another relative 6. Living with others (none of whom are relatives) 7. Other, <i>please describe:</i> _____ 99. NOT KNOWN
2. Where is the client currently living? <i>Select one option</i>	1. Parental home 2. Own property 3. Private rental property 4. Council property 5. In supervised/supported accommodation 6. Bed and breakfast or other temporary accommodation 7. Currently roofless or in hospital with no discharge address

CHILDREN

1. Number of children: _____ 99. NOT KNOWN	2a. If applicable, age of youngest child: _____ 99. NOT KNOWN
2b. Lives with children? None of them / Some of them / All of them / Not known	
2c. If doesn't live with children, client regularly sees them? None of them / Some of them / All of them / Not known	
2d. Are any of their children currently on the caseload of social services for children and families? Yes / No / Not known	

FAMILY HISTORY

1a. Does a first degree relative (biological parent, full biological sibling or child) have psychosis or bipolar disorder? Yes / No / Not known
1b. Does a first degree relative (biological parent, full biological sibling or child) have any other psychiatric disorder? Yes / No / Not known

SOCIAL SUPPORT	
<p>1. Does client currently receive any help or support from family and friends?</p> <p><i>Select one option</i></p>	<p>1. Contact with others who are a source of support for him/her and show a positive interest in his/her psychological well being.</p> <p>2. Contact with others, but some doubts about the extent to which his/her network contains people who are a source of support and show a positive interest in his/her psychological well-being.</p> <p>3. Generally isolated, with no significant social network.</p> <p>99. Not Known</p>

RISK INFORMATION	
1a. EVER attempted suicide/self-harmed?	Yes / No / Not known
1b. If yes, attempted suicide/self-harmed in past 6 months?	Yes / No / Not known
2a. EVER been physically violent towards others?	Yes / No / Not known
2b. If yes, been physically violent towards others in past 6 months?	Yes / No / Not known
3. EVER been charged with an offence?	Yes / No / Not known

DURATION OF UNTREATED PSYCHOSIS¹	
1. Date of first (positive) psychotic symptom regardless of duration: (DD/MM/YYYY)	
2a. Date of first contact with mental health services: (DD/MM/YYYY)	2b. Date first antipsychotic prescribed: (DD/MM/YYYY)
2c. Date antipsychotic started to be taken regularly (at least 75% compliant for subsequent month): (DD/MM/YYYY)	

NOTES:

First Psychotic symptom: Date at which there was first clear evidence of a positive psychotic symptom (i.e. delusion, hallucination, or thought disorder), *regardless* of its duration. Such a symptom would be scored 4 or more on the PANSS.

Mental health services: Date of the first contact with any secondary care mental health service (e.g., psychiatric ward, crisis house, home treatment team, assessment & treatment team, CMHT, CAMHS, EIS, etc) for psychosis.

Dating rules: If you know the exact date then use it. If not, then use 1st July if only have the year, 15th of the month if only know the month, 1st January for beginning of the year, 31st December for end of the year, 25th December for Christmas etc.

PATHWAY TO MENTAL HEALTH CARE

<p>1. Did client see any of these in relation to psychosis BEFORE making first contact with mental health services?</p> <p><i>Select ALL that apply</i></p>	<ol style="list-style-type: none"> 1. GP/primary care 2. Accident & Emergency department 3. Police/criminal justice services 4. Religious/spiritual person 5. Educational service (teacher, school counsellor, lecturer) 6. Counsellor/psychotherapist 7. None of the above <p>99. NOT KNOWN</p>
<p>2. Who made referral to mental health services for assessment of psychotic symptoms?</p> <p><i>Select one option</i></p>	<ol style="list-style-type: none"> 1. GP/primary care 2. Accident & Emergency department 3. Police/criminal justice services 4. Religious/spiritual person 5. Educational service (teacher, school counsellor, lecturer) 6. Counsellor/psychotherapist 7. Self/carer referral 8. Mental health service (already in contact for non-psychotic disorder) 9. Other: <p>99. NOT KNOWN</p>
<p>3. Who made referral to EIS?</p> <p><i>Select one option</i></p>	<ol style="list-style-type: none"> 1. GP/primary care 2. CMHT/community assessment team 3. Mental health ward 4. Liaison psychiatrist/A&E 5. Crisis team or crisis house 6. Police/criminal justice service 7. Self/carer referral 8. Other: <p>99. NOT KNOWN</p>

SERVICE USE

<p>1a. Was client admitted to hospital for psychosis BEFORE contact with EIS? Yes / No / Not known</p>	
<p>1b. Was client sectioned before or during the admission(s)? Yes / No</p>	<p>1c. Total length of admission(s) (in days):</p>

TRAUMA HISTORY

<p>1a. Are you aware of any traumas that the client has experienced? Yes / No / Not known</p>
<p>1b. If yes, please specify: _____</p>

SUBSTANCE MISUSE²		
Substance	Any lifetime use?	During past 6 months <i>(select one)</i>
Alcohol	Yes / No / Not known	No Use / Use / Abuse or Dependence
Nicotine	Yes / No / Not known	No Use / Use / Abuse or Dependence
Cannabinoids (Ganja, marijuana, hashish, cannabis, skunk, weed)	Yes / No / Not known	No Use / Use / Abuse or Dependence
Other, <i>please specify:</i>	Yes / No / Not known	No Use / Use / Abuse or Dependence
Other, <i>please specify:</i>	Yes / No / Not known	No Use / Use / Abuse or Dependence
Other, <i>please specify:</i>	Yes / No / Not known	No Use / Use / Abuse or Dependence

- * **Use** – the client has used alcohol and/or other substances but there is not evidence of persistent or recurrent social, occupational, psychological or physical problems related to use, nor evidence of recurrent dangerous use.

- * **Abuse/Dependence** – the client has used alcohol and/or other substances and there is evidence of persistent or recurrent social, occupational, psychological or physical problems related to use, or evidence of dangerous use.

PHYSICAL ILLNESS
1a. Does the client have a significant physical illness(es)? Yes / No / Not known
1b. If yes, please specify what their illnesses are: _____

GLOBAL ASSESSMENT OF FUNCTIONING SCALE – SYMPTOMS³

- Rate symptoms in the past month. Select the rating that best describes *most* of the last month. Use intermediate codes when appropriate e.g. 45, 68, 72.
- Please record client rating in space provided at the end of the page.

90-81	Absent or minimal symptoms (e.g. mild anxiety before an exam).
80-71	If symptoms are present they are transient and expectable reactions to psychosocial stresses (e.g. difficulty concentrating after family argument).
70-61	Some mild symptoms (e.g. depressed mood and mild insomnia).
60-51	Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks).
50-41	Serious symptoms (e.g. suicide ideation, severe obsessional rituals, frequent shoplifting).
40-31	Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure or irrelevant).
30-21	Behaviour is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation).
20-11	Some danger or hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent, manic excitement) OR gross impairment in communication (e.g. largely incoherent or mute).
10-1	Persistent danger of severely hurting self or others (e.g. recurrent violence) serious suicidal act with clear expectation of death.

GLOBAL ASSESSMENT OF FUNCTIONING – SYMPTOMS RATING

1. GAF symptom score over PAST MONTH: <i>Give exact number between 1-90</i>	
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GLOBAL ASSESSMENT OF FUNCTIONING SCALE – DISABILITY³

- Rate of disability in the past month. Select the rating that best describes most of the last month. Use intermediate codes when appropriate e.g. 45, 68, 72.
- Do not include disability due to physical or environmental limitations.
- Please record client rating in space provided at the end of the page.

90-81	Good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).
80-71	No more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind in school work).
70-61	Some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60-51	Moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with co-workers).
50-41	Any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job).
40-31	Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30-21	Inability to function in almost all areas (e.g. stays in bed all day; no job, home or friends).
20-11	Occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute).
10-1	Persistent inability to maintain minimum personal hygiene.

GLOBAL ASSESSMENT OF FUNCTIONING – DISABILITY RATING

1. GAF disability score over PAST MONTH: <i>Give exact number between 1-90</i>	
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References:

1. Adapted from: Singh SP, Cooper J, Fisher HL, Tarrant CJ, Lloyd T, Banjo J, Corfe S, Jones P (2005) Determining the chronology and components of psychosis onset: the Nottingham Onset Schedule (NOS). *Schizophr Res* 80(1):117–130.
2. Adapted from: Drake RE, Mueser KT, McHugo GJ (1996) Clinician rating scales: alcohol use scale (AUS), drug use scale (DUS), and substance abuse treatment scale (SATS). In: Sederer LI, Dickery B (eds) *Outcomes assessment in clinical practice*. Williams & Wilkins, Baltimore, pp 113–116.
3. Endicott J, Spitzer RL, Fleiss JL, Cohen J (1976) The global assessment scale: a procedure for measuring overall severity of psychiatric disturbance. *Arch Gen Psychiatry* 33(6):766–771.

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