

**APPENDIX 1b: MIDATA-2 FOLLOW-UP ASSESSMENT**

Client ID number	Date of completion	Follow-up time period - since 1 <sup>st</sup> EIS contact (select one)
		1 year      2 years      3 years      Discharge

CASE STATUS	
<b>1. Is the client still on the caseload of EIS?</b> Yes / No	
<b>2a. IF YES:</b> <b>Has client had any face-to-face contact with EIS in PAST 3 MONTHS?</b> Yes / No / Not known	
<b>Has client had any other form of contact with EIS in PAST 3 MONTHS ?</b> Yes / No / Not known	
<b>2b. IF NO (not on caseload):</b>	
<b>What was the discharge destination?</b>  <i>Select one option</i>	1. Discharged to GP. 2a. Discharged to another Mental Health service within the same area. 2b. Pleased describe type of Mental Health service: ..... 3a. Discharged to another Mental Health service outside of area. 3b. Pleased describe type of Mental Health service: ..... 4. Client moved out of area/left country – no follow up/referral to another service not arranged. 5. Client refused further appointments/ lost to follow up. 6. Contact with client lapsed for unclear reasons /not formally discharged. 7. Client sent to prison/transferred to forensic services. 8. Other (Please describe) ..... 99. NOT KNOWN
<b>(If discharged) How many months had the client been under the care of this EIS?</b> ..... months	
<b>3. In the PAST YEAR, has the client had any of the following?</b>	
<b>a. Individual CBT</b>	Yes / No / Not known
<b>b. Family intervention</b>	Yes / No / Not known
<b>c. Vocational worker contact</b>	Yes / No / Not known

VOCATIONAL INFORMATION	
<b>1. During the PAST YEAR has client undertaken any work?</b> Yes / No / Not known	
<b>2a. If yes, what type of work was it?</b> Voluntary / Paid / Both / Not known	
<b>2b. If yes, what is/was the client's job?</b> <i>Describe as accurately as you can</i>	
<b>2c. Number of months in work over PAST YEAR:</b>	<b>2d. What were the hours of employment?</b>  Full-time / Part-time / Not known

<b>3. During the PAST YEAR has client undertaken a course leading to a nationally recognised qualification/exam?</b> Yes / No / Not known	
<b>4. If yes, what is/was the client's course?</b> <i>Describe as accurately as you can</i>	

<b>CHILDREN</b>	
<b>1. Number of children:</b> _____ 99. NOT KNOWN	<b>2a. If applicable, age of youngest child:</b> _____ 99. NOT KNOWN
<b>2b. Lived with children during PAST YEAR?</b> None of them / Some of them / All of them / Not known	
<b>2c. If hasn't lived with children, client regularly seen them over PAST YEAR?</b> None of them / Some of them / All of them / Not known	
<b>2d. Have any of their children been on the caseload of social services in the PAST YEAR?</b> Yes / No / Not known	
<b>LIVING SITUATION</b>	
<b>1. Who is the client currently living with?</b> <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
<b>2. Where is the client currently living?</b> <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
<b>3. Has the client been roofless at any point during the PAST YEAR?</b> Yes / No / Not known	

<b>SOCIAL SUPPORT</b>	
<p><b>1. Does client CURRENTLY receive any help or support from family and friends?</b></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>

<b>RISK INFORMATION</b>	
<b>1. Any suicide attempts in the PAST YEAR:</b>	Yes / No / Not known
<b>2. Any incidents of physical violence towards others in the PAST YEAR:</b>	Yes / No / Not known
<b>3a. Been charged with an offence in the PAST YEAR?</b>	Yes / No / Not known
<b>3b. If charged, was it for homicide?</b>	Yes / No / Not known
<b>3c. If charged, did it result in a conviction for attempted murder?</b>	Yes / No / Not known

<b>SERVICE USE</b>			
<p><b>1. In the PAST YEAR (since starting with EIS) has client been admitted to a mental health ward?</b></p> <p style="text-align: center;">Yes / No / Not known</p>			
Admission Number	Sectioned before/during admission?	Date admitted (DD/MM/YYYY)	Date discharged (DD/MM/YYYY)
1.	Yes / No / Not known		
2.	Yes / No / Not known		
3.	Yes / No / Not known		
<p><b>2. In the PAST YEAR has client been to a crisis house or seen by crisis resolution/home treatment team?</b></p> <p style="text-align: center;">Yes / No / Not known</p>			
Care Episode (state type of team for each episode)	Date admitted (DD/MM/YYYY)	Date discharged (DD/MM/YYYY)	
1.			
2.			
3.			

<b>CLINICAL DIAGNOSIS</b>	
<p><b>1. What is the client's current clinical diagnosis?</b></p> <p><i>Select one option</i></p>	<ol style="list-style-type: none"> <li>1. Schizophrenia-spectrum (including schizoaffective disorder, psychosis NOS etc) (ICD-10 codes F20-29)</li> <li>2. Manic psychosis (usually F30.2, F31.2 or F31.5)</li> <li>3. Depressive psychosis (usually F32.3, F33.3 or F39)</li> <li>4. Other (any other codes)</li> </ol> <p>If 'Other' please specify: .....</p> <ol style="list-style-type: none"> <li>5. Two or more diagnoses</li> </ol> <p>If concurrent disorders please specify: .....</p>

**ICD-10 codes:**

- F20 Schizophrenia
- F21 Schizotypal disorder
- F22 Persistent delusional disorders
- F23 Acute and transient psychotic disorders
- F24 Induced delusional disorder
- F25 Schizoaffective disorders
- F28 Other non-organic psychotic disorders
- F29 Unspecified non-organic psychotic disorders (including Psychosis NOS)
- F30.2 Mania with psychotic symptoms
- F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms
- F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms
- F32.3 Severe depressive episode with psychotic symptoms
- F33.3 Recurrent depressive disorder, current episode severe with psychotic symptoms
- F39 Affective psychosis NOS

<b>ILLNESS COURSE</b>	
<p><b>1. What has been the course of the client's psychosis up to this point?</b></p> <p><i>Select one option</i></p>	<ol style="list-style-type: none"> <li>1. Single episode with full remission</li> <li>2. Single episode with partial remission</li> <li>3. Repeated episodes with full remission</li> <li>4. Repeated episodes with partial remission</li> <li>5. Continuous illness (in the same episode as when presented to EIS)</li> </ol> <p>99. Not known</p>

**Definitions:**

**Episode:** Period of continuous positive and/or negative psychotic symptoms that interfere with thinking and/or behaviour.

**Partial remission:** Residual positive and/or marked negative psychotic symptoms that still have some impact on thinking/behaviour (GAF-S  $\geq$ 31) but sufficient improvement so that individual can function safely in the community (with support). Also some functional improvement (GAF-D  $\geq$ 31) but not able to hold down a job or study.

**Full remission:** No positive and minimal negative symptoms that do not interfere with behaviour (GAF-S  $\geq$  61) and individual has good functioning (GAF-D  $\geq$ 61) and is capable of engaging in vocational activity (job/study).

<b>MEDICATION</b>	
<b>1. Is client currently taking antipsychotic medication regularly?</b>	
Yes / No / Not known	
<b>2. If not then why was this?</b>  <i>Select one option</i>	1. They have recovered well without taking it. 2. They took it initially but have now stopped and are remaining well without it. 3. They took it initially and improved, but now refuse to take it despite being unwell without it. 4. They have never taken it regularly and have remained ill. 99. Not known
<b>3. Has the client been on a Community Treatment Order in the PAST YEAR?</b> Yes / No / Not known	

<b>SUBSTANCE MISUSE<sup>1</sup></b>		
<b>Substance</b>	<b>During the PAST YEAR (<i>select one</i>)</b>	<b>Currently using?</b>
Alcohol	No Use / Use / Abuse or Dependence	Yes / No / Not known
Nicotine	No Use / Use / Abuse or Dependence	Yes / No / Not known
Cannabinoids (Ganja, marijuana, hashish, cannabis, skunk, weed)	No Use / Use / Abuse or Dependence	Yes / No / Not known
Other, <i>please specify:</i> .....	No Use / Use / Abuse or Dependence	Yes / No / Not known
Other, <i>please specify:</i> .....	No Use / Use / Abuse or Dependence	Yes / No / Not known
Other, <i>please specify:</i> .....	No Use / Use / Abuse or Dependence	Yes / No / Not known

✱ **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 or 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 HEALTH**

**1. During the PAST YEAR has client had physical health problems?**      Yes / No / Not known

**2. If yes, what were these problems?**

*Describe as accurately as you can*

[exclude colds/flu and other transient  
minor ailments]

**3. During the PAST YEAR has client received physical healthcare in relation to these problems?**

Yes / No / Not known

**4. Has client gained 5+kg during the PAST YEAR?**      Yes / No / Not known

## GLOBAL ASSESSMENT OF FUNCTIONING SCALE – SYMPTOMS<sup>2</sup>

- **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.**

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

### GLOBAL ASSESSMENT OF FUNCTIONING – SYMPTOMS RATING

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

## GLOBAL ASSESSMENT OF FUNCTIONING SCALE – DISABILITY<sup>2</sup>

- **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.**

<b>90-81</b>	<b>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</b> (e.g. an occasional argument with family members).
<b>80-71</b>	<b>No more than slight impairment in social, occupational, or school functioning</b> (e.g. temporarily falling behind in school work).
<b>70-61</b>	<b>Some difficulty in social, occupational, or school functioning</b> (e.g. occasional truancy, or theft within the household), <b>but generally functioning pretty well, has some meaningful interpersonal relationships.</b>
<b>60-51</b>	<b>Moderate difficulty in social, occupational, or school functioning</b> (e.g. few friends, conflicts with co-workers).
<b>50-41</b>	<b>Any serious impairment in social, occupational, or school functioning</b> (e.g. no friends, unable to keep a job).
<b>40-31</b>	<b>Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood</b> (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).
<b>30-21</b>	<b>Inability to function in almost all areas</b> (e.g. stays in bed all day; no job, home or friends).
<b>20-11</b>	<b>Occasionally fails to maintain minimal personal hygiene</b> (e.g. smears faeces) <b>OR gross impairment in communication</b> (e.g. largely incoherent or mute).
<b>10-1</b>	<b>Persistent inability to maintain minimum personal hygiene.</b>

### GLOBAL ASSESSMENT OF FUNCTIONING – DISABILITY RATING

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



## References:

1. 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.
2. 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.

## Acknowledgements

Initial pilot work for the MiData package was conducted within Camden & Islington Early Intervention Services and was supported by Islington Primary Care Trust. The original MiData package was developed by members of London Early Intervention Network, especially Paddy Power, Sonia Johnson, Swaran Singh, Kate Theodore, Helen L. Fisher, and Tom Grange. The content of the MiData-2 tool was designed by Sonia Johnson, Helen L. Fisher, Barnaby Major and Toby Baldwin. We would particularly like to acknowledge the contribution of Toby Baldwin for his hard work in creating the MiData-2 audit tool within Microsoft Access.