



STAndardised Diagnostic Assessment for children and adolescents with emotional difficulties (STADIA): a multi-centre randomised controlled trial

SCREENING

Site Number:	<input type="text"/>
Screening Number:	<input type="text"/>
Sponsor:	Nottinghamshire Healthcare NHS Foundation Trust
CRF Version:	Final v1.1 – 30 April 2019

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REFERRAL SCREENING																						
<i>Complete for <u>all</u> referrals screened for eligibility:</i>																						
NHS Number <i>Local use only</i>	_____																					
Trust Number <i>Local use only</i>	_____																					
Date of referral receipt (dd-mmm-yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
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Young person's sex	Male <input type="checkbox"/> Female <input type="checkbox"/>																					
Young person's age <i>If <5 or >17 do not proceed</i>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Has the young person been previously enrolled and randomised in the STADIA trial? <i>If yes, do not proceed</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Does the referral mention any of the following Covid-19 related words/phrases? <i>Tick all that apply.</i>																						
Covid-19 / Covid	<input type="checkbox"/>																					
Coronavirus	<input type="checkbox"/>																					
Lockdown	<input type="checkbox"/>																					
School closure / exams cancelled	<input type="checkbox"/>																					
Does the referral mention emotional difficulties*? <i>If no, do not proceed</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Is this an emergency or urgent referral (according to local CAMHS triage / SPA team risk assessment)? <i>If yes, do not proceed</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Does the young person have severe learning disability (e.g., the referral mentions this or that they attend a special school for children with severe learning difficulties)? <i>If 'yes' do not proceed</i> <i>If not known, confirm during telephone eligibility check at enrolment</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>																					

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If the young person is <16: Does the referral information include contact details for a named parent/carer? <i>If 'no' await parent/carer contact details before proceeding</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If the young person is <16: Is the named parent/carer a local authority representative designated to care for the child/young person? <i>If 'yes' do not proceed</i> <i>If not known, confirm during telephone eligibility check at enrolment</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> N/A <input type="checkbox"/>
If the young person is aged 16 or 17: Whose contact details are given on the referral form? <i>If young person contact details are provided, they should be contacted in the first instance</i>	Young person <input type="checkbox"/> Parent/carer <input type="checkbox"/> Both <input type="checkbox"/> N/A <input type="checkbox"/>

EMOTIONAL DIFFICULTIES	
<i>*Emotional difficulties may be indicated by the use of any of the following key words or phrases. Tick all that apply. If 'other' record details and seek advice from the PI or NCTU before proceeding.</i>	
None	<input type="checkbox"/>
Agitated / agitation	<input type="checkbox"/>
Anger	<input type="checkbox"/>
Anxiety / anxious / generalised anxiety	<input type="checkbox"/>
Avoids things/people/places	<input type="checkbox"/>
Can't leave the house	<input type="checkbox"/>
Completing rituals / asking parents to carry out rituals	<input type="checkbox"/>
Compulsions	<input type="checkbox"/>
Depressed / depression / low / low mood / sad	<input type="checkbox"/>
Difficulties sleeping	<input type="checkbox"/>
Distress	<input type="checkbox"/>
Fears and worries / fears relating to safety (germs, fire)	<input type="checkbox"/>
Feeling low	<input type="checkbox"/>
Feels flat / empty / blank	<input type="checkbox"/>

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EMOTIONAL DIFFICULTIES	
<i>*Emotional difficulties may be indicated by the use of any of the following key words or phrases. Tick all that apply. If 'other' record details and seek advice from the PI or NCTU before proceeding.</i>	
Feels hopeless	<input type="checkbox"/>
Feels worthless / stupid	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>
Hypervigilance	<input type="checkbox"/>
Irritable	<input type="checkbox"/>
Low motivation	<input type="checkbox"/>
Low self-esteem / Hates self	<input type="checkbox"/>
Mood swings / moody	<input type="checkbox"/>
Negative thoughts	<input type="checkbox"/>
Nightmares (if trauma also present)	<input type="checkbox"/>
No (or loss of) energy	<input type="checkbox"/>
No (or loss of) interest in things / gave up... / lack of wanting to do things	<input type="checkbox"/>
Not going to school / unable to go to school	<input type="checkbox"/>
Not sleeping / poor sleep	<input type="checkbox"/>
Obsessions	<input type="checkbox"/>
OCD	<input type="checkbox"/>
Phobia	<input type="checkbox"/>
Panic / panic attacks	<input type="checkbox"/>
PTSD	<input type="checkbox"/>
Self-harm / DSH / Cutting	<input type="checkbox"/>
Suicidal	<input type="checkbox"/>
Suicidal thoughts / thoughts of ending life / thinks about killing self	<input type="checkbox"/>
Tearful	<input type="checkbox"/>
Thoughts of death	<input type="checkbox"/>

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EMOTIONAL DIFFICULTIES

**Emotional difficulties may be indicated by the use of any of the following key words or phrases.*

Tick all that apply. If 'other' record details and seek advice from the PI or NCTU before proceeding.

Tiredness / fatigue	<input type="checkbox"/>
Touching objects	<input type="checkbox"/>
Trauma	<input type="checkbox"/>
Weepy	<input type="checkbox"/>
Withdrawal / withdrawn	<input type="checkbox"/>
Worried / worrying (incl. worries/concerns about their appearance)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

FOR ALL REFERRALS SCREENED, ENTER SUMMARY DATA ON THE SCREENING & ENROLMENT LOG.

IF THE YOUNG PERSON APPEARS TO BE ELIGIBLE PROCEED TO THE INVITATION TELEPHONE CALL (CALL 1) AND ENTER DETAILS ON THE TRIAL DATABASE.

SIGN-OFF STATEMENT

Completed by the researcher conducting the referral screening.

To the best of my knowledge, I confirm that I have made every reasonable effort to ensure that ALL of the data in this Case Record Form is a true, accurate and complete report.

Print Name															
Signature															
Date	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td>-</td> <td> </td> <td> </td> <td> </td> <td> </td> <td>-</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				-					-					
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