Section 7: Service use

1. Use of primary care 1a. Have you seen your GP or a practice nurse at the surgery in the last 12 months? Yes No (go to Q1b) Not answered If 'Yes', how many times? ∃GΡ times Practice nurse times 1b. Have you been visited at home in the last 12 months by a GP, practice nurse? No (go to Q1c) Not answered Yes If 'Yes', how many times? □GP times Practice nurse times 1c. Have you contacted NHS Direct (by telephone or Internet) over the past 12 months? Yes 🗌 No (go to Q1d) Not answered 1d. Have you visited an NHS walk in centre over the past 12 months? No (go to Q2) Yes Not answered If 'Yes', how many times? 1e. Have you received any prescriptions over the past 12 months? No (go to Q2) Yes Not answered 2. Use of hospital services Have you visited hospital as a patient for any type of treatment, including A and E, in the last 12 months? No (go to Q3) Yes Not answered 2a. Have you visited a hospital A and E Dept in the last 12 months? Yes 🗌 No (go to Q2b) Not answered If 'Yes', how many times? times How many nights did you stay in total in A&E? nights Did you ever travel in an ambulance? Not answered Yes No

If 'Yes', how many times did you use an emergency (999) ambulance?

5166237156

2b. Have you stayed in hospital as an inpar	tient in the last 12 mon	ths? i.e. stayed over	night, <u>excluding</u> A and E
Yes	No (go to Q2c)	Not answered	
If 'Yes', how many nights did you stay in	n total? nights		
2c. Have visited hospital as an outpatient?			
Yes	No (go to Q3)	Not answered	
If "Yes", how many	times? times		
Accidents			
3a. Have you had an accident in the last 12			How many times did you
Motor vehicle accident	Had accident?	Times?	attend hospital as a result?
wotor venicle accident	Yes No		
Personal injury (exclude road accidents)	Yes No		
Injury to another person (exclude road accidents)	Yes No		
3b. If you had an accident describe what ha	appened?		
3c. Was you accident related to your drug of	or alcohol use?		
,,			

		_
4.	Edu	cation
	4a.	Are you currently in education?
		Yes No (go to Q5) Not answered
	4b.	How many days have you been absent from school or college in the last 12 months?
	4c.	How many of these days absent were the result of drug or alcohol use?
	4d.	Do you think your performance at school or college has been affected as a result of drug or alcohol use over the past 12 months ?
		Yes No Not answered
		If "Yes", on how many days over the last 12 months has your productivity at school or college been affected?
		On average, would you say your school performance has been affected Slightly?
		Moderately?
		Considerably?
		Extremely?
5.	Emp	oloyment (including work-related training)
	5a.	Have you had a job in the last 12 months?
		Yes No (go to Q6) Not answered
	5b.	If 'Yes', how many weeks have you been working? Not answered
	5c.	How many hours a week do you work on average? Not answered
	5d.	How many days have you been absent from work in the last 12 months?
	5e.	How many of these days absent were the result of drug or alcohol use?
	5f.	Do you think your performance at work has been affected as a result of drug or alcohol use over the past 12 months?
		Yes No Not answered
		If 'Yes', on how many days over the last 12 months has your productivity at work been affected?
		On average, would you say your work performance has been affected Slightly?
		Moderately?
		Considerably?
		Extremely?
1		4061237159

6a. Have you committed any of the following criminal	acts in the last	12 months?		
	Committed	No of times	Arrested	No of times
Violence or assault against a person				
Sexual offences				
Robbing/mugging				
Burglary in a dwelling or commercial premises				
Theft (not of vehicle), including shoplifting				
Vehicle theft				
Criminal damage (damage to property) (If 'Yes', go to 6	6b)			
Drinking driving (16+)				
Other motoring offences (16+)				
6b. Have you caused any damage to property/person	s over the last	12 months?		
Yes No No	1	Not answered	٦	
If 'Yes', was this damage to:			_	
Parent's/guardian's home	Someone	else's home/pre	emises	
Parent's/guardian's vehicle	Someone	else's vehicle		
Other people (bodily harm)				
6c. In the last 12 months have you answered bail?				
Yes No Not answered		If 'Yes', how ma	ny times?	
6d. In the last 12 months have you had contact with	a probation offi	cer?		
Yes No Not answered		If 'Yes', how ma	ny times?	
6e. In the last 12 months have you appeared in cour	t for any reasor	n?		
Yes No No	Not a	answered		
If 'Yes': Magistrates CourtTotal number of day	ys Crown	Court T	otal number o	f appearances
6f. Have you spent any time in a Secure Children's H	lome/Young Of	fenders Institution	on in the past	12 months?
Yes No No	Not a	answered		
If 'Yes', how many days did you spend in total?		Not answered		
				46000154
			51	46237154

Soci	cial Services			
7a.	Have you had any involvement with so	ocial services?		
	Yes	No 🗌	Not answered	
7b.	If 'Yes', please explain:			
7c.	In the past 12 months how many time	es have you been visited	by a social worker at home?	times
7d.	In the past 12 months how many time	es have vou visited a so	cial worker at their office?	T times





CONFIDENTIAL

Y-SBNT Study

Three Month Questionnaire

Participant ID Number

Birmingham and Solihull

Mental Health NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust

2173308026

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study.

The answers you give in this questionnaire will help us make decisions on how to help other young people in the future.

Please read each section carefully. Please answer all the questions. Although some questions may not seem important to you or appear the same as others, it is still important that you answer every one.

Please follow the instructions for each section carefully.

Please do not use a pencil or any other coloured pen.

If you are asked to put a cross in the box, please use a cross rather than a tick. For example, in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to 'Yes'.

Do you watch TV?	Yes 🔀
	No
•	number in boxes, please enter one digit in each box.
For example: What is your age in year	s? 1 5
How many time have you	visited your doctor in the past six months? 0 3
PLEASELISE A BLACK (OR BILLE PEN FOR ALL OF THE OLIESTIONS