

Participants Name (Block Capitals)

1. **DOB:** _____

2. **Current age:** _____

3. **Sex:** _____

4. **Diagnosis** (ICD-10 classification)

Participant PIN:

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Researcher/s:

Ethnicity & Migrant Heritage

1. Self ascribed ethnicity (How would you define your ethnicity?):

5. Census rating of ethnicity:

<input type="checkbox"/> not known	<input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> Chinese
<input type="checkbox"/> White British	<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed Other	<input type="checkbox"/> Welsh
<input type="checkbox"/> White Other	<input type="checkbox"/> Mixed White and Black Caribbean	<input type="checkbox"/> Not Stated
	<input type="checkbox"/> Asian/Asian British - Indian	<input type="checkbox"/> Other
<input type="checkbox"/> Black/Black British - Caribbean	<input type="checkbox"/> Asian/Asian British – Pakistani	
<input type="checkbox"/> Black/Black British - African	<input type="checkbox"/> Asian/Asian British - Bangladeshi	
<input type="checkbox"/> Black/Black British - other	<input type="checkbox"/> Asian/Asian British - Other	

7. Migrant generation:

1 st generation	2 nd generation	3 rd generation	4 th Generation	5 th Generation	> 5 th Generation	N/A
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8. Country of Birth (specify):

9. Fluency in English:

Not Fluent <input type="checkbox"/>	Fluent – spoken <input type="checkbox"/>	Fluent – spoken and written <input type="checkbox"/>
Fluent – other <input type="checkbox"/>		

Faith (Religion)

10. Identified faith:

Christian	Muslim	Hindu
Sikh	Atheism	Agnostic
Catholic	None	Spiritual
Other.....		

11. Do you practice this religion: Y N

Marital status

12. Current Marital status:

Married and cohabiting	Married, but separated	Cohabiting	Single	Widowed
Divorced	Civil Partnership	Other....		

Housing Situation: Living

13. Living Status:

Alone	With parents/ guardians	With partner
Alone with children	Other.....	

14. Current Housing type:

Own Home/ parents home	Private rented	Supported Accommodation
Temporary accommodation	Psychiatric hospital	Council houses
Other.....		

Educational Qualifications Attained:

15. Education attainment:

No qualifications	CSE/GCSE/ NVQ level 1 or 2/O-levels	A-level/GNVQ/ BTEC/ NVQ level3
Degree/HND/ NVQ level 4 or above	Special Needs educational qualifications.	Postgraduate degree

Vocational information:

16. Current Job:

1. Paid Full time work
2. Paid Part time work
3. Home work (looking after family, house wife)
4. Training courses / Student
5. Job seeking
6. unable to work – long term sickness/disability
7. full time education
8. part time education
9. unemployed
10. Full time Voluntary Work/ work experiences

11. Part time voluntary work/work experiences

12. Other

17a. Was the client in work or full time education before the First Episode: YES

NO

17b. Clients Last occupation (if not currently working)

Caregiver

19. Primary care giver/s:

Mother Only	Father Only	Both Mother and Father
1 Other Family member	2 Other Family Members	Foster Parents
Social Services	Other two parent family	Other...

Geographical location:

20. Post code:

21. Clinical EIS team:

BEN	West	East	South
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Social Networks:

22: How many people do you count as supportive at present (will listen/help/can be trusted)

Friends

Family

Most Concerning Symptoms for help-seeking in FEP

P1	Delusions		G1	Somatic concern		G15	Preoccupation	
P2	Conceptual disorganisation		G2	Anxiety		G16	Active social avoidance	
P3	Hallucinatory behaviour		G3	Guilt feelings			Other Please specify	
P4	Excitement		G4	Tension				
P5	Grandiosity		G5	Mannerisms & posturing				
P6	Suspiciousness/persecution		G6	Depression				
P7	Hostility		G7	Motor retardation				
N1	Blunted affect		G8	Uncooperativeness				
N2	Emotional withdrawal		G9	Unusual thought content				
N3	Poor rapport		G10	Disorientation				
N4	Passive/apathetic social withdrawal		G11	Poor attention				
N5	Difficulty in abstract thinking		G12	Lack of judgement & insight				
N6	Lack of spontaneity & flow of conversation		G13	Disturbance of volition				
N7	Stereotyped thinking		G14	Poor impulse control				

23. If you are a current Early Intervention Service User how long have you been under the care of Early Intervention services?

24. If you are an Ex-Early Intervention Service User how long were you under the care of Early Intervention Service? Are you currently receiving care from any other service?

If yes can you please name this service?