Study No | | | | CAPSS No | | | |

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CHILD & ADOLESCENT PSYCHIATRY SURVEILLANCE SYSTEM

Durham University

Follow Up Questionnaire

STRICTLY CONFIDENTIAL

Surveillance of Childhood-Onset Non-Affective Psychosis in the UK and ROI

Surveillance Case Definition

Any child under 14 in the UK and ROI meeting the criteria for an initial episode of Schizophrenia or related psychoses (as defined by ICD-10) characterised by at least **one** of the following: persistent delusions; hallucinatory voices giving a running commentary or discussing the young person, or voices coming from a body part; thought echo, insertion, withdrawal or broadcasting AND/OR **two** of the following: hallucinations in any modality, when occurring every day for at least one month, when accompanied by delusions or over-valued ideas; formal thought disorder; catatonic behaviour; "Negative" symptoms.

These symptoms/behaviours should have been present (at least briefly) on most days for at least one month.

This page will be detached and stored separately from the rest of the questionnaire to ensure that patient identifiable information is unlinked to the clinical data. This page will be destroyed once de-duplication is confirmed and follow-up questionnaires have been issued. (This study has been approved by West London REC (10\H0711\32) and has been granted NIGB Section 251 support to process patient identifiable information without consent).

For further information or queries, please contact: Dr Paul Tiffin

Please return completed form in the pre-paid envelope to: **Dr Paul Tiffin**
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General & Demographic Information

Person completing questionnaire (BLOCK CAPITALS please): ……

Hospital or CAMH Service: ……..……

Consultant responsible for reported case: ……..……

Contact telephone number: ……..……

Contact email: ……..……..……

If case has been referred on by you , to whom/where?_____

Patient details:

NHS/ CHI/ H&C Number (if applicable): ……..……

Date of Birth (dd/mm/yy): ☐☐/☐☐/☐☐

Gender (please circle): Male / Female

Post-code (first part and first digit of second part only (e.g. HP5 2, CA11 4): ☐☐☐☐☐

Date today: ☐☐/☐☐/☐☐

Confirmation of Case

1. Over the preceding year was the diagnosis of Schizophrenia or non-affective psychosis confirmed?

Yes ☐ No ☐

If YES, what ICD-10 diagnosis was eventually applied to the index episode of illness? (Please tick box)

- ☐ **F20.0 Paranoid schizophrenia**
- ☐ **F20.1 Hebephrenic schizophrenia**
- ☐ **F20.2 Catatonic schizophrenia**
- ☐ **F20.3 Undifferentiated schizophrenia**
- ☐ **F23.1 Acute polymorphic disorder with symptoms of schizophrenia**
- ☐ **F23.2 Acute schizophrenia-like psychotic disorder**
- ☐ **F25.0 Schizoaffective disorder, manic type**
- ☐ **F25.1 Schizoaffective disorder, depressive type**
- ☐ **F25.2 Schizoaffective disorder, mixed type**
- ☐ **Other**

If "Other", please specify (including ICD-10 F code if possible):

……..……..

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Illness Course over 1 Year

2. If NO, what was the episode attributable to? (Please tick box)

Affective Psychosis (e.g. Mania) ☐

Underlying Medical Condition ☐

Other, Non-Psychotic, Psychiatric Disorder ☐

Other Reason ☐

Please specify the current diagnosis in this case (include ICD-10 F code if possible):
……

3. Which of the following statements best describes the overall course of the illness over the last year?

Recovered and stayed well ☐
No positive symptoms but some negative symptoms still present ☐
Initially improved but psychosis recurred ☐
Please specify no. of relapses if applicable: : ☐☐
Consistently ill; has never been free of positive psychotic symptoms for more than 2weeks ☐

4. What has been the duration of symptoms to date? (please tick boxes in table below):

Symptom/s	Not Present	Transient (<1 month)	Transient Recurrent (< 6months)	Transient Recurrent (>6 months)	Almost Continuous
Hallucinations and other perceptual disturbance					
Delusions and other ideational disturbance (e.g delusional mood, overvalued ideas etc)					
Formal Thought Disorder or other disturbances in the flow of thinking					
Incongruous mood					
"Negative" symptoms (marked withdrawal, blunted mood, poor motivation, paucity of thought etc)					
Catatonia (mutism, posturing, waxy flexibility, alternating over- and underactivity)					
Other psychotic symptoms (e.g. thought broadcasting, passivity phenomena etc)					

5. Was any recovery followed by an episode of depression? Yes ☐ No ☐

If YES, was this specifically treated? Please specify (e.g. antidepressants, watchful waiting): …..……..

……..……...

Clinical Global Improvement Scale

6. Please indicate the overall course of symptoms since initial assessment:

☐[0] Not Assessed ☐[1] Very Much Improved ☐[2] Much Improved ☐[3] Minimally Improved

☐[4] No Change ☐[5] Minimally Worse ☐[6] Much Worse ☐[7] Very Much Worse

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Current Functioning

7. Level of current functioning

	Good	Moderate	Poor
Educational:	☐	☐	☐
Social:	☐	☐	☐
Self-care/ practical:	☐	☐	☐

Any other relevant details relating to impact of psychotic illness on functioning?:

……

8. Current evidence of risk (please circle):

a) Self-Harm:	HIGH	MODERATE	LOW
b) Aggression/Violence:	HIGH	MODERATE	LOW
c) Contact with Police:	YES	NO	

Management Over First Year

9. Has the child required admission to day/inpatient service during the past year?

Psychiatric Inpatient (secure) ☐ Psychiatric Inpatient (open ward) ☐ Day patient ☐
Paediatric admission ☐ Outpatient only ☐

10. If admitted, was mental health legislation used during admission? Yes ☐ No ☐

If YES, please specify (e.g. admitted under MHA sec 2): ……

11. Were medications prescribed? Yes ☐ No ☐

12. How many antipsychotics were given? Number: _____

Antipsychotic treatment history over the last year:

First Line Medication (name)	Max. Dosage Used (mg/day)

13. How many in-patient episodes occurred? Number: _____

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Management Over First Year (continued)

14. Were psychotropic medications other than antipsychotics used (e.g. mood stabilisers, benzodizazpines, antidepressants)?

Yes ☐ No ☐

If YES, please list medications and indications (including PRN): ……

……..……..……..

15. Were psychosocial Interventions offered/used (e.g. family work)? Yes ☐ No ☐

If YES, please specify: ……

Professional Involvement Over First Year

16. Please indicate which of the following health professionals, services, or agencies have been providing care for this child during the last year? (Tick all boxes that apply)

Child Psychiatrist	☐
Clinical Psychologist	☐
General Practitioner	☐
Paediatrician	☐
Adult Psychiatrist	☐
Educational Psychologist	☐
Social worker	☐
Special education provision	☐
Non-statutory agencies	☐
Self-help charity and/or website	☐
Early Intervention in Psychosis Service	☐
Police/Youth Justice Service	☐

17. If history of contact with police/justice system in last year, please provide brief details:

……

……

18. Any other professional or agency involvement? Yes ☐ No ☐

If YES, please specify**:**……...

……..……

……

MANY THANKS FOR YOUR HELP

Please return this questionnaire using the SAE provided