



51013

CMHEI - Service/ Resource Use Form Psychiatrist Visits Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (2)
CSI
pg 1/5

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2




The following are questions about different services consumer/ survivors and other people use. This project is interested in seeing if there are changes in how you use these services over time.

In the PAST 30 DAYS did you consult a psychiatrist?

No If no, go to next page.

Yes If yes, complete one line for each visit:

Location	Province (if not ON)	Group, individual or family therapy ?	Length of visit
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.
<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input type="text"/> <input type="text"/>	Group <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/>	<input type="radio"/> <20 min. <input type="radio"/> 30-59 min. <input type="radio"/> 20-29 min. <input type="radio"/> 60+ min.

Shade circles like this: 
Not like this:  



51013



51013

CMHEI - Service/ Resource Use Form

Non-psychiatrist Health Professional Visits Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (2)
CSI
pg 2/5

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period:

Baseline Follow-up 3

Follow-up 1 Follow-up 4

Follow-up 2

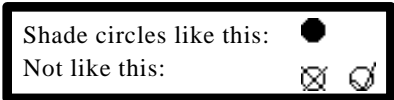
In the **PAST 30 DAYS** did you visit a physician (non-psychiatrist) in any setting or another health professional in an office-based practice?

- No If no, go to next page.
- Yes If yes, complete one line for each type of service:

Type of visit*	Provider	Location	Province (if not ON)	Average length of visit	Number of visits
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
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<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> Physician <input type="radio"/> Other (e.g., dentist, podiatrist, social worker)	<input type="radio"/> Provincial hospital <input type="radio"/> All other sites	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> <20 mins <input type="radio"/> 30-59 mins <input type="radio"/> 20-29 mins <input type="radio"/> 60+ mins	<input style="width: 20px; height: 20px;" type="text"/>

Type*:

1= mental health	5= foot care
2= eye care	6= lab tests
3= dental care	7= other physical health
4= ear care	8= other



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51013

CMHEI - Service/ Resource Use Form

Community Services and Support Programs Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (2)
CSI
pg 3/5

ID:

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Date (mm/dd/yy):

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Person Completing Form:

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Indicate Period:

Baseline Follow-up 3

Follow-up 1 Follow-up 4

Follow-up 2

Have you used community services and support programs during the PAST 30 DAYS?

- No If no, go to next page.
- Yes If yes, complete the following for each program:

Name of Program/ Agency	City (enter first 6 letters)	Province (if not ON)	Program Type*	Total contacts in past 30 days	Contacts in past 30 days which were in a group	Contacts in past 30 days which were on the phone	Total # weeks attended in past 30 days	Average hours per week (during weeks attended)

Program Type*:	0 = Substance abuse	5 = Medical/ therapeutic
	1 = Social/ recreational	6 = Case management
	2 = Vocational/ educational	7 = Self-help/ consumer initiative
	3 = Crisis	8 = Legal advocacy
	4 = Housing	9 = Other

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CMHEI - Service/ Resource Use Form

Emergency Room Visits Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (2)
CSI
pg 4/5

ID:

Date (mm/dd/yy): / /

Person Completing Form:

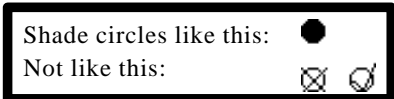
Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2

Did you go to an emergency room during the PAST 3 MONTHS?

- No If no, go to next page.
 Yes If yes, complete the following for each ER visit:

Name of Hospital for ER visit (enter first 15 letters)	City (enter first 6 letters)	Province (if not ON)	Purpose* (check all that apply)	Stayed overnight in holding bed?	Led to a hospital admission?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Psy <input type="radio"/> Med <input type="radio"/> SA <input type="radio"/> Oth	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Psy <input type="radio"/> Med <input type="radio"/> SA <input type="radio"/> Oth	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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Purpose*: Psy = Psychiatric
SA = Substance Abuse
Med = Medical
Oth = Other





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CMHEI - Service/ Resource Use Form

Prescribed Psychiatric Medication Log - F2

(Please print using BLOCK letters and numbers inside boxes)

SU (2)
CSI
pg 5/5

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2

Did you take prescribed medications for psychiatric/ substance abuse problems during the PAST 30 DAYS?

No If no, go to next page.
 Yes If yes, complete the following for each medication:

Prescription Name (enter first 11 characters)	Type*	Prescribed Dose <i>Indicate mg per dose (if not available, indicate number of pills/ injections taken at one time)</i>	# doses in 24 hour period prescribed (if injection or PRN, see below)	During past month, # days for which medication or injection dispensed
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> OR <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> mg # pills/ injections	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Type*: 1 = Sleeping pills or other sedatives (e.g. Halcion, Dalmane)
2 = Antidepressant or mood stabilizing medications (e.g. Prozac, Elavil, Lithium)
3 = Tranquillizers (e.g. Ativan, Valium)
4 = Analgesics or painkillers (e.g. Demerol, Darvon)
5 = Anti-psychotics (e.g. Haldol, Modecate)
6 = Substance abuse treatment (e.g. Methadone, Antabuse)
7 = Other

Indicate:
97 = PRN
98 = Injection
99 = Unknown

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