

CORE CRT Fidelity Review - Service User interview schedule

Item 1	How long was it between being referred and seeing the Crisis Team to be assessed?				
SU1	SU2	SU3	SU4	SU5	SU6
☐ Within 4 hours ☐ The same day ☐ Next day or later	☐ Within 4 hours ☐ The same day ☐ Next day or later	☐ Within 4 hours ☐ The same day ☐ Next day or later	☐ Within 4 hours ☐ The same day ☐ Next day or later	☐ Within 4 hours ☐ The same day ☐ Next day or later	☐ Within 4 hours ☐ The same day ☐ Next day or later

Item 3	Who referred you to the Crisis Team?				
SU1	SU2	SU3	SU4	SU5	SU6
☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:	☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:	☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:	☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:	☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:	☐ Staff on a Ward you were on ☐ Yourself ☐ Family or friends ☐ A&E ☐ GP ☐ Another service:

Item 5	i) Did you ever need urgent help during the night from the Crisis Team? ii) If Yes – were they able to help you on the phone? iii) Did they ever offer to visit in person during the night?				
SU1	SU2	SU3	SU4	SU5	SU6
i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No
ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No
iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No

Item 2b	i) Were you given a direct phone number to contact the Crisis Team?					
Item 9a, 9c, 9d	ii) Did you use it? iii) If Yes - did the Crisis Team answer the phone in person? iv) If Yes – how quickly were you able to talk to clinical staff?					
SU1	SU2	SU3	SU4	SU5	SU6	
i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	
ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	
iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	
iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	iv) ☐ Straightaway ☐ within 20 minutes ☐ within 1 hour ☐ more than 1 hour	

Item 9e	i) Did you ever ask the Crisis Team to come back a second time on a day when they had already visited you? ii) If Yes – were they able to do this?					
SU1	SU2	SU3	SU4	SU5	SU6	
i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	
ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	

Item 13	i) Did the Crisis Team try to find out if you had any family or friends who could give you some support?					
Item 13c	ii) Did any of these come to a care planning or review meeting with you and the Crisis Team?					
Item 13e	iii) Did you feel that those identified were appropriately involved?					
SU1	SU2	SU3	SU4	SU5	SU6	
i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	
ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	
iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	

Item 15b, 15c	i) Did the Crisis Team bring you medication when you needed it?				
Item 15c	ii) How often did they bring you medication?				
SU1	SU2	SU3	SU4	SU5	SU6
i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Daily ☐ More than once daily ☐ Occasionally iii) ☐ Yes ☐ No

[illegible]

	Did the Crisis Team discuss with you or assist you with any of the following?					
Item 24a	i) A personal relapse prevention plan (e.g. something that focuses mainly on identifying and monitoring early warning signs of relapse)					
Item 24b	ii) A structured self-management programme (e.g. WRAP, anxiety management – resources that focus on how to stay well)					
Item 24c	iii) An advance directive (e.g. information about how you want to be treated, should you become ill)					
SU1	SU2	SU3	SU4	SU5	SU6	
i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	i) ☐ Yes ☐ No	
ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	ii) ☐ Yes ☐ No	
iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	

Item 25c	i) Did the Crisis Team arrange a discharge meeting with you?					
Items 25c, 25d	ii) If you had a discharge meeting, did anyone else attend?					
Item 25e	iii) Did they give you a written discharge plan?					
Item 25f	iv) Did they give you details of how you could access crisis help in the future if you needed it?					
SU1	SU2	SU3	SU4	SU5	SU6	
i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	i) ☐ Yes ☐ No ii) ☐ Family ☐ Friend ☐ Anyone from another service?	
iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	iii) ☐ Yes ☐ No	
iv) ☐ Yes ☐ No	iv) ☐ Yes ☐ No	iv) ☐ Yes ☐ No	iv) ☐ Yes ☐ No	iv) ☐ Yes ☐ No	iv) ☐ Yes ☐ No	

Item 26a	i) How much notice did the Crisis Team give you about when you would stop seeing them?				
Item 26b	ii) Did they discuss with you about how and when care from them should end?				
Item 26c	iii) Did they discuss with you the idea of gradually decreasing their support?				
Item 26d	iv) Were you able to contact the Crisis Team once you had been discharged if you needed to?				
Item 26e	v) Did they give you any information about other local services or resources you could use?				
SU1	SU2	SU3	SU4	SU5	SU6
i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No	i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No	i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No	i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No	i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No	i) ☐ More than 48 hours ☐ Less than 48 hours ☐ No notice ii) ☐ Yes ☐ No iii) ☐ Yes ☐ No iv) ☐ Yes ☐ No v) ☐ Yes ☐ No

