

CORE CRT Fidelity Review - Carer interview schedule

Item 1	How long was it between being referred and seeing the Crisis Team to be assessed?				
C1	C2	C3	C4	C5	C6
☐ 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 the person you care for to the Crisis Team?				
C1	C2	C3	C4	C5	C6
☐ 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 9e	i) Did you or the person you care for 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?				
C1	C2	C3	C4	C5	C6
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

[illegible]

Items 15b, 15c	i) Did the Crisis Team bring medication for the person you care for when needed?				
Item 15c	ii) How often did they bring medication?				
C1	C2	C3	C4	C5	C6
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

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Item 18a	i) Did the Crisis Team ask about any physical health problems the person you care for might have had?				
Item 18b, 18c	ii) If there were any, did they provide any help with this or offer any extra tests?				
C1	C2	C3	C4	C5	C6
i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP	i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP	i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP	i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP	i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP	i) ☐ Yes ☐ No ii) ☐ Yes ☐ No ☐ Left it to my GP

Item 19	Did the Crisis Team help you and the person you care for with any practical problems? (Note: ‘No’ should only be ticked if there were problems with any of these areas that the Crisis Team did not help with, otherwise ‘Not applicable’ should be used.) i) Basic living needs (getting food, heating, cleaning, repairs) ii) Benefits or debts iii) Urgent legal or social problems (including employment, housing, etc.)				
C1	C2	C3	C4	C5	C6
i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable	i) ☐ Yes ☐ No ☐ Not applicable ii) ☐ Yes ☐ No ☐ Not applicable iii) ☐ Yes ☐ No ☐ Not applicable

Item 22c	i) Have you ever been asked to feed back to the Crisis Team, for example in a survey or questionnaire, how you found them?					
Item 22e	ii) Did you feel that the staff who visited were kind, respectful, understanding?					
Item 22e	iii) Did you feel listened to?					
C1	C2	C3	C4	C5	C6	
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 23c	i) Were the Crisis Team flexible about where you met?					
Item 23d	ii) Were they flexible about the timing of visits?					
C1	C2	C3	C4	C5	C6	
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	

	Did the Crisis Team discuss with the person you care for or assist 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 the person you care for wants to be treated, should they become ill)					
C1	C2	C3	C4	C5	C6	
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	

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Item 26a	i) How much notice did the Crisis Team give you or the person you care for about when care from them would end?				
Item 26b	ii) Did the they discuss with you or the person you care for about how and when care from them should end?				
Item 26c	iii) Did they discuss with the idea of gradually decreasing their support?				
Item 26d	iv) Were you or the person you care for 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?				
C1	C2	C3	C4	C5	C6
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

