



## **Questionnaire 3:**

### **Retrospective Audit**

### **Patients who ended therapy**

**If your service primarily provides treatment for anxiety and/or depression, please complete a separate questionnaire for EVERY PATIENT who ENDED therapy\* in your service between**

**1 Sept 2010 and 30 Nov 2010**

**For other services, please refer to the decision tree at the back of this questionnaire for further guidance on whom to include in the audit.**

**If you need help completing this questionnaire, please call the NAPT Project Team on**

**020 7977 4974**

**\* Please include all patients who completed treatment or dropped out early. Also include patients who were discharged from the service caseload because they were offered and failed to attend an initial treatment session.**

## PART A: PATIENT INFORMATION

1. Lead organisation code:

2. Service code:

3. Patient code:

4. Therapist's initials:  
(Item is not included in analysis and is collected for data clarification only)

5. Patient's PCT / LHB:

6. Gender: (Please tick ✓ the appropriate box)

Female

Male

Not specified

7. Age in years:

8. Ethnic group: (Please tick ✓ the appropriate box)

### White

British

Irish

Any other  
White  
background

### Mixed

White and  
Black  
Caribbean

White and  
Black African

White and  
Asian

Any other  
Mixed  
background

### Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other  
Asian  
background

### Black or Black British

Caribbean

African

Any other  
Black  
background

### Chinese or Other Ethnic Group

Chinese

Any other  
Ethnic Group

Not stated /  
refused

## 9. Main / Primary Diagnosis

Please give the main condition treated or investigated during the current episode of healthcare.

(Please tick ✓ one box only)

### 1. Depression

1a. *Depressive episode*

1b. *Recurrent or chronic depression*

### 2. Anxiety

2a. *Generalised anxiety disorder*

2b. *Obsessive compulsive disorder/body dysmorphic disorder*

2c. *Panic disorder/agoraphobia*

2d. *Post traumatic stress disorder*

2e. *Social phobia*

2f. *Simple phobia*

2g. *Health anxiety*

### 3. Major mental illness and disorders of the brain

3a. *Schizophrenia*

3b. *Bipolar affective disorder*

3c. *Dementia*

### 4. Substance Misuse

4a. *Alcohol misuse*

4b. *Drug misuse*

### 5. Other disorders

5a. *Mixed anxiety and depression\**

5b. *Adjustment disorder*

6b. *Eating disorder*

6c. *Personality disorder*

6d. *Somatoform disorder*

6e. *Any other disorder*

\* Use only if a primary or secondary diagnosis of one or more of the anxiety and depressive disorders above is not justified

## 10. Secondary Diagnosis

Please give any secondary condition treated during the current episode of healthcare.  
(Please tick ✓ all that apply)

### 1. Depression

1a. Depressive episode

1b. Recurrent or chronic depression

### 2. Anxiety

2a. Generalised anxiety disorder

2b. Obsessive compulsive disorder/body  
dysmorphic disorder

2c. Panic disorder/agoraphobia

2d. Post traumatic stress disorder

2e. Social phobia

2f. Simple phobia

2g. Health anxiety

### 3. Major mental illness and disorders of the brain

3a. Schizophrenia

3b. Bipolar affective disorder

3c. Dementia

### 4. Substance Misuse

4a. Alcohol misuse

4b. Drug misuse

### 5. Other disorders

5a. Mixed anxiety and depression\*

5b. Adjustment Disorder

5c. Eating disorder

5d. Personality disorder

5e. Somatoform disorder

5f. Any other disorder

\* Use only if a primary or secondary diagnosis of one or more of the anxiety and depressive disorders above is not justified

## PART B: THE CARE PATHWAY

**11. Date referral received by this service, or date on which 'choose and book' appointment made:**  
(in the format *dd/mm/yy*)

**12. Date of first appointment offered/made:**  
(in the format *dd/mm/yy*)

**13. Date of first appointment attended:**  
(in the format *dd/mm/yy*)

**14. Purpose of first appointment**  
(Please tick ✓ the appropriate box)

Assessment only       Assessment and Treatment

**15. Date of first treatment session offered/made:**  
(in the format *dd/mm/yy*)

**16. Date of first treatment session attended:**  
(in the format *dd/mm/yy*)

**17. Date of last attended treatment session:**  
(in the format *dd/mm/yy*)

**18. Number of therapy sessions attended:**

**19. Reason why therapy ended**  
(Please tick ✓ the appropriate box)

- Completed treatment*
- Dropped out/unscheduled discontinuation*
- Declined treatment*
- Not suitable for service*
- Deceased*
- Unknown*

**20. Type of Therapy Provided**  
(Please tick ✓ all that apply)

**High Intensity Therapies**

	<i>Individual Therapy</i>	<i>Group Therapy</i>
Cognitive-behavioural therapy	<input type="checkbox"/>	<input type="checkbox"/>
Person-centred (or other humanistic therapy)	<input type="checkbox"/>	<input type="checkbox"/>
Solution-focused therapy	<input type="checkbox"/>	<input type="checkbox"/>
Psychodynamic/psychoanalytic therapy	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural activation	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal therapy	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive analytic therapy	<input type="checkbox"/>	<input type="checkbox"/>
Systemic/family therapy	<input type="checkbox"/>	<input type="checkbox"/>
Arts psychotherapies	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness-based cognitive therapy	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical-behavioural therapy	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement desensitisation & reprocessing therapy	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving therapy	<input type="checkbox"/>	<input type="checkbox"/>
Couples therapy	<input type="checkbox"/>	<input type="checkbox"/>

**Low Intensity Therapies**

	<i>Individual Therapy</i>	<i>Group Therapy</i>
computerised Cognitive-behavioural therapy - <b>FACILITATED</b>	<input type="checkbox"/>	<input type="checkbox"/>
Guided/facilitated self-help	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-education	<input type="checkbox"/>	<input type="checkbox"/>
Pure self-help (e.g. books on prescription, unfacilitated cCBT via DVD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Signposting/referral facilitation schemes	<input type="checkbox"/>	<input type="checkbox"/>
Structured exercise	<input type="checkbox"/>	<input type="checkbox"/>
Support and advice in adherence of antidepressant/GP-prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>

**Other High/Low Intensity Therapies**

*If **Other High/Low Intensity Therapies**, please provide details below. Please state whether it is individual or group therapy.*

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## PART C: OUTCOMES

- 21. Has a clinical outcome measure been used?**  
(Please tick ✓ the appropriate box)

Yes

No

- 22. If yes, please enter scores at the start of treatment and at the end of treatment; or the last occasion that the scale was rated.**

Please enter as many measures as applicable.

### **HADS - Anxiety subscale**

First score:

Last score:

### **HADS - Depression subscale**

First score:

Last score:

### **PHQ-9**

First score:

Last score:

### **GAD-7**

First score:

Last score:

### **W&SAS**

First score:

Last score:

### **CORE-10**

First score:

Last score:

### **CORE-OM**

First score:

Last score:

**CES-D**

First score:

Last score:

**HONOS**

First score:

Last score:

**BAI**

First score:

Last score:

**BDI-II**

First score:

Last score:

**Other standardised measures**

Enter measure name

First score:

Last score:

Enter measure name

First score:

Last score:

**\*\* This is the end of the questionnaire\*\*  
Thank you for completing it.**

# Guidance Notes

## **Q1: Lead organisation code**

Your lead organisation code is known only to the NAPT project team, your organisation and the services within. It will allow you to identify your own data in national reports, but remain anonymous to other participating organisations. If you do not know your lead organisation code, please contact the NAPT audit lead in your organisation/service who has a record of the code. If you do not know who your audit lead is, please contact the NAPT project team (details on front sheet).

## **Q2: Service code**

Your service code is known only to the NAPT project team, your organisation and your service, allowing you to identify individual services from data presentations whilst they remain anonymous to others viewing the data. If you do not know your service code, please contact the NAPT audit lead in your organisation/service who has a record of the code. If you do not know who your audit lead is, please contact the NAPT project team (details on front sheet).

## **Q3: Patient code**

Please assign a numerical code to each patient on whom data is collected, and keep a log of these numbers, e.g. 1 = Joe Bloggs,  
2 = Jane Smith, etc.

This code should not be the patient identifier on the service's Patient Administration System. The number will not identify individuals to the project team, but might be used if the NAPT project team needs to clarify any queries about the data.

## **Q4: Therapist's initials**

The therapist's initials would be used by the NAPT project team as a further identifier to clarify any queries about the data. Analysis of the data, however, will be at organisation and service level, and not at the level of the individual therapist.

## **Q5-Q8**

To support data analysis by patient's gender, age, and ethnicity. These items will assess whether the people starting psychological therapy are representative of your local population.

## **Q9: Main / Primary Diagnosis**

Please give the main condition treated or investigated during the current episode of healthcare. Note: This item is compatible with the IAPT definition of main diagnosis. If you or your service does not assign diagnoses, please leave this section blank.

### **Q10: Secondary Diagnosis**

Please give any secondary condition treated or investigated during the current episode of healthcare.

Note: This item is compatible with the IAPT definition of secondary diagnosis.

If you or your service does not assign diagnoses, please leave this section blank.

### **Q11: Date referral received or date on which 'choose and book' appointment made**

Used to calculate patients' waiting times.

If your service operates an 'opt-in' system, which requires the patient to contact the service to arrange the first appointment, please state the 'opt-in' date.

### **Q12 - Q16**

Used to calculate patients' waiting times.

### **Q19: Reason why therapy ended**

Note: The listed categories are compatible with the IAPT national database definitions

### **Q20: Type of Intervention provided**

Please indicate whether each therapy is delivered in an individual or a group format by ticking the relevant box in the table. We recognise that this is not an exhaustive list and there is therefore space at the end of this item to include details of any other therapies provided.

If the patient is receiving an INTEGRATIVE THERAPY, please tick all the therapies that constitute this approach.

### **Q21 and Q22: Outcome measures**

Please indicate whether outcome measures have been used, and complete the first and last scores for each outcome measure used. The first and last scores of outcome measures are collected to determine whether the intervention has resulted in an improved outcome score or recovery.

Ten commonly used outcome measures have been listed. However, we recognise that this is not an exhaustive list and there is therefore space at the end of this item to include details of any other standardised outcome measures that have been used.

# Decision Tree

